Access to Care (AC) Section

LOOP_01

----------------------------------------------------
<p>| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK  |</p>
<table>
<thead>
<tr>
<th>AC01-END_LP01</th>
</tr>
</thead>
</table>

----------------------------------------------------
| LOOP DEFINITION: LOOP_01 COLLECTS THE NAME OF      |
| THE USUAL SOURCE OF CARE PROVIDER, IF ANY, FOR     |
| EACH CURRENT RU MEMBER. THIS LOOP CYCLES ON        |
| PERSONS WHO MEET THE FOLLOWING CONDITIONS:        |
| - PERSON IS A CURRENT RU MEMBER                   |
| - PERSON IS NOT DECEASED                          |
| - PERSON IS NOT INSTITUTIONALIZED                  |
----------------------------------------------------

AC01

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is there a particular doctor’s office, clinic, health center, or other place that (PERSON) usually (go/goes) if (PERSON) (are/is) sick or (need/needs) advice about (PERSON)’s health?

   YES ......................................... 1 {AC05}
   NO .......................................... 2 {AC03}
   MORE THAN ONE PLACE ..................... 3
   REF ......................................... -7 {END_LP01}
   DK .......................................... -8 {END_LP01}

[Code One]

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.
Would (PERSON) go to one of these places first or most often if (PERSON) (are/is) sick?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

What is the **main** reason (PERSON) (do/does) not have a usual source of health care?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELDOM OR NEVER GETS SICK</td>
<td>1</td>
</tr>
<tr>
<td>RECENTLY MOVED INTO AREA</td>
<td>2</td>
</tr>
<tr>
<td>DON’T KNOW WHERE TO GO FOR CARE</td>
<td>3</td>
</tr>
<tr>
<td>USUAL SOURCE OF MEDICAL CARE IN THIS AREA IS NO LONGER AVAILABLE</td>
<td>4</td>
</tr>
<tr>
<td>CAN’T FIND A PROVIDER WHO SPEAKS (PERSON)’S LANGUAGE</td>
<td>5</td>
</tr>
<tr>
<td>LIKES TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS</td>
<td>6</td>
</tr>
<tr>
<td>JUST CHANGED INSURANCE PLANS</td>
<td>7</td>
</tr>
<tr>
<td>DON’T USE DOCTORS/TREAT MYSELF</td>
<td>8</td>
</tr>
<tr>
<td>COST OF MEDICAL CARE</td>
<td>9</td>
</tr>
<tr>
<td>OTHER REASON</td>
<td>91</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

**PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.**

ENTER OTHER REASON:

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Other Specify]</td>
<td></td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>
(PERSON’S FIRST MIDDLE AND LAST NAME)  

What are the other reasons (PERSON) (do/does) not have a usual source of health care?  

CODE ALL THAT APPLY.  

NO OTHER REASONS ....................... 0  
SELDOM OR NEVER GETS SICK .............. 1  
RECENTLY MOVED INTO AREA ............... 2  
DON’T KNOW WHERE TO GO FOR CARE ...... 3  
USUAL SOURCE OF MEDICAL CARE IN THIS AREA IS NO LONGER AVAILABLE ....... 4  
CAN’T FIND A PROVIDER WHO SPEAKS (PERSON)’S LANGUAGE ............... 5  
LIKES TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS .......... 6  
JUST CHANGED INSURANCE PLANS .......... 7  
DON’T USE DOCTORS/TREAT MYSELF ...... 8  
COST OF MEDICAL CARE ................... 9  
OTHER REASON .......................... 91  
REF ..................................... -7  
DK ...................................... -8  

[Code All That Apply]  

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.  

| IF CODED ‘91’ (OTHER REASON) ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH AC04OV |  

| OTHERWISE, GO TO END_LP01 |  

| EDIT: IF CODED ‘0’ (NO OTHER REASONS), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) IN THE FIRST FIELD, NO OTHER REASON CATEGORY CAN BE CODED. IF CODED ‘0’ (NO OTHER REASONS), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), IN A FIELD OTHER THAN THE FIRST FIELD AND A SUBSEQUENT CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.’ |
ENTER OTHER REASON:

[Enter Other Specify] .................   {END_LP01}
REF .................................. -7 {END_LP01}
DK .................................... -8 {END_LP01}

(Person's First Middle and Last Name)

Please give me the name of the medical person, doctor's office, clinic, health center, or other place that (PERSON) usually (go/goes) if (PERSON) (are/is) sick or (need/needs) advice about (PERSON)'s health.

PRESS ENTER TO CONTINUE.

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.
FLAG THE PROVIDER ADDED OR SELECTED AS THE 'USC (USUAL SOURCE OF CARE) PROVIDER' FOR THIS PERSON FOR THIS PARTICULAR ROUND.

IF THIS USC PROVIDER IS FLAGGED AS 'FACILITY-TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-PROVIDER' AND AC06 WAS NOT ALREADY ASKED FOR THIS USC PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC06

IF THIS USC PROVIDER IS FLAGGED AS 'PERSON-TYPE-PROVIDER', GO TO AC09A

OTHERWISE, GO TO BOX_03
AC06

(Person's first middle and last name) (name of medical care provider.....)

Ask if not obvious.

(Is (provider)/Does (provider) work at) a clinic in a hospital, a hospital outpatient department, an emergency room at a hospital, or some other kind of place?

Hospital clinic or outpatient department .................. 1
Hospital emergency room ............................... 2 [BOX_03]
Other kind of place .............................. 3 [BOX_03]
Ref ..................................... -7 [BOX_03]
Dk ...................................... -8 [BOX_03]

(Code one)

Press F1 for definitions of answer categories.

------------------------------------------------------------------------
| DISPLAY 'Is (provider)' IF USC PROVIDER IS FLAGGED AS 'FACILITY-TYPE-PROVIDER'. DISPLAY 'Does (provider) work at' IF USC PROVIDER IS FLAGGED AS 'PERSON-IN-FACILITY-PROVIDER'. |
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF CODED '2' (HOSPITAL EMERGENCY ROOM), FLAG THIS USC PROVIDER AS 'HOSPITAL BASED'. |
------------------------------------------------------------------------

------------------------------------------------------------------------
------------------------------------------------------------------------
AC07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}

Is this clinic or outpatient department owned and operated by the hospital or is this a private doctor’s office located at the hospital?

OWNED AND OPERATED BY HOSPITAL ........  1
PRIVATE DOCTOR’S OFFICE ...................  2
REF ......................................... -7
DK ...................................... -8

[Code One]

----------------------------------------------------
| IF CODED '1' (OWNED AND OPERATED BY HOSPITAL) OR |
| '-8' (DON'T KNOW), FLAG THIS USC PROVIDER AS      |
| 'HOSPITAL BASED'.                                  |
----------------------------------------------------

BOX_03
=====

----------------------------------------------------
| IF THIS USC PROVIDER IS FLAGGED AS 'HOSPITAL      |
| BASED', CONTINUE WITH AC08                        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO AC09A                            |
----------------------------------------------------
What is the main reason (PERSON) usually (go/goes) to (PROVIDER), that is, {someone who works at} a {hospital emergency room/hospital clinic or outpatient department}, for health care?

- PREFERS/LIKES THIS AS A SOURCE OF CARE ..  1 {AC09}
- DON'T KNOW WHERE ELSE TO GO ............  2 {AC09}
- CAN'T AFFORD TO GO ELSEWHERE ............  3 {AC09}
- MY DOCTOR HAS AN OFFICE AT THE OUTPATIENT DEPARTMENT/CLINIC ........ ............  4 {AC09}
- ONLY CARE AVAILABLE WHEN (PERSON) HAS TIME TO GO ..................  5 {AC09}
- CONVENIENCE .............................  6 {AC09}
- BEST PLACE TO GET CARE FOR MY HEALTH CONDITION .............................  7 {AC09}
- OTHER REASON .............................  91
- REF ..................................... -7 {AC09A}
- DK ...................................... -8 {AC09A}

[Code One]
What are the other reasons (PERSON) usually (go/goes) to (PROVIDER) for health care?

CODE ALL THAT APPLY.

- NO OTHER REASONS .................................. 0
- PREFERENCES/LIKES THIS AS A SOURCE OF CARE .. 1
- DON'T KNOW WHERE ELSE TO GO .................. 2
- CAN'T AFFORD TO GO ELSEWHERE ................. 3
- MY DOCTOR HAS AN OFFICE AT THE OUTPATIENT DEPARTMENT/CLINIC .................... 4
- ONLY CARE AVAILABLE WHEN (PERSON) HAS TIME TO GO ........................... 5
- CONVENIENCE ................................. 6
- BEST PLACE TO GET CARE FOR MY HEALTH CONDITION ............................. 7
- OTHER REASON ............................... 91
- REF ...................................... -7
- DK ...................................... -8

[Code All That Apply]

----------------------------------------------------
| IF CODED '91' (OTHER REASON) ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH AC09OV|
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO AC09A |
----------------------------------------------------

----------------------------------------------------
| EDIT: IF CODED '0' (NO OTHER REASONS), '-7' (REFUSED), OR '-8' (DON'T KNOW) IN THE FIRST FIELD, NO OTHER REASON CATEGORY CAN BE CODED. IF CODED '0' (NO OTHER REASONS), '-7' (REFUSED), OR '-8' (DON'T KNOW), IN A FIELD OTHER THAN THE FIRST FIELD AND A SUBSEQUENT CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.' |
----------------------------------------------------
AC090V

ENTER OTHER REASON:

[Enter Other Specify] .................
REF ..................................... -7
DK ..................................... -8

AC09A

How does (PERSON) usually get to (PROVIDER)?

DRIVE/IS DRIVEN ......................  1
TAXI, BUS, TRAIN, OTHER
   PUBLIC TRANSPORTATION ..............  2
WALKS ................................  3
REF ..................................... -7
DK ..................................... -8

BOX_04

----------------------------------------------------
| IF THIS USC PROVIDER IS FLAGGED AS 'PERSON-     |
| TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-PROVIDER' |
| AND AC10 WAS NOT ALREADY ASKED FOR THIS USC    |
| PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC10 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP01                          |
----------------------------------------------------

AC10

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......}

Is (PROVIDER) a medical doctor?

YES .....................................  1 {AC12}
NO .....................................  2
REF ..................................... -7 {END_LP01}
DK ..................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.
AC11
====

(Person's First Middle and Last Name) (Name of Medical Care Provider......)

Is (Provider) a nurse, nurse practitioner, physician's assistant, midwife, or some other kind of person?

Code '5' if chiropractor volunteered as type of medical person.

- Nurse ................................... 1 {END_LP01}
- Nurse Practitioner ...................... 2 {END_LP01}
- Physician's Assistant ................. 3 {END_LP01}
- Midwife .................................. 4 {END_LP01}
- Chiropractor ............................. 5 {END_LP01}
- Other ................................... 91
- Ref ..................................... -7 {END_LP01}
- Dk .................................... -8 {END_LP01}

[Code One]

Press F1 for definitions of answer categories.

AC11OV
=====

Enter Other:

[Enter Other Specify] .................... {END_LP01}
- Ref ..................................... -7 {END_LP01}
- Dk ..................................... -8 {END_LP01}
AC12
=====

(Person's First Middle and Last Name) (Name of Medical Care Provider......)

What is (Provider)’s specialty?

- General/Family Practice .................. 1 [END_LP01]
- Internal Medicine ....................... 2 [END_LP01]
- Pediatrics .............................. 3 [END_LP01]
- OB/GYN .................................. 4 [END_LP01]
- Surgery ................................. 5 [END_LP01]
- Chiropractor ............................ 6 [END_LP01]
- Other ................................... 91 [END_LP01]
- Ref ..................................... -7 [END_LP01]
- DK ...................................... -8 [END_LP01]

[Code One]

AC12OV
=====

Enter Other:

[Enter Other Specify] .....................
- Ref ..................................... -7
- DK ...................................... -8

END_LP01
=====

----------------------------------------------------
| Cycle on Next Person in the RU-Members-Roster Who |
| Meets the Conditions Stated in the Loop Definition |
----------------------------------------------------

----------------------------------------------------
| If No Other Persons Meet the Stated Conditions,   |
| End Loop_01 and Continue with Box_05             |
----------------------------------------------------
BOX_05

----------------------------------------------------
| IF AT LEAST ONE PROVIDER FLAGGED AS 'USC PROVIDER' |
| ON THE RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH |
| LOOP_02                                           |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO AC22                              |
----------------------------------------------------

LOOP_02

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEDICAL-PROVIDERS-     |
| ROSTER, ASK AC13-END_LP02                          |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS DETAILED        |
| INFORMATION ON EACH UNIQUE USUAL SOURCE OF CARE    |
| PROVIDER IDENTIFIED FOR THIS RU. THIS LOOP CYCLES|
| ON PROVIDERS WHO MEET THE FOLLOWING CONDITION:    |
|                                                    |
| - PROVIDER FLAGGED AS 'USC PROVIDER' DURING THE   |
| CURRENT ROUND FOR A CURRENT RU MEMBER.            |
----------------------------------------------------

----------------------------------------------------
| NOTE: IF THE USC PROVIDER BEING LOOPED ON IS      |
| FLAGGED AS 'PERSON-TYPE-PROVIDER' OR 'PERSON-IN-|
| FACILITY-PROVIDER' THE CONTEXT HEADER IN LOOP_02 |
| WILL DISPLAY THE PERSON-PROVIDER NAME. IF THE USC |
| PROVIDER BEING LOOPED ON IS FLAGGED AS 'FACILITY-|
| TYPE-PROVIDER' THE CONTEXT HEADER IN LOOP_02 WILL |
| DISPLAY THE FACILITY-PROVIDER NAME.               |
----------------------------------------------------
The next few questions ask about the experience (READ NAME(S) BELOW) have had with (PROVIDER). Please think about their overall experiences when answering the following questions.

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
MEPS FAMES Panel 1 Round 3 Access to Care (AC) Section
January 31, 1997

AC14
=====

(NAME OF MEDICAL CARE PROVIDER......)

Is (PROVIDER) the {person/place} they would go to for ...

YES = 1
NO = 2

AC14_01 a. New health problems? (   )
AC14_02 b. Preventive health care, such as general checkups, examinations, and immunizations? (   )
AC14_03 c. Referrals to other health professionals when needed? (   )

PRESS F1 FOR DEFINITION OF PREVENTIVE HEALTH CARE AND REFERRAL.

------------------------------------------------------------------------------
| DISPLAY 'person' IF THE USC PROVIDER BEING LOOPED ON IS FLAGGED AS 'PERSON-TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-PROVIDER'. DISPLAY 'place' IF USC PROVIDER BEING LOOPED ON IS FLAGGED AS 'FACILITY-TYPE-PROVIDER'.
------------------------------------------------------------------------------

------------------------------------------------------------------------------
| ALLOW '-7' (REFUSED) AND '-8' (DON'T KNOW) ON ALL FORM ITEMS.
------------------------------------------------------------------------------

------------------------------------------------------------------------------
| IF AC06 WAS CODED '2' (HOSPITAL EMERGENCY ROOM) FOR THIS USC PROVIDER, GO TO AC19
------------------------------------------------------------------------------

------------------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH AC15
------------------------------------------------------------------------------

AC15
=====

(NAME OF MEDICAL CARE PROVIDER......)

Does (PROVIDER) have office hours at night or on weekends?

YES ..................................... 1
NO ...................................... 2
REF ..................................... -7
DK ...................................... -8
AC16

{NAME OF MEDICAL CARE PROVIDER......}

When they go to (PROVIDER), do they usually have an appointment ahead of time, just walk in, or sometimes have an appointment and sometimes not?

<table>
<thead>
<tr>
<th>HAVE APPOINTMENT</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUST WALKS IN</td>
<td>2 [AC19]</td>
</tr>
<tr>
<td>SOMETIMES APPOINTMENT, SOMETIMES WALKS IN</td>
<td>3</td>
</tr>
<tr>
<td>REF</td>
<td>-7 [AC19]</td>
</tr>
<tr>
<td>DK</td>
<td>-8 [AC19]</td>
</tr>
</tbody>
</table>

[Code One]

AC17

{NAME OF MEDICAL CARE PROVIDER......}

How difficult is it to get appointments with (PROVIDER) on short notice, for example, within one or two days?

Would you say it is ...

{IF ASKED WHAT IS MEANT BY ‘APPOINTMENTS WITH (PROVIDER)’, SAY:
This refers to appointments with any medical person at (PROVIDER), not necessarily a specific medical person.}

| very difficult | 1 |
| somewhat difficult | 2 |
| not too difficult, or | 3 |
| not at all difficult? | 4 |
| REF            | -7 |
| DK            | -8 |

[Code One]
AC18
====

{NAME OF MEDICAL CARE PROVIDER......}

If they arrive on time for an appointment, about how long do they usually have to wait before seeing (a medical person at) (PROVIDER)?

LESS THAN 5 MINUTES ..................... 1
5 TO 15 MINUTES .......................... 2
16 TO 30 MINUTES .......................... 3
31 MINUTES TO 59 MINUTES ................. 4
1 TO 2 HOURS .............................. 5
MORE THAN 2 HOURS ........................ 6
REF ..................................... -7
DK ...................................... -8

[Code One]

| DISPLAY 'a medical person at' IF USC PROVIDER |
| BEING LOOPED ON IS FLAGGED AS 'FACILITY-TYPE-
| PROVIDER'. OTHERWISE, USE A NULL DISPLAY. |

AC19
====

{NAME OF MEDICAL CARE PROVIDER......}

How difficult is it to contact (a medical person at) (PROVIDER) over the telephone about a health problem?

Would you say it is ...

very difficult, ............................. 1
somewhat difficult, ......................... 2
not too difficult, or ....................... 3
not at all difficult? ........................ 4
REF ..................................... -7
DK ...................................... -8

[Code One]

| DISPLAY 'a medical person at' IF USC PROVIDER |
| BEING LOOPED ON IS FLAGGED AS 'FACILITY-TYPE-
| PROVIDER'. OTHERWISE, USE A NULL DISPLAY. |

24-17
AC19A
=====

{NAME OF MEDICAL CARE PROVIDER......}

Does (PROVIDER) generally listen to them and give them the information needed about health and health care?

YES .....................................  1
NO ......................................  2
REF ..................................... -7
DK ...................................... -8

AC19B
=====

{NAME OF MEDICAL CARE PROVIDER......}

Does (PROVIDER) usually ask about prescription medications and treatments other doctors may give them?

YES .....................................  1
NO ......................................  2
REF ..................................... -7
DK ...................................... -8

AC19C
=====

{NAME OF MEDICAL CARE PROVIDER......}

Are they confident in (PROVIDER)’s ability to help when they have a medical problem?

YES .....................................  1
NO ......................................  2
REF ..................................... -7
DK ...................................... -8
AC19D

{name of medical care provider......}

How satisfied are they with the professional staff at
{(provider)/(provider)’s office}?

Would you say ...

very satisfied, .........................  1
somewhat satisfied, .....................  2
not too satisfied, or ....................  3
not at all satisfied? .....................  4
REF ..................................... -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF PROFESSIONAL STAFF.

| DISPLAY '{provider}' IF USC PROVIDER BEING LOOPED |
| ON IS FLAGGED AS 'FACILITY-TYPE-PROVIDER'.        |
| OTHERWISE, DISPLAY '{provider)’s office’.           |

AC19E

{name of medical care provider......}

Overall, how satisfied are they with the quality of care
received from (provider)?

Would you say ...

very satisfied, .........................  1
somewhat satisfied, .....................  2
not too satisfied, or ....................  3
not at all satisfied? .....................  4
REF ..................................... -7
DK ...................................... -8

[Code One]

| DISPLAY '{provider)' IF USC PROVIDER BEING LOOPED |
| ON IS FLAGGED AS 'FACILITY-TYPE-PROVIDER'.        |
| OTHERWISE, DISPLAY '{provider)’s office’.           |
Over the last year, has anyone in the family changed the person or place they usually go if they are sick or need advice about their health?

YES ..................................... 1
NO ...................................... 2 \{AC24\}
REF ..................................... -7 \{AC24\}
DK ...................................... -8 \{AC24\}
Why did this change occur?

FAMILY/PERSON CHANGED INSURANCE PLANS ...  1 {AC24}
INSURANCE PLAN CHANGED DOCTORS IT
   COVERS ...................................  2 {AC24}
DISSATISFIED WITH QUALITY OF CARE ......  3 {AC24}
HEALTH CARE NEEDS CHANGED...............  4 {AC24}
TOO FAR AWAY ................................  5 {AC24}
MOVED TO NEW AREA ............................  6 {AC24}
OLD PROVIDER NO LONGER AVAILABLE .....  7 {AC24}
OTHER .........................................  91
REF ........................................... -7 {AC24}
DK ............................................. -8 {AC24}

[Code One]

ENTER OTHER:

[Enter Other Specify] .......................... {AC24}
REF ........................................... -7 {AC24}
DK ............................................. -8 {AC24}

Within the last year, has anyone in the family had a person or place they usually go if they are sick or need advice about their health?

YES ...........................................  1
NO .............................................  2 {AC24}
REF ........................................... -7 {AC24}
DK ............................................. -8 {AC24}
AC23
=====

Why do they not have a usual source of health care any more?

- FAMILY/PERSO...N CHANGED INSURANCE PLANS ... 1 {AC24}
- INSURANCE PLAN CHANGED DOCTORS IT COVERS ......................... 2 {AC24}
- DISSATISFIED WITH QUALITY OF CARE ...... 3 {AC24}
- HEALTH CARE NEEDS CHANGED................ 4 {AC24}
- TOO FAR AWAY ................................ 5 {AC24}
- MOVED TO NEW AREA ............................ 6 {AC24}
- OLD PROVIDER NO LONGER AVAILABLE .... 7 {AC24}
- OTHER ........................................ 91
- REF ........................................ -7 {AC24}
- DK ........................................... -8 {AC24}

[Code One]

AC23OV
=====

ENTER OTHER:

- [Enter Other Specify] ....................
- REF .................................... -7
- DK ..................................... -8

AC24
=====

During the last year, did any family member not receive a doctor’s care or prescription medications because the family needed the money to buy food, clothing, or pay for housing?

- YES ........................................ 1
- NO ......................................... 2
- REF ......................................... -7
- DK ......................................... -8
AC24A
=====

Overall, how satisfied are you that members of your family can get health care if they need it?

Would you say ...

very satisfied, ..........................  1
somewhat satisfied, .......................  2
not too satisfied, or ......................  3
not at all satisfied? ......................  4
REF ..................................... -7
DK ...................................... -8

[Code One]

AC25
=====

SHOW CARD AC-1.

In the last 12 months, did anyone in the family experience difficulty in obtaining any type of health care, delay obtaining care, or not receive health care they thought they needed due to any of the reasons listed on this card?

YES ........................................  1
NO ...........................................  2 {BOX_06}
REF ........................................ -7 {BOX_06}
DK ........................................... -8 {BOX_06}
SHOW CARD AC-1.

Which of these is the **main** problem that caused family members’ difficulty, delay, or not receiving needed health care?

COULDN’T AFFORD CARE .................... 1
INSURANCE COMPANY WOULDN’T APPROVE,
   COVER, OR PAY FOR CARE ................. 2
PRE-EXISTING CONDITION .................. 3
INSURANCE REQUIRED A REFERRAL, BUT
   COULDN’T GET ONE ...................... 4
DOCTOR REFUSED TO ACCEPT FAMILY’S
   INSURANCE PLAN ....................... 5
MEDICAL CARE TOO FAR AWAY .............. 6
CAN’T DRIVE/DON’T HAVE CAR/NO PUBLIC
   TRANSPORTATION AVAILABLE .......... 7
TOO EXPENSIVE TO GET THERE ............. 8
HEARING IMPAIRMENT OR LOSS .............. 9
DIFFERENT LANGUAGE ..................... 10
HARD TO GET INTO BUILDING .............. 11
HARD TO GET AROUND INSIDE BUILDING ... 12
NO APPROPRIATE EQUIPMENT IN OFFICE .... 13
COULDN’T GET TIME OFF WORK ............. 14
DIDN’T KNOW WHERE TO GO TO GET CARE .. 15
WAS REFUSED SERVICES ................... 16
COULDN’T GET CHILD CARE ................. 17
DIDN’T HAVE TIME OR TOOK TOO LONG ...... 18
OTHER .................................. 91
REF .................................... -7 \{BOX_06\}
DK ...................................... -8 \{BOX_06\}

[Code One]
SHOW CARD AC-1.

What are the other problems that caused family members’ difficulty, delay, or not receiving needed health care?

CODE ALL THAT APPLY.

NO OTHER PROBLEMS ......................... 0
COUNLÑT AFFORD CARE ....................... 1
INSURANCE COMPANY WOULDN'T APPROVE,  
C OVER, OR PAY FOR CARE .................. 2
PRE-EXISTING CONDITION .................... 3
INSURANCE REQUIRED A REFERRAL, BUT 
C OULDN'T GET ONE ......................... 4
DOCTOR REFUSED TO ACCEPT FAMILY’S  
INSURANCE PLAN ............................ 5
MEDICAL CARE TOO FAR AWAY ............... 6
CANT DRIVE/DON'T HAVE CAR/NO PUBLIC  
TRANSPORTATION AVAILABLE ............... 7
TOO EXPENSIVE TO GET THERE ............. 8
HEARING IMPAIRMENT OR LOSS ............. 9
DIFFERENT LANGUAGE ........................ 10
HARD TO GET INTO BUILDING ............... 11
HARD TO GET AROUND INSIDE BUILDING ...... 12
NO APPROPRIATE EQUIPMENT IN OFFICE ..... 13
C OULDN'T GET TIME OFF WORK ............. 14
DIDN'T KNOW WHERE TO GO TO GET CARE .... 15
WAS REFUSED SERVICES ...................... 16
C OULDN'T GET CHILD CARE ................. 17
DIDN'T HAVE TIME OR TOOK TOO LONG ...... 18
OTHER ....................................... 91
REF ......................................... -7
DK ......................................... -8

[Code All That Apply]
Alternative/Preventive Care (AP) Section

AP01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AP-1.

In order to get as complete a picture as possible of all sources of health care, we would also like to ask about the use of other forms of health care, including treatment you may have previously told me about, such as the treatments shown on this card. Frequently this type of care is referred to as complementary or alternative care.

During the calendar year 1996, for health reasons, did (PERSON) consult someone who provides these types of treatments?

YES ........................................ 1
NO ........................................... 2 {BOX_01}
REF ........................................... -7 {BOX_01}
DK .......................................... -8 {BOX_01}

PRESS F1 FOR DEFINITION OF COMPLEMENTARY/ALTERNATIVE CARE.
{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD AP-1.

What type of treatment did (PERSON) receive?

PROBE: Any other types of treatments received?

CODE ALL THAT APPLY.

ACUPUNCTURE ......................... 1
NUTRITIONAL ADVICE OR LIFESTYLE DIETS .... 2
MASSAGE THERAPY ........................ 3
HERBAL REMEDIES PURCHASED ................. 4
BIO-FEEDBACK TRAINING ...................... 5
TRAINING OR PRACTICE OF MEDITATION,
   IMAGERY, OR RELAXATION TECHNIQUES ...... 6
HOMEOPATHIC TREATMENT ..................... 7
SPIRITUAL HEALING OR PRAYER ............... 8
HYPNOSIS .................................. 9
TRADITIONAL MEDICINE, SUCH AS CHINESE,
   AYURVEDIC, AMERICAN INDIAN, ETC. ....... 10
OTHER TREATMENT .......................... 91
REF ...................................... -7
DK ...................................... -8

[Code All That Apply.]

PRESS F1 FOR DEFINITIONS OF RESPONSE CATEGORIES.

-----------------------------------------------------------------------------------------------
| IF CODED ‘91’ (OTHER TREATMENT) ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH |
| AP02OV | | 
-----------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------
| OTHERWISE, GO TO AP03 |
-----------------------------------------------------------------------------------------------

AP02OV

ENTER OTHER:

[Enter Other Specify] .................
REF ...................................... -7
DK ...................................... -8
(PERSON'S FIRST MIDDLE AND LAST NAME)

You told me that (PERSON) consulted someone who practices alternative care. What type of practitioner(s) (was/were) used?

PROBE: Any other types of practitioners consulted?

CODE ALL THAT APPLY.

MASSAGE THERAPIST ...................... 1
ACUPUNCTURIST .......................... 2
PHYSICIAN .............................. 3
NURSE .................................. 4
HOMEOPATHIC OR NATUROPATHIC DOCTOR ..... 5
CHIROPRACTOR ........................... 6
CLERGY, SPIRITUALIST, OR CHANNELER ..... 7
HERBALIST .............................. 8
OTHER ................................. 91
REF ................................... -7
DK .................................... -8

[Code All That Apply.]

PRESS F1 FOR DEFINITIONS OF RESPONSE CATEGORIES.

-----------------------------------------------
| IF CODED '91' (OTHER) ALONE OR IN COMBINATION WITH|
| ANY OTHER CODES, CONTINUE WITH AP03OV         |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO AP04                        |
-----------------------------------------------

AP03OV

ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK .................................... -8
Approximately how many times in 1996 did (PERSON) actually visit these types of practitioners?

[Enter Number-3] ....................... {AP05}
REF ................................... -7 {AP05}
DK .................................... -8

| SOFT RANGE CHECK: 1-100 |

Would you say (PERSON) visited these types of practitioners ...

1 time, .............................. 1
2 - 4 times, .......................... 2
5 - 10 times, .......................... 3
11 - 20 times, .......................... 4
21 - 30 times, or ....................... 5
31 or more times? ...................... 6
REF ................................... -7
DK .................................... -8

[Code One.]

Did (PERSON) consult the alternative or complementary care practitioner(s) for a specific physical or mental health problem?

YES ..................................... 1
NO ........................................ 2 {AP07}
REF ....................................... -7 {AP07}
DK ........................................ -8 {AP07}
For what health problems was/were the alternative care practitioner(s) consulted?

PROBE: Did (PERSON) have any other health problems for which (PERSON) consulted an alternative care practitioner?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?  
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.  
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.  
TO LEAVE, PRESS ESC.

[1. Medical Condition] .................  
[2. Medical Condition] .................  
[3. Medical Condition] .................  
OTHER SPECIFY: (__________) ........... 91

| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |  
| MEDICAL-CONDITIONS-ROSTER. |
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

AP07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Was the use of complementary or alternative care ever discussed with (PERSON)’s regular doctor?

YES .................................... 1
NO .................................... 2
HAVE NO REGULAR DOCTOR ............. 3
ALTERNATIVE CARE PRACTITIONER IS REGULAR DOCTOR .................. 4
REF ................................... -7
DK .................................... -8

[Code One.]

AP08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) ever referred for alternative care by a physician or any other medical provider?

CODE '95' IF ALTERNATIVE CARE PROVIDED BY REGULAR PROVIDER (NOT PHYSICIAN).

YES .................................... 1
NO .................................... 2
CARE PROVIDED BY REGULAR PROVIDER ...... 95
REF ................................... -7
DK .................................... -8

[Code One.]
Thinking about all of (PERSON)’s alternative or complementary care visits, please give me your best estimate of the total amount spent by (PERSON) (or the family) and insurance, for (PERSON)’s care in calendar year 1996?

[$ Amount] ..................................  {AP11}
REF .................................. -7  {AP11}
DK .................................. -8

----------------------------------------------------
<p>|  SOFT RANGE CHECK:  $0-$100,000. WHOLE DOLLAR     |</p>
<table>
<thead>
<tr>
<th>AMOUNTS ONLY.</th>
</tr>
</thead>
</table>

Would you say (PERSON) (and the family) and insurance spent...

$1 - $100, .........................  1
$101 - $500, .........................  2
$501 - $1500, .........................  3
$1501 - $3000, .........................  4
$3001 - $5000, or ....................  5
$5001 or more?  .......................  6
REF .................................. -7
DK .................................. -8

[Code One.]
AP11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did (PERSON)’s health insurance pay for any of (PERSON)’s complementary or alternative care?

CODE ‘95’ IF PERSON DOES NOT HAVE HEALTH INSURANCE.

YES ........................................... 1
NO ............................................. 2 {AP11B}
DOES NOT HAVE HEALTH INSURANCE ...... 95 {AP11B}
REF ........................................... -7 {AP11B}
DK ............................................. -8 {AP11B}

[Code One.]

AP11A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Thinking about the total amount (PERSON) (and the family) and insurance spent on alternative or complementary care visits, please give me your best estimate of the percent paid by insurance.

[ % Amount] ...................................
REF ........................................... -7
DK ............................................. -8

----------------------------------------------
| RANGE CHECK: 0%-100%                      |
Thinking about all the products or remedies used that are associated with alternative or complementary care, please give me your best estimate of the total amount spent for these products and remedies by (PERSON) (and the family) in the calendar year 1996?

[$ Amount] .............................   {BOX_01}
REF ................................... -7 (BOX_01)
DK .................................... -8

SOFT RANGE CHECK:  $0-$10,000. WHOLE DOLLAR
AMOUNTS ONLY.

Would you say (PERSON) (and the family) spent...

$1 - $50, .............................. 1
$51 - $100, ............................ 2
$101 - $200, ........................... 3
$201 - $500, or ........................ 4
$501 or more? .......................... 5
REF ................................... -7 (BOX_01)
DK .................................... -8

[Code One.]
The next few questions ask about the amounts and types of preventive care (PERSON) may receive.

On average, how often (do/does) (PERSON) receive a dental check-up?

- TWICE A YEAR OR MORE ....................... 1
- ONCE A YEAR ............................ 2
- LESS THAN ONCE A YEAR .................. 3
- NEVER GO TO DENTIST ................. 4
- REF ................................... -7
- DK .................................... -8

[Code One.]

PRESS F1 FOR DEFINITION OF DENTAL CHECK-UP.

<p>| IF PERSON BEING ASKED ABOUT IS 18 YEARS OF AGE OR |
| OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH |</p>
<table>
<thead>
<tr>
<th>AP15</th>
</tr>
</thead>
</table>

| OTHERWISE, GO TO BOX_02 |----------------------------------------------------|

AP13
----
Omitted. (Moved and renumbered)

AP14
----
Omitted. (Moved and renumbered)
AP15
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had (PERSON)'s blood pressure taken by a doctor, nurse, or other health professional?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS .................... 2
WITHIN PAST 5 YEARS .................... 3
MORE THAN 5 YEARS ..................... 4
NEVER ..................................... 5
REF ...................................... -7
DK ...................................... -8

PRESS F1 FOR DEFINITION OF BLOOD PRESSURE CHECK.

[Code One.]

AP16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had (PERSON)'s cholesterol levels checked?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS .................... 2
WITHIN PAST 5 YEARS .................... 3
MORE THAN 5 YEARS ..................... 4
NEVER ..................................... 5
REF ...................................... -7
DK ...................................... -8

PRESS F1 FOR DEFINITION OF CHOLESTEROL LEVEL CHECK.

[Code One.]
About how long has it been since (PERSON) had a complete physical?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS .................... 2
WITHIN PAST 5 YEARS .................... 3
MORE THAN 5 YEARS ...................... 4
NEVER .................................. 5
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF COMPLETE PHYSICAL.

[Code One.]

About how long has it been since (PERSON) had a flu shot?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS .................... 2
WITHIN PAST 5 YEARS .................... 3
MORE THAN 5 YEARS ...................... 4
NEVER .................................. 5
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FLU SHOT.

[Code One.]

---

| IF PERSON BEING ASKED ABOUT IS 35 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 6-9), CONTINUE WITH AP18A |

---

| OTHERWISE, GO TO BOX_01A |

---
AP18A

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) wear dentures?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DENTURES.

AP18B

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) lost all of (PERSON)'s adult teeth?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

BOX_01A

---------------------------------------------
| IF PERSON BEING ASKED ABOUT IS MALE, CONTINUE WITH |
| WITH AP19                                           |
---------------------------------------------

---------------------------------------------
| OTHERWISE, GO TO AP20                          |
---------------------------------------------
AP19
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had a prostate exam?

WITHIN PAST YEAR .......................... 1 (BOX_02)
WITHIN PAST 2 YEARS ......................... 2 (BOX_02)
WITHIN PAST 5 YEARS ........................ 3 (BOX_02)
MORE THAN 5 YEARS ........................... 4 (BOX_02)
NEVER ........................................ 5 (BOX_02)
REF ........................................... -7 (BOX_02)
DK ............................................. -8 (BOX_02)

PRESS F1 FOR DEFINITION OF PROSTATE EXAM.

[Code One.]

AP20
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had a pap smear test?

WITHIN PAST YEAR .......................... 1
WITHIN PAST 2 YEARS ......................... 2
WITHIN PAST 5 YEARS ........................ 3
MORE THAN 5 YEARS ........................... 4
NEVER ........................................ 5
REF ........................................... -7
DK ............................................. -8

PRESS F1 FOR DEFINITION OF PAP SMEAR TEST.

[Code One.]
AP21

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had a breast exam?

<table>
<thead>
<tr>
<th></th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHIN PAST YEAR</td>
<td>1</td>
</tr>
<tr>
<td>WITHIN PAST 2 YEARS</td>
<td>2</td>
</tr>
<tr>
<td>WITHIN PAST 5 YEARS</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS</td>
<td>4</td>
</tr>
<tr>
<td>NEVER</td>
<td>5</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF BREAST EXAM.

[Code One.]

----------------------------------------------------
| IF PERSON BEING ASKED ABOUT IS 40 YEARS OF AGE OR |
| OLDER (OR IN AGE CATEGORIES 6-9), CONTINUE WITH   |
| AP22                                              |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_02                           |
----------------------------------------------------

AP22

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had a mammogram?

<table>
<thead>
<tr>
<th></th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHIN PAST YEAR</td>
<td>1</td>
</tr>
<tr>
<td>WITHIN PAST 2 YEARS</td>
<td>2</td>
</tr>
<tr>
<td>WITHIN PAST 5 YEARS</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS</td>
<td>4</td>
</tr>
<tr>
<td>NEVER</td>
<td>5</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF MAMMOGRAM.

[Code One.]
| GO TO NEXT QUESTIONNAIRE SECTION. |
Calendar (CA) Section

BOX_01
=====

----------------------------------------------------
| IF ROUND 1 OR IF RESPONDENT FOR THIS ROUND IS NOT |
| THE SAME AS THE RESPONDENT FOR THE PREVIOUS ROUND |
| GO TO CA01                                        |
----------------------------------------------------

----------------------------------------------------
| IF NOT ROUND 1 AND IF RESPONDENT FOR THIS ROUND   |
| IS SAME AS RESPONDENT FOR THE PREVIOUS ROUND,     |
| CONTINUE WITH BOX_02                              |
----------------------------------------------------

BOX_02
=====

----------------------------------------------------
| IF NOT ROUND 1 AND RESPONDENT USED ANY CALENDAR   |
| DURING THE PREVIOUS ROUND’S INTERVIEW – CL67_01   |
| CL67_02, CL67_03, OR CL67_05 IS CODED ‘1’ (YES),  |
| GO TO CA02                                        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH CA01                     |
----------------------------------------------------
We've talked about health conditions for the family. The next set of questions is about health care received in the last few months. Some of these questions ask for information which may be difficult to remember. Because it is important to the U.S. Public Health Service to get complete and accurate information, please take your time in answering these questions.

ASK RESPONDENT TO GET HEALTH EVENTS RECORD (CALENDAR) IF NOT ALREADY OUT.

HAS HEALTH EVENTS RECORD ............... 1 {CA03}
HAS CALENDAR OTHER THAN HEALTH EVENTS RECORD ......................... 2 {CA03}
DOES NOT HAVE CALENDAR ................. 3 {CA04}
WILL NOT USE CALENDAR ................. 4 {CA04}

[Code One]
CODE WITHOUT ASKING IF RESPONDENT HAS ALREADY ANSWERED.

Has anyone in the family been using the calendar to record **all** visits to medical providers and medical places, **most** of the visits, only some of the visits, or has the calendar not been used?

- **ALL VISITS RECORDED** .................... 1 {BOX_03}
- **MOST VISITS RECORDED** .................... 2 {BOX_03}
- **SOME VISITS RECORDED** .................... 3
- **DID NOT USE** ............................ 4
- **VOLUNTEERED: NO EVENTS TO RECORD** ...... 5 {BOX_03}
- **REF** ............................. -7
- **DK** ............................. -8

[Code One]

**CA04**

**GIVE RESPONDENT A HEALTH EVENTS RECORD (CALENDAR) IF RESPONDENT DOES NOT HAVE ONE, OR A CALENDAR WORKSHEET IF RESPONDENT WILL NOT USE CALENDAR.**

Through the rest of the interview, there are questions that will ask for dates. When you do not remember the date, we can refer to this calendar for help.

**CIRCLE TODAY'S DATE (AND DATE OF LAST INTERVIEW).**

PRESS ENTER TO CONTINUE.
BOX_03
======

----------------------------------------------------
| IF ROUND 1, GO TO BOX_05                          |
----------------------------------------------------

----------------------------------------------------
| IF NOT ROUND 1, CONTINUE WITH BOX_04              |
----------------------------------------------------

BOX_04
======

----------------------------------------------------
| IF ANY EVENTS (INCLUDING PRESCRIBED MEDICINES)    |
| RECORDED DURING PREVIOUS ROUND, CONTINUE WITH     |
| CA05                                             |
----------------------------------------------------

----------------------------------------------------
| IF NO EVENTS (INCLUDING PRESCRIBED MEDICINES)     |
| RECORDED DURING PREVIOUS ROUND, GO TO BOX_05      |
----------------------------------------------------

CA05
=====

If at any point it would help you to look at information from the last interview, I have a computer printed summary of the health care received during that period. This summary includes any hospital stays; visits to medical providers; names of doctors, hospitals, and other providers; and prescribed medicines that were talked about during the last interview. If you need to refer to a past visit, date, or provider name, we can use this summary.

HOLD UP SUMMARY OF HEALTH CARE EVENTS FOR THIS RU.

PRESS ENTER TO CONTINUE.

BOX_05
======

----------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION                   |
----------------------------------------------------
Condition Enumeration (CE) Section

BOX_01
======
----------------------------------------------------
| AS A CONDITION IS ENTERED (IN THIS SECTION AS | |
| WELL AS IN LATER SECTIONS), FLAG THE CONDITION |
| WITH THE ROUND IN WHICH THE CONDITION WAS FIRST |
| CREATED. THIS ROUND FLAG IS USED TO DETERMINE |
| WHETHER THE CONDITION IS ELIGIBLE FOR THE CN |
| SECTION. (A CONDITION IS ELIGIBLE ONLY IN THE |
| ROUND IN WHICH IT WAS CREATED.)                  |
----------------------------------------------------

LOOP_01
=======
----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,        |
| ASK CE01-END_LP01                                 |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_01 COLLECTS GENERAL HEALTH  |
| RATINGS AND ENUMERATES THE MEDICAL CONDITIONS OF   |
| EACH PERSON IN THE RU. THIS LOOP CYCLES ON EACH    |
| PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE     |
| FOLLOWING CONDITIONS:                              |
| - PERSON IS A CURRENT OR INSTITUTIONALIZED RU     |
| MEMBER                                          |
| AND                                            |
| - PERSON IS NOT DECEASED                        |
----------------------------------------------------
I'd like to talk about (PERSON)'s health.

In general, compared to other people of (PERSON)'s age, would you say that (PERSON)'s health is excellent, very good, good, fair, or poor?

EXCELLENT .............................. 1
VERY GOOD .............................. 2
GOOD ................................... 3
FAIR ................................... 4
POOR ................................... 5
REF ................................... -7
DK .................................... -8

[Code One]
CE02
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

In general, would you say that (PERSON)'s mental health is excellent, very good, good, fair, or poor?

EXCELLENT .............................. 1
VERY GOOD .............................. 2
GOOD ................................... 3
FAIR ................................... 4
POOR ................................... 5
REF ................................... -7
DK .................................... -8

[Code One]

CE02OV
=====

INTERVIEWER: WHO ANSWERED THIS QUESTION?

(PERSON) ........................................ 1
SOMEONE ELSE .................................. 2

[Code One]

| FLAG RESPONSE TO CE02 AS 'SELF-REPORT' IF CE02OV IS CODED '1' ((PERSON)) AND AS 'PROXY REPORT' IF CE02OV IS CODED '2' (SOMEONE ELSE).
| IF FIRST CYCLE OF LOOP, CONTINUE WITH CE03
| OTHERWISE, GO TO CE04

-----------------------------
CE03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

We're interested in learning about health problems that may have bothered (PERSON) since (START DATE). Health problems include physical conditions, accidents, or injuries that affect any part of the body as well as mental or emotional health conditions, such as feeling sad, blue, or anxious about something.

PRESS ENTER TO CONTINUE.

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.

CE04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

{At the time (PERSON) entered the institution, did (PERSON) have any physical or mental health problems, or had (PERSON) experienced any accidents or injuries? Between (START DATE) and (END DATE), did (PERSON) have any physical or mental health problems, accidents, or injuries?}

[Please include all of (PERSON)’s conditions, accidents or injuries regardless of whether (PERSON) saw a medical provider, received treatment, or took medications since (START DATE). Also include health problems that may have been mentioned during a previous interview, but have also bothered (PERSON) since (START DATE).]

YES ................................................. 1
NO ................................................... 2 {END_LP01}
REF .................................................. -7 {END_LP01}
DK .................................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.
DISPLAY 'At the time (PERSON) entered the institution, did (PERSON) have any physical or mental health problems, or had (PERSON) experienced any accidents or injuries?' IF PERSON CODED AS BEING INSTITUTIONALIZED.

OTHERWISE, DISPLAY 'Between (START DATE) and (END DATE), did (PERSON) have any physical or mental health problems, accidents, or injuries?'

DISPLAY 'Also include health problems that may have been mentioned during a previous interview, but have also bothered (PERSON) since (START DATE).' IF NOT ROUND 1. IF ROUND 1, USE A NULL DISPLAY.

NOTE: IN ROUNDS 1 AND 2, THE SECOND PARAGRAPH OF THE QUESTION DID NOT HAVE BRACKETS AND WAS WORDED, "Please include all conditions, accidents or injuries for which (PERSON) saw a medical provider or took medications. Also include other physical or mental health problems affecting (PERSON) since (START DATE), even if no treatment or medications were received for the problems during this period. (Also...(START DATE).)"
CE05
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

What did (PERSON) have?

PROBE: Did (PERSON) have any other health problems, accidents, or injuries?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before? IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER. IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Medical Condition] .................
[2. Medical Condition] .................
[3. Medical Condition] .................

------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| MEDICAL-CONDITIONS-ROSTER.                           |
------------------------------------------------------------------

------------------------------------------------------------------
| FLAG RESPONSE(S) AS COLLECTED IN CE SECTION.               |
------------------------------------------------------------------
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

**END_LP01**

```
----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_01 AND CONTINUE WITH BOX_02              |

----------------------------------------------------
```

**BOX_02**

```
----------------------------------------------------
| CHECK HOUSEHOLD ENUMERATION. IF ANY FEMALES AGED   |
| 15-45 YEARS, INCLUSIVE, (OR AGE CATEGORIES 4-6) IN |
| THE RU, CONTINUE WITH BOX_03                      |

----------------------------------------------------
| OTHERWISE, GO TO BOX_09                            |
```

**BOX_03**

```
----------------------------------------------------
| IF NOT ROUND 1 AND IF ANY PERSON IN RU CODED AS   |
| 'STILL PREGNANT' (PG01 WAS CODED '1' (YES)) DURING |
| PREVIOUS ROUND, CONTINUE WITH LOOP_02              |

----------------------------------------------------
| OTHERWISE, GO TO BOX_06                            |
```

**LOOP_02**

```
----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK    |
| LOOP_03-END_LP02                                  |
```

---
MEPS FAMES Panel 1 Round 3 Condition Enumeration (CE) Section
January 31, 1997

------------------------------------------------------------------
| LOOP DEFINITION:  LOOP_02 COLLECTS INFORMATION                    |
| ABOUT THE PREGNANCIES OF RU MEMBERS WHO WERE                      |
| 'STILL PREGNANT' DURING THE PREVIOUS ROUND.  THIS                 |
| LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING                  |
| CONDITIONS:                                                       |
|                                                                  |
| - PERSON IS FEMALE AND 15-45 YEARS OF AGE,                       |
|   INCLUSIVE, OR IN AGE CATEGORIES 4-6                             |
| AND                                                                |
| - PERSON WAS FLAGGED AS 'STILL PREGNANT' (PG01 CODED '1' (YES))   |
| DURING THE PREVIOUS ROUND                                         |
------------------------------------------------------------------

LOOP_03
========

------------------------------------------------------------------
| FOR EACH OF THE FOLLOWING:                                       |
|                                                                  |
| PREVIOUS ROUND PREGNANCY                                         |
| PREGNANCY 1                                                       |
| PREGNANCY 2                                                       |
| PREGNANCY 3                                                       |
|                                                                  |
| ASK BOX_04-END_LP03                                              |
------------------------------------------------------------------

------------------------------------------------------------------
| LOOP DEFINITION:  LOOP_03 COLLECTS DETAILED                      |
| INFORMATION ABOUT EACH PREGNANCY OF EACH PERSON                   |
| CYCLED ON IN LOOP_02. THE FIRST LOOP CYCLE                       |
| COLLECTS INFORMATION ABOUT THE PREGNANCY NOT ENDED               |
| DURING THE PREVIOUS ROUND. THE RESPONSE TO CE06 DETERMINES       |
| WHETHER THE LOOP CYCLES AGAIN.                                    |
| SUBSEQUENT CYCLES, IF ANY, COLLECT INFORMATION                   |
| ABOUT PREGNANCIES SINCE THE PERSON’S START DATE,                 |
| STARTING WITH THE MOST RECENT PREGNANCY.                         |
------------------------------------------------------------------

BOX_04
======

------------------------------------------------------------------
| ASK PREGNANCY DETAIL (PG) SECTION                                |
------------------------------------------------------------------
WHEN PG SECTION COMPLETED, CONTINUE WITH BOX_05

---

BOX_05

======

---

IF LOOPING ON PREGNANCY 1 AND PG01 IS CODED ‘1’ (YES) FOR THIS PREGNANCY, ADD 'PREGNANCY (1)-STARTED-RD{n}' TO PERSON'S-MEDICAL-CONDITIONS-ROSTER.

IF LOOPING ON PREGNANCY 1 AND PG01 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON'T KNOW) FOR THIS PREGNANCY, ADD 'PREGNANCY (1)-ENDED-RD{n}' TO PERSON'S-MEDICAL-CONDITIONS-ROSTER.

IF LOOPING ON PREGNANCY 2, ADD 'PREGNANCY (2)-ENDED-RD{n}' TO PERSON'S-MEDICAL-CONDITIONS-ROSTER.

IF LOOPING ON PREGNANCY 3, ADD 'PREGNANCY (3)-ENDED-RD{n}' TO PERSON'S-MEDICAL-CONDITIONS-ROSTER.

NOTE: NO FLAG IS ADDED TO PERSON'S-MEDICAL-CONDITIONS-ROSTER FOR THE PREVIOUS ROUND PREGNANCY SINCE THIS PREGNANCY WOULD ALREADY HAVE A FLAG SET FOR IT IN THE PREVIOUS ROUND. ONCE A PREGNANCY IS ADDED TO PERSON'S-MEDICAL-CONDITIONS-ROSTER THAT IS 'STARTED', IT WILL NEVER BE CHANGED TO 'ENDED'. THAT IS, THE FLAGS ON THE ROSTER NEVER CHANGE FOR PREGNANCY. INTERVIEWERS WILL BE TRAINED ON THIS.

---

CE06

====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{Was this/Were these} (PERSON)'s only {pregnancy/pregnancies} since (START DATE)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
END_LP03

---------

| IF CE06 IS CODED '2' (NO), CYCLE ON NEXT |
| PREGNANCY.                               |

---------

| IF CE06 IS CODED '1' (YES), '-7' (REFUSED), OR |
| '-8' (DON'T KNOW), END LOOP_03 AND CONTINUE WITH |
| END_LP02                                      |

END_LP02

---------

| CYCLE ON NEXT PERSON IN RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|

---------

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH BOX_06           |

BOX_06

---------

| CHECK HOUSEHOLD ENUMERATION. IF ANY FEMALES AGE |
| 15-45 (OR AGE CATEGORIES 4-6) IN THE RU WHO WERE |
| NOT FLAGGED AS 'STILL PREGNANT' DURING PREVIOUS |
| ROUND, CONTINUE WITH CE07                        |

---------

| OTHERWISE, GO TO BOX_09                         |
{STR-DT}
{END-DT}

{Besides the pregnancies we’ve already talked about, since/ Since} (START DATE), was anyone {else} in the family pregnant at any time?

YES ........................................ 1
NO ......................................... 2 {BOX_09}
REF ........................................ -7 {BOX_09}
DK ......................................... -8 {BOX_09}

----------------------------------------------------
<p>| DISPLAY ‘Besides the pregnancies we’ve already    |
| talked about, since’ IF SOMEONE IN THE RU WAS     |
| FLAGGED AS ‘STILL PREGNANT’ AT TIME OF LAST       |
| INTERVIEW. OTHERWISE, DISPLAY ‘Since’.             |
|                                                      |
| DISPLAY ‘else’ IF SOMEONE IN THE RU WAS FLAGGED    |
| AS ‘STILL PREGNANT’ AT TIME OF LAST INTERVIEW.     |</p>
<table>
<thead>
<tr>
<th>OTHERWISE, USE A NULL DISPLAY.</th>
</tr>
</thead>
</table>

CE08
=====

{STR-DT}
{END-DT}

Who was pregnant since (START DATE)?

PROBE: Anyone else pregnant at any time since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS FEMALE AND 15-45 YEARS OF AGE, INCLUSIVE, OR IN AGE CATEGORIES 4-6 AND
- PERSON WAS NOT FLAGGED AS ‘STILL PREGNANT’ (PG01 CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)) DURING THE PREVIOUS ROUND FOR ALL PREGNANCIES

NOTE: THIS ROSTER SHOULD NOT EXCLUDE PEOPLE WHO ARE CURRENTLY OUT-OF-SCOPE (I.E., DECEASED, INSTITUTIONALIZED, ETC.).

LOOP DEFINITION: LOOP_04 COLLECTS INFORMATION ABOUT THE PREGNANCIES OF RU MEMBERS DURING THIS ROUND WHO WERE NOT ‘STILL PREGNANT’ DURING THE PREVIOUS ROUND. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS FEMALE AND 15-45 YEARS OF AGE, INCLUSIVE, OR IN AGE CATEGORIES 4-6 AND
- PERSON WAS NOT FLAGGED AS ‘STILL PREGNANT’ (PG01 CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) OR NOT ASKED FOR ALL PREGNANCIES DURING THE PREVIOUS ROUND) AND
- PERSON WAS SELECTED AT CE08 (PREGNANT SINCE START DATE)
LOOP_05
=======

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR EACH OF THE FOLLOWING:</td>
<td></td>
</tr>
<tr>
<td>PREGNANCY 1</td>
<td></td>
</tr>
<tr>
<td>PREGNANCY 2</td>
<td></td>
</tr>
<tr>
<td>PREGNANCY 3</td>
<td></td>
</tr>
<tr>
<td>ASK BOX_07-END_LP05</td>
<td></td>
</tr>
</tbody>
</table>

LOOP DEFINITION: LOOP_05 COLLECTS DETAILED INFORMATION ABOUT EACH PREGNANCY OF EACH PERSON CYCLED ON IN LOOP_04. THE FIRST LOOP CYCLE COLLECTS INFORMATION ABOUT THE FIRST MOST RECENT NEW PREGNANCY SINCE START DATE. THE RESPONSE TO CE09 DETERMINES WHETHER THE LOOP CYCLES AGAIN. SUBSEQUENT CYCLES, IF ANY, COLLECT INFORMATION ABOUT ADDITIONAL PREGNANCIES SINCE START DATE, STARTING WITH THE NEXT MOST RECENT PREGNANCY.

BOX_07
=======

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ASK THE PREGNANCY DETAIL (PG) SECTION.</td>
<td></td>
</tr>
<tr>
<td>WHEN PG SECTION COMPLETED, CONTINUE WITH BOX_08</td>
<td></td>
</tr>
</tbody>
</table>
BOX_08

| IF LOOPING ON PREGNANCY 1 AND PG01 IS CODED '1' (YES) FOR THIS PREGNANCY, ADD 'PREGNANCY (1)-STARTED-RD{n}' TO PERSON’S MEDICAL-CONDITIONS-ROSTER. |
| IF LOOPING ON PREGNANCY 1 AND PG01 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW) FOR THIS PREGNANCY, ADD 'PREGNANCY (1)-ENDED-RD{n}' TO PERSON’S MEDICAL-CONDITIONS-ROSTER. |
| IF LOOPING ON PREGNANCY 2, ADD 'PREGNANCY (2)-ENDED-RD{n}' TO PERSON’S MEDICAL-CONDITIONS-ROSTER |
| IF LOOPING ON PREGNANCY 3, ADD 'PREGNANCY (3)-ENDED-RD{n}' TO PERSON’S MEDICAL-CONDITIONS-ROSTER |

CE09

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

{Was this/Were these} (PERSON)’s only {pregnancy/pregnancies} since (START DATE)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

DISPLAY ‘Was this’ AND ‘pregnancy’ IF FIRST TIME THROUGH LOOP_05. OTHERWISE, DISPLAY ‘Were these’ AND ‘pregnancies’ IF NOT FIRST TIME THROUGH LOOP_05.
MEPS FAMES Panel 1 Round 3 Condition Enumeration (CE) Section
January 31, 1997

END_LP05
========

----------------------------------------------------
| IF CE09 IS CODED '2' (NO), CYCLE ON NEXT          |
| PREGNANCY.                                        |
----------------------------------------------------

----------------------------------------------------
| IF CE09 IS CODED '1' (YES), '-7' (REFUSED), OR     |
| '-8' (DON'T KNOW), END LOOP_05 AND CONTINUE WITH   |
| END_LP04                                          |
----------------------------------------------------

END_LP04
========

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,    |
| END LOOP_04 AND CONTINUE WITH BOX_09               |
----------------------------------------------------

BOX_09
======

----------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION                   |
----------------------------------------------------
Closing (CL) Section

Subsection 1: MPS Permission Forms (Round 1 through Round 3)

BOX_01
=====

---

| IF: |
| AT LEAST ONE PERSON-PROVIDER-PAIR ELIGIBLE (SEE SAMPLING BOXES BELOW) FOR PERMISSION FORM COLLECTION FOR THE CURRENT ROUND, OR |
| AT LEAST ONE PERSON-PROVIDER-PAIR ELIGIBLE FOR PERMISSION FORM COLLECTION DURING THE PREVIOUS ROUND AND CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PERSON-PROVIDER-PAIR IN PREVIOUS ROUND, CONTINUE WITH CL01 |
---

---

| NOTE: RECEIPT CONTROL WILL UPDATE CAPI INTER-ROUND, USING THE CODE STRUCTURE AT CL04. UPDATES CAN BE EITHER POSITIVE OR NEGATIVE. THIS MEANS THAT INTER-ROUND A PF CAN EITHER GET UPDATED TO A HIGHER STATUS CODE (FROM UNSIGNED TO SIGNED) OR TO A LOWER STATUS CODE (FROM SIGNED TO UNSIGNED -- I.E., IT WAS NOT SIGNED BY THE RIGHT PERSON). SEE MAPPING SPECIFICATIONS FOR EXACT UPDATES TO STATUS CODES. |
---

---

| OTHERWISE, GO TO BOX_02 |
---
**SAMPLING BOX (FOR ROUND 1):**
PERSON-PROVIDER-PAIRS ELIGIBLE FOR MPS PERMISSION FORM COLLECTION:

NOTE: PERSON IS A KEY, ELIGIBLE RU MEMBER (AT TIME OF EVENT).

ROUND 1: PERSON-PROVIDER-PAIRS ELIGIBLE FOR PERMISSION FORM COLLECTION ARE THOSE ASSOCIATED WITH A HOSPITAL-BASED EVENT (HS, ER, AND OP EVENTS) AND PROVIDERS ASSOCIATED WITH HOSPITAL-BASED EVENTS AND FLAGGED AS SEPARATELY-BILLING DOCTORS (SBD) AND CARE WAS PROVIDED TO PERSON DURING THE CURRENT REFERENCE PERIOD.

ONE PERMISSION FORM IS CREATED FOR EACH PERSON-PROVIDER-PAIR IN WHICH THE PROVIDER IS ASSOCIATED WITH AN HS, ER, OR OP EVENT DURING THE EVENT ROSTER OR EVENT DRIVER SECTION AS WELL AS PROVIDERS FLAGGED AS SBD DURING THE HS, ER, AND OP SECTIONS.
SAMPLING BOX (FOR ROUNDS 2-5):

PERSON-PROVIDER-PAIRS ELIGIBLE FOR MPS PERMISSION FORM COLLECTION:

NOTE: PERSON IS A KEY, ELIGIBLE RU MEMBER (AT TIME OF EVENT).

ROUNDS 2-5: PERSON-PROVIDER-PAIRS ELIGIBLE FOR PERMISSION FORM COLLECTION ARE THOSE ASSOCIATED WITH A HOSPITAL-BASED EVENT (HS, ER, AND OP EVENTS) AND PROVIDERS ASSOCIATED WITH HOSPITAL-BASED EVENTS AND FLAGGED AS SEPARATELY-BILLING DOCTORS (SBD) AND CARE WAS PROVIDED TO PERSON DURING THE CURRENT REFERENCE PERIOD.

ADDITIONAL PAIRS ELIGIBLE FOR PERMISSION FORM COLLECTION ARE THOSE ASSOCIATED WITH A HOME HEALTH EVENT (HH EVENT), WHERE THE PROVIDER IS FLAGGED AS AN 'AGENCY', AND CARE WAS PROVIDED TO PERSON DURING THE ROUND 1, ROUND 2, OR ROUND 3, ROUND 4, OR ROUND 5 REFERENCE PERIODS.

OTHER PAIRS ELIGIBLE FOR PERMISSION FORM COLLECTION ARE THOSE ASSOCIATED WITH A MEDICAL PROVIDER VISIT EVENT (MV EVENT) WHERE CARE WAS PROVIDED TO PERSON DURING THE ROUND 1, ROUND 2, ROUND 3, ROUND 4, OR ROUND 5 REFERENCE PERIODS, WHERE THE RU IS SELECTED FOR THE MPS SAMPLE, AS DEFINED BELOW, AND EITHER:
- A MEDICAL DOCTOR WAS SEEN DURING THE VISIT (MV03 = 1)
- MEDICAL DOCTORS WORK AT THE SAME LOCATION AS THE PROVIDER SEEN (MV06 = 1)

FINAL PAIRS ELIGIBLE FOR PERMISSION FORM COLLECTION ARE THOSE ASSOCIATED WITH AN INSTITUTIONAL CARE EVENT (IC EVENTS), WHERE CARE WAS PROVIDED TO PERSON DURING THE ROUND 1, ROUND 2, ROUND 3, ROUND 4 OR ROUND 5 REFERENCE PERIODS.
**SAMPLING BOX (FOR ROUNDS 2-5) CONT’D:**

WHEN DETERMINING IF THE MV EVENTS FOR AN RU REQUIRE PERMISSION FORMS, AN RU IS SELECTED FOR THE MPS SAMPLE AT THE TIME OF THE ROUND 1 INTERVIEW USING THE FOLLOWING RATES:

- **100% OF RUs WITH AT LEAST ONE RU MEMBER COVERED BY MEDICAID OR GOV’T HOSPITAL (PHYSICIAN) AT ANY TIME DURING THE REFERENCE PERIOD.**

- **75% OF THE REMAINING RUs (THAT IS, RUs WITH NO RU MEMBER COVERED BY MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE REFERENCE PERIOD) WITH AT LEAST ONE RU MEMBER WITH HMO COVERAGE AT ANY TIME DURING THE REFERENCE PERIOD. HMO COVERAGE IS DEFINED AS:**
  - IF AT LEAST ONE PRIVATE INSURANCE PLAN IN RU MEETS THE FOLLOWING CONDITIONS:
    - FLAGGED AS ‘PROVIDING HOSPITAL/PHYSICIAN BENEFITS’ (EXCLUDE INSURERS WHERE HOSPITAL/PHYSICIAN BENEFITS ARE PROVIDED SOLELY THROUGH MEDIGAP)
    - ESTABLISHMENT OR INSURER IS FLAGGED AS ‘HMO’
    - INSURER IS AN HMO (MC01 IS CODED ‘1’ (YES))
    - OR INSURER REQUIRES PERSONS TO SIGN UP WITH PRIMARY PHYSICIAN (MC02 IS CODED ‘1’ (YES))
  - **25% OF THE REMAINING RUs (THAT IS, RUs WITH NO RU MEMBER COVERED BY MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN AND HMO COVERAGE AT ANY TIME DURING THE REFERENCE PERIOD).**

---

**NOTE:** IF THE SAME PROVIDER IS ASSOCIATED MORE THAN ONCE FOR A PARTICULAR PERSON, ONLY ONE PERMISSION FORM IS CREATED FOR THAT PAIR. IF THE SAME PROVIDER IS ASSOCIATED WITH MORE THAN ONE PERSON, A PERMISSION FORM IS CREATED FOR EACH UNIQUE PERSON-PROVIDER-PAIR.

---

**NOTE:** IF THE PERSON-PROVIDER-PAIR IS OUTSTANDING FROM A PREVIOUS ROUND AND THERE IS A NEW ELIGIBLE EVENT FOR THIS PAIR IN THE CURRENT ROUND, THE PAIR WILL NOT BE TREATED AS IF IT IS OUTSTANDING. THAT IS, THE DISPLAYS FOR PREVIOUS ROUND STATUS WILL NOT BE SHOWN, ETC.
([As I mentioned during the last interview], it/It) is
important for us to get accurate names and addresses for
medical providers so that we can contact them for more
information about the services they provide. To do this, we
must have written permission from the family members receiving
these services. I would like to get permission from the
following people:

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]

[HAND RESPONDENT THE BLUE PERMISSION FORM BOOKLET.]

[These materials explain more about why we contact medical
providers and answer questions people sometimes ask about this
part of the study. Please take a minute to review this
information while I prepare the forms.]

--------------------------------------------------------------------------------------
ROSTER DEFINITION: DISPLAY EACH PERSON ON THE
RU-PERSON-PROVIDER-PAIRS-ROSTER WHO MEETS THE
FOLLOWING CONDITION(S):

- PERSON IS ELIGIBLE FOR MPS PERMISSION FORM
  COLLECTION FOR THE CURRENT ROUND (SEE BOX_01
  SAMPLING SPECIFICATIONS)

OR

- PERSON WAS ASSOCIATED WITH A PERSON-PROVIDER-
  PAIR ELIGIBLE FOR PERMISSION FORM COLLECTION
  IN PREVIOUS ROUND, AND
- CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED
  TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS
  PERSON-PROVIDER-PAIR IN PREVIOUS ROUND

--------------------------------------------------------------------------------------
NOTE: DISPLAY EACH UNIQUE ELIGIBLE PERSON NAME
ONLY ONCE.

--------------------------------------------------------------------------------------
DISPLAY '([As I mentioned during the last
interview], it’ IF NOT ROUND 1 AND AT LEAST ONE
PERSON-PROVIDER-PAIR WAS ELIGIBLE FOR MPS
PERMISSION FORM COLLECTION DURING THE PREVIOUS
ROUND. OTHERWISE, DISPLAY ‘It’.

--------------------------------------------------------------------------------------
MEPS FAMES Panel 1 Round 3 Closing (CL) Section
January 31, 1997

CL02
====

OMITTED.

LOOP_01
=======

----------------------------------------------------
| FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS-|
| ROSTER, ASK CL03 - END LP01                      |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_01 PRESENTS EACH UNIQUE    |
| PERSON-PROVIDER-PAIR ELIGIBLE FOR PERMISSION FORM |
| COLLECTION (THIS INCLUDES NEW AND OUTSTANDING     |
| FORMS) FOR THE INTERVIEWER TO COMPLETE THE       |
| PERMISSION FORM. THIS LOOP CYCLES ON RU-PERSON-   |
| PROVIDER-PAIRS WITH AN EVENT-PROVIDER-PAIR THAT   |
| MEET THE FOLLOWING CONDITION(S):                  |
| - PAIR IS ELIGIBLE FOR PERMISSION FORM COLLECTION |
| FOR THE CURRENT ROUND (SEE BOX_01 SAMPLING       |
| SPECIFICATIONS)                                  |
| OR                                                |
| - PAIR WAS ELIGIBLE FOR PERMISSION FORM COLLECTION |
| IN PREVIOUS ROUND, AND                            |
| - CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO |
| R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PAIR   |
| IN THE PREVIOUS ROUND                             |
----------------------------------------------------

----------------------------------------------------
| NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON- |
| PROVIDER-PAIR.                                   |
----------------------------------------------------
INTERVIEWER: {COMPLETE PERMISSION FORM/LOCATE APPROPRIATE PREPRINTED MPS PERMISSION FORM (COMPLETE NEW ONE IF FORM CANNOT BE LOCATED)) FOR THE FOLLOWING PERSON-PROVIDER-PAIR:

PID: [PID-3] PERSON: [First,[Middle],Last Name-35]
DOB: [MM/DD/YYYY] AGE: [XXX] STATUS: [Status Code Description]

PROVIDER ID: [ProvID-4]
PROVIDER NAME: [Provider Full Name-65]
PROVIDER ADDRESS: [Street Address from Provider Directory]
[City Name], [ST] [Zip Code] [Telephone]

{PF STATUS FROM PREVIOUS ROUND: {DISPLAY PREVIOUS ROUND STATUS - 40}}

SIGNATURE DATE ON MPS PF MUST BE ON OR AFTER: {MM/DD/YY}

{IF A MPS PF FOR THIS PAIR HAS ALREADY BEEN SIGNED ON OR AFTER THE ABOVE DATE, DO NOT CREATE A NEW MPS PF.}

PRESS ENTER TO CONTINUE.

PRESS F1 FOR MORE INFORMATION ON MPS PERMISSION FORMS.

-------------------------------------------------------------------------------------------------
DISPLAY 'COMPLETE PERMISSION FORM ...' IF PAIR CREATED AND ELIGIBLE DURING CURRENT ROUND. OTHERWISE, DISPLAY 'LOCATE ... LOCATED'.

DISPLAY 'PF STATUS ... -40)' IF CURRENT PERSON-PROVIDER-PAIR IS OUTSTANDING FROM THE PREVIOUS ROUND AND NO ELIGIBLE EVENT WAS CREATED FOR THIS PAIR IN THE CURRENT ROUND.

FOR 'DISPLAY PREVIOUS...-40', DISPLAY THE CATEGORY ENTRY ASSOCIATED WITH THE PREVIOUS ROUND (OR RECEIPT CONTROL UPDATED) CL04 OUTSTANDING STATUS. THAT IS, IF CL04 WAS CODED '3', DISPLAY 'LEFT WITH R'; IF CL04 WAS CODED '4', DISPLAY 'MAILED TO R'; IF CL04 WAS CODED '5', DISPLAY 'REFUSED'; AND IF CL04 WAS CODED '91', DISPLAY THE FIRST 40 CHARACTERS FROM THE OTHER SPECIFY ENTRY FIELD (OR THE RECEIPT CONTROL UPDATE TEXT GENERATED FOR THE '91' CODE).

DISPLAY THE INTERVIEW DATE OF THE MOST RECENT ROUND'S INTERVIEW FOR WHICH PAIR IS/WAS ELIGIBLE FOR PERMISSION FORM COLLECTION FOR 'MM/DD/YY'.

DISPLAY 'IF MPS PF FOR ... NEW MPS PF.' IF CURRENT PERSON-PROVIDER-PAIR WAS ELIGIBLE FOR MPS IN PREVIOUS ROUND AND FORM WAS NOT SIGNED IN THE PREVIOUS ROUND.

-------------------------------------------------------------------------------------------------
END LP01
=======

-------------------------------
| CYCLE ON NEXT PAIR ON THE RU-PERSON-PROVIDER- |  
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |  
| THE LOOP DEFINITION.                         |  
-------------------------------

-------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |  
| LOOP_01 AND CONTINUE WITH LOOP_02                |  
-------------------------------

LOOP_02
=======

-------------------------------
| FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS- |  
| ROSTER, ASK CL04 - END_LP02                      |  
-------------------------------

-------------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS THE STATUS OF |  
| PERSON-PROVIDER PERMISSION FORMS ELIGIBLE FOR |  
| PERMISSION FORM COLLECTION (THIS INCLUDES NEW AND |  
| OUTSTANDING FORMS). THIS LOOP CYCLES ON |  
| RU-PERSON-PROVIDER-PAIRS WITH AN EVENT-PROVIDER- |  
| PAIR THAT MEET THE FOLLOWING CONDITION(S): |  
| - PAIR IS ELIGIBLE FOR PERMISSION FORM COLLECTION |  
| FOR THE CURRENT ROUND (SEE BOX_01 SAMPLING |  
| SPECIFICATIONS)                                  |  
| OR                                                |  
| - PAIR WAS ELIGIBLE FOR PERMISSION FORM COLLECTION |  
| IN PREVIOUS ROUND, AND                           |  
| - CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO |  
| R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PAIR |  
| IN THE PREVIOUS ROUND                            |  
-------------------------------

-------------------------------
| NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON- |  
| PROVIDER-PAIR.                                  |  
-------------------------------
INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN PERMISSION FORM.
IF NOT AVAILABLE TO SIGN, LEAVE PF AND BLUE BOOKLET WITH
RESPONDENT. RECORD STATUS BELOW, AND ON THE MPS PERMISSION
FORM LOG.

PID: [PID-3]          PERSON: [First, [Middle], Last Name-35]
DOB: [MM/DD/YYYY]    AGE: [XXX]   STATUS: [Status Code Description]

PROVIDER ID: [ProvID-4]
PROVIDER NAME: [Provider Full Name-65]
PROVIDER ADDRESS: [Street Address from Provider Directory]
                   [City Name], [ST]  [Zip Code]  [Telephone]

SIGNATURE DATE ON MPS PF MUST BE ON OR AFTER:  {MM/DD/YY}

ENTER THE PERMISSION FORM STATUS:

SIGNED, NO PROBLEM ....................... 1 {CL05}
SIGNED WITH PROBLEM .................... 2
LEFT WITH R ............................. 3 {END_LP02}
MAILED TO R ............................ 4 {END_LP02}
REFUSED ................................ 5 {CL06}
OTHER .................................... 91 {CL04OV2}

PRESS F1 FOR MORE INFORMATION ON MPS PERMISSION FORMS.

[Code One]
**ENTER PROBLEM:**

[Enter Problem-45] .....................   {CL05}

**ENTER OTHER:**

[Enter Other Specify-45] ...............   {END_LP02}

**PID: [PID-3]         PERSON: [First, [Middle], Last Name-35]**
**DOB: [MM/DD/YYYY]    AGE: [XXX]   STATUS: [Status Code Description]**

**PROVIDER ID: [ProvID-4]**
**PROVIDER NAME: [Provider Full Name-65]**
**PROVIDER ADDRESS: [Street Address from Provider Directory]**

[City Name], [ST]  [Zip Code]  [Telephone]

**SIGNATURE DATE ON MPS PF MUST BE ON OR AFTER: {MM/DD/YY}**

**ENTER MPS PERMISSION FORM NUMBER:**

{NOTE: IF 2 FORMS COLLECTED FOR THE SAME PAIR, ENTER MPS PF NUMBER FROM THE FORM WITH THE MOST RECENT SIGNATURE DATE. HOWEVER, COLLECT ALL SIGNED PF(S) AND MAKE A NOTE OF EXTRA PF(S) IN COMMENT AREA OF THE PF LOG.}

[Enter Number-8] .......................
NOTE: EACH PERMISSION FORM HAS A PRE-ASSIGNED PERMISSION FORM NUMBER.

EDIT: NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN WITH THE ALPHA CHARACTER. THE FIRST NUMERIC DIGIT (SECOND CHARACTER OF ENTRY) MUST BE 0, 1, 2, 3, 4, OR 9

CL05OV =-----

ENTER MPS PERMISSION FORM SIGNATURE DATE:

[Enter Month, Day, Year-2] ................. (END_LP02)

EDIT: DATE ENTERED MUST BE ON OR AFTER THE INTERVIEW DATE OF THE MOST RECENT ROUND'S INTERVIEW FOR WHICH THE PAIR IS/WAS ELIGIBLE FOR PERMISSION FORM COLLECTION. IF DATE IS BEFORE CORRECT DATE, DISPLAY THE FOLLOWING MESSAGE: 'MPS PF MUST BE SIGNED ON OR AFTER ABOVE DATE. VERIFY AND RE-ENTER DATE OR COMPLETE NEW PF.'

NOTE: INTERVIEWERS WILL BE INSTRUCTED TO COLLECT SIGNED MPS PERMISSION FORMS WITH DATES EARLIER THAN THE ONE DISPLAYED, BUT WILL NOT ENTER THE NUMBER IN CAPI SINCE THE CURRENT STATUS FOR THE PERMISSION FORM WITH THE CORRECT DATE MAY BE SOMETHING ELSE. THE CAPI STATUS OF THE MPS PERMISSION FORM SHOULD REFLECT THE FORM WITH THE MOST RECENT DATE.
CL06
====

PID: [PID-3]   PERSON: [First, [Middle], Last Name-35]
DOB: [MM/DD/YYYY]   AGE: [XXX]   STATUS: [Status Code Description]

PROVIDER ID: [ProvID-4]
PROVIDER NAME: [Provider Full Name-65]
PROVIDER ADDRESS: [Street Address from Provider Directory]
[City Name], [ST] [Zip Code] [Telephone]

ENTER MAIN REASON FOR REFUSAL:

- Doesn’t Want to Bother Provider ........ 1 [END_LP02]
- Confidentiality/Sensitive Information .. 2 [END_LP02]
- Payment Problem with Provider .......... 3 [END_LP02]
- Has Already Given Enough Information ... 4 [END_LP02]
- Wants More Information Before Signing .. 5 [END_LP02]
- Not Interested in Study ................ 6 [END_LP02]
- No Reason Given ........................ 7 [END_LP02]
- Other ................................. 91

[Code One]

CL06OV
=====

ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] .............

END_LP02
=====

---------------------------------------------------------------------
| CYCLE ON NEXT PAIR ON THE RU-PERSON-PROVIDER- |  |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |  |
| THE LOOP DEFINITION. |  |  |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |  |
| LOOP_02 AND CONTINUE WITH BOX_02 |  |  |
---------------------------------------------------------------------
BOX_02

If any key RU member had a status of institutionalized (in a health care institution) at the previous round’s interview date, but has a different status as of the current round’s interview date, continue with LOOP_02A.

Otherwise, go to BOX_03.

LOOP_02A

For each element on the RU-members-roster, ask CL06A - END_LP02A.

Loop definition: LOOP_02A instructs the interviewer to collect the health care institution history and the appropriate number of medical provider permission forms for all RU members who have a status of institutionalized (in a health care institution) at the previous round’s interview date, but who rejoined the community (or changed status) during the current round. This loop cycles on RU members who meet the following conditions:

- Person is an RU member
- Person is key
- Person does not have a status of institutionalized as of the current round’s interview date
- Person had a status of institutionalized on the previous round’s interview date.
SIGNATURE DATE ON MPS PF MUST BE ON OR AFTER: {MM/DD/YY}

INTERVIEWER: THE PERSON NAMED ABOVE WAS INSTITUTIONALIZED IN A PREVIOUS ROUND AND HAS NOW REJOINED THE COMMUNITY OR CHANGED STATUS. COMPLETE THE FOLLOWING STEPS:

1. FILL OUT HEALTH CARE INSTITUTION HISTORY.

2. COMPLETE A MPS PF FOR EACH DIFFERENT HEALTH CARE INSTITUTION LISTED ON HEALTH CARE INSTITUTION HISTORY. WRITE ‘IC’ IN UPPER LEFT CORNER OF MPS PF. REFER TO SECTION 3 OF HISTORY FOR INSTRUCTIONS ON COMPLETING THESE PF(S).

3. FOR EACH MPS PF CREATED THIS WAY, RECORD PERSON AND PROVIDER INFORMATION IN SECTION C OF THE MPS PF LOG.

4. REQUEST SIGNATURE(S) ON PF(S).

5. LEAVE UNSIGNED PF(S) AND THE BLUE PF BOOKLET WITH RESPONDENT.

6. RECORD PF STATUS FOR EACH MPS PF ON THE MPS PF LOG. CAPI WILL NOT COLLECT THIS INFORMATION.

PRESS ENTER TO CONTINUE.
Subsection 2: HIPS Permission Forms (Rounds 2 and 3)

BOX_03
=======
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IF ROUND 1, GO TO BOX_05</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>OTHERWISE, CONTINUE WITH BOX_04</td>
</tr>
<tr>
<td>------</td>
</tr>
</tbody>
</table>

BOX_04
=======
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IF:</td>
</tr>
<tr>
<td>ROUND 2 AND AT LEAST ONE ESTABLISHMENT-PERSON-PAIR ELIGIBLE (SEE SAMPLING BOXES BELOW) FOR HIPS PERMISSION FORM COLLECTION</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>ROUND 3 AND AT LEAST ONE ESTABLISHMENT-PERSON-PAIR ELIGIBLE FOR HIPS PERMISSION FORM COLLECTION (IN ROUND 2) AND CL09 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS ESTABLISHMENT-PERSON-PAIR IN ROUND 2 CONTINUE WITH CL07</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_05</td>
</tr>
<tr>
<td>------</td>
</tr>
</tbody>
</table>
SAMPLING BOX:
RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS PERMISSION FORM COLLECTION:

- ALL PAIRS WHERE THE PERSON IS THE POLICYHOLDER OF THIS INSURANCE ON THE DATE OF THE ROUND 1 INTERVIEW AND THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE (DEFINED LATER) HELD ON THE DATE OF THE ROUND 1 INTERVIEW (DEFINED LATER) WITH FOUR EXCEPTIONS:
  1. ESTABLISHMENT IS FLAGGED AS ‘EMPLOYER’ AND EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2 OR HP13=1)
  2. ESTABLISHMENT IS FLAGGED AS ‘NOT SELF-EMPLOYED’ WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)
  3. PERSON IS THE POLICYHOLDER OF THIS INSURANCE AND IS FLAGGED AS ‘POLICYHOLDER NOT LISTED IN RU’

SAMPLING BOX:
RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS PERMISSION FORM COLLECTION:

- ALL PAIRS WHERE THE ESTABLISHMENT IS FLAGGED AS ‘EMPLOYER’ AND THE JOB SUBTYPE OF THAT EMPLOYER IS FLAGGED AS ‘CURRENT MAIN’ AND THE JOB IS NOT FLAGGED AS ‘PROVIDES HEALTH INSURANCE’ (PERSON IS THE JOBHOLDER OF THIS CURRENT MAIN JOB ON THE DATE OF THE ROUND 1 INTERVIEW) AS OF THE ROUND 1 INTERVIEW DATE WITH THREE EXCEPTIONS:
  1. ESTABLISHMENT IS THE FEDERAL GOVERNMENT (EM96 = 2)
  2. ESTABLISHMENT IS FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE=1
  3. ESTABLISHMENT IS FLAGGED AS ‘NOT SELF-EMPLOYED’ WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)
ISSUE: WE HAVE OMITTED THE CONDITION THAT THE PERSON MUST BE A KEY RU MEMBER. HOWEVER, WE WILL EVENTUALLY NEED TO BE ABLE TO IDENTIFY WHICH PERSONS (OF THE PERSON-ESTABLISHMENT-PAIRS) WERE NOT KEY.

NOTE: PRIVATE INSURANCE IS DEFINED AS:
- ESTABLISHMENTS FLAGGED AS ‘EMPLOYER’ AND FLAGGED AS ‘PROVIDES HEALTH INSURANCE’ (ESTABLISHMENTS FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE=1 ARE TREATED AS DIRECT PURCHASED, SEE NOTE BELOW)
- DIRECT PURCHASED INSURANCE, THAT IS, ESTABLISHMENTS CREATED FROM THE HX23 SERIES

NOTE: HELD ON THE DATE OF THE ROUND 1 INTERVIEW:
- FOR PRIVATE SOURCES -- POLICYHOLDER HELD INSURANCE AT THE TIME OF THE ROUND 1 INTERVIEW DATE (HQ01 IS CODED ‘1’ (WHOLE TIME) OR HQ02 IS CODED ‘1’ (YES, COVERED NOW) FOR THE POLICYHOLDER)
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS DECEASED -- AT LEAST ONE DEPENDENT (SELECTED AT HP16) IS COVERED BY THE INSURANCE AT THE TIME OF THE ROUND 1 INTERVIEW DATE (HQ01 IS CODED ‘1’ (WHOLE TIME) OR HQ02 IS CODED ‘1’ (YES, COVERED NOW) FOR THE COVERED PERSON)

NOTE: FOR ESTABLISHMENTS WHICH ARE CURRENT MAIN
EMPLOYERS (ON THE ROUND 1 INTERVIEW DATE) AND
PROVIDE HEALTH INSURANCE, WHERE THE HEALTH
INSURANCE IS ONLY FROM A UNION (EM117=2), A HIPS
PERMISSION FORM IS REQUIRED FOR BOTH THE EMPLOYER
AND THE UNION. IN THESE CASES, BOTH
ESTABLISHMENT-PERSON-PAIRS ARE ELIGIBLE FOR HIPS
 PERMISSION FORM COLLECTION.

NOTE: ’-7’ (REFUSED) AND ’-8’ (DON’T KNOW)
RESPONSES AT ANY QUESTION LISTED ABOVE DOES NOT
MEET THE CRITERIA.

NOTE: IN ROUND 4, A NEW HIPS FLAG WILL BE SET AND
NEW HIPS PERMISSION FORMS WILL BE COLLECTED FOR
ALL ESTABLISHMENT-PERSON-PAIRS BASED ON THE ABOVE
SAMPLING CRITERIA, BUT USING ROUND 3 DATA.
SAMPLING BOX (TO BASE ON ROUND 3 CRITERIA, FOR COLLECTION OF PFs IN ROUNDS 4 AND 5):
RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS PERMISSION FORM COLLECTION:

- ALL PAIRS WHERE THE PERSON IS THE POLICYHOLDER OF THIS INSURANCE ON THE DATE OF THE ROUND 3 INTERVIEW AND THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE (DEFINED LATER) HELD ON THE DATE OF THE ROUND 3 INTERVIEW (DEFINED LATER) WITH FOUR EXCEPTIONS:
  1. ESTABLISHMENT IS FLAGGED AS 'EMPLOYER' AND EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2 OR HP13=1)
  2. ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)
  3. PERSON IS THE POLICYHOLDER OF THIS INSURANCE AND IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN DU'
  4. ESTABLISHMENT ONLY PROVIDES LONG TERM CARE IN A NURSING HOME, EXTRA CASH FOR HOSPITAL STAYS, SERIOUS DISEASE OR DREAD DISEASE, DISABILITY, WORKER’S COMPENSATION, OR ACCIDENT INSURANCE (HX48, OE10, OE24, OR OE37 IS CODED ONLY COMBINATIONS OF CODES '6', '7', '8', '9', '10', AND '11').

SAMPLING BOX: (TO BASE ON ROUND 3 CRITERIA, FOR COLLECTION OF PFs IN ROUNDS 4 AND 5):
RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS PERMISSION FORM COLLECTION:

- ALL PAIRS WHERE THE ESTABLISHMENT IS FLAGGED AS 'EMPLOYER' AND THE JOB SUBTYPE OF THAT EMPLOYER IS FLAGGED AS 'CURRENT MAIN' AND THE JOB IS NOT FLAGGED AS 'PROVIDES HEALTH INSURANCE' (PERSON IS THE JOBHOLDER OF THIS CURRENT MAIN JOB ON THE DATE OF THE ROUND 3 INTERVIEW) AS OF THE ROUND 3 INTERVIEW DATE WITH THREE EXCEPTIONS:
  1. ESTABLISHMENT IS THE FEDERAL GOVERNMENT (EM96 = 2)
  2. ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE=1
  3. ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)
**ISSUE:** WE HAVE OMITTED THE CONDITION THAT THE PERSON MUST BE A KEY RU MEMBER. HOWEVER, WE WILL EVENTUALLY NEED TO BE ABLE TO IDENTIFY WHICH PERSONS (OF THE PERSON-ESTABLISHMENT-PAIRS) WERE NOT KEY.

---

**NOTE:** PRIVATE INSURANCE IS DEFINED AS:
- ESTABLISHMENTS FLAGGED AS ‘EMPLOYER’ AND FLAGGED AS ‘PROVIDES HEALTH INSURANCE’
  (ESTABLISHMENTS FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE=1 ARE TREATED AS DIRECT PURCHASED, SEE NOTE BELOW)
- DIRECT PURCHASED INSURANCE, THAT IS, ESTABLISHMENTS CREATED FROM THE HX23 SERIES

---

**NOTE:** HELD ON THE DATE OF THE ROUND 3 INTERVIEW:
- FOR PRIVATE SOURCES -- POLICYHOLDER HELD INSURANCE AT THE TIME OF THE ROUND 3 INTERVIEW DATE [(HQ01 IS CODED ‘1’ (WHOLE TIME) OR HQ02 IS CODED ‘1’ (YES, COVERED NOW) FOR THE POLICYHOLDER) OR (OE01, OE12, OE26 IS CODED ‘1’ (YES) FOR THE POLICYHOLDER)
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS DECEASED -- AT LEAST ONE DEPENDENT [(SELECTED AT HP16 OR OE45) OR (CONFIRMED AS STILL COVERED AT OE29 OR OE30)] IS COVERED BY THE INSURANCE AT THE TIME OF THE ROUND 3 INTERVIEW DATE [(HQ01 IS CODED ‘1’ (WHOLE TIME) OR HQ02 IS CODED ‘1’ (YES, COVERED NOW) FOR THE COVERED PERSON) OR (OE26 IS CODED ‘1’ (YES) FOR THE COVERED PERSON)]

---

**NOTE:** ESTABLISHMENTS WHICH ARE EMPLOYERS AND PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE=1 ARE TREATED AS DIRECT PURCHASED INSURANCE, THAT IS, HIPS WILL CONTACT THE ESTABLISHMENT PROVIDING THE INSURANCE, (I.E., CREATED FROM THE HX03 SERIES) NOT THE EMPLOYER.
MEPS FAMES Panel 1 Round 3 Closing (CL) Section
January 31, 1997

----------------------------------------
| NOTE: FOR ESTABLISHMENTS WHICH ARE CURRENT MAIN |
| EMPLOYERS (ON THE ROUND 3 INTERVIEW DATE) AND |
| PROVIDE HEALTH INSURANCE, WHERE THE HEALTH |
| INSURANCE IS ONLY FROM A UNION (EM117=2), A HIPS |
| PERMISSION FORM IS REQUIRED FOR BOTH THE EMPLOYER |
| AND THE UNION. IN THESE CASES, BOTH |
| ESTABLISHMENT-PERSON-PAIRS ARE ELIGIBLE FOR HIPS |
| PERMISSION FORM COLLECTION. |
----------------------------------------

----------------------------------------
| NOTE: ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) |
| RESPONSES AT ANY QUESTION LISTED ABOVE DOES |
| NOT MEET THE CRITERIA. |
----------------------------------------

CL07
====

It is important for us to be able to contact employers and sources
of health insurance so that we can get more information about the
health insurance benefits they may provide. To do this, we must
have written permission. Based on the information I have collected
from this household, I would like to {get/pick up the} permission
form(s) for:

(READ PERSON BELOW) and (READ ESTABLISHMENT BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. PERSON</th>
<th>CL07 01. ESTABLISHMENT</th>
<th>HI?</th>
</tr>
</thead>
<tbody>
<tr>
<td>{First, Middle, Last Name-35}</td>
<td>{Name of Establishment.........-30}</td>
<td>{Y/N}</td>
</tr>
<tr>
<td>{First, Middle, Last Name-35}</td>
<td>{Name of Establishment.........-30}</td>
<td>{Y/N}</td>
</tr>
<tr>
<td>{First, Middle, Last Name-35}</td>
<td>{Name of Establishment.........-30}</td>
<td>{Y/N}</td>
</tr>
</tbody>
</table>

[HAND RESPONDENT THE MAROON PERMISSION FORM BOOKLET.]

[These materials explain more about why we contact employers and
sources of health insurance and answer questions people sometimes
ask about this part of the study. Please take a minute to review
this information while I gather the forms.]
ROSTER DEFINITION: DISPLAY EACH PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE FOLLOWING CONDITION(S):
IF ROUND 2:
- PAIR IS ELIGIBLE FOR HIPS PERMISSION FORM COLLECTION (SEE BOX_03 SAMPLING SPECIFICATIONS)
OR
IF ROUND 3:
- PAIR ELIGIBLE FOR HIPS PERMISSION FORM COLLECTION, AND
- CL09 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PAIR IN ROUND 2

DISPLAY 'get' IF ROUND 2. DISPLAY 'pick up the' IF ROUND 3.
DISPLAY 'Y' IN THE HI COLUMN IF ESTABLISHMENT IS FLAGGED AS 'PROVIDES HEALTH INSURANCE'. OTHERWISE, DISPLAY 'N' IN THE HI COLUMN.

LOOP_03
-------

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK CL08 - END_LP03

LOOP DEFINITION: LOOP_03 PRESENTS EACH ESTABLISHMENT-PERSON-PAIR ELIGIBLE FOR PERMISSION FORM COLLECTION (THIS INCLUDES NEW AND OUTSTANDING FORMS) FOR THE INTERVIEWER TO LOCATE AND ENTER STATUS. THIS LOOP CYCLES ON RU-ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITION(S):
IF ROUND 2:
- PAIR IS ELIGIBLE FOR HIPS PERMISSION FORM COLLECTION (SEE BOX_03 SAMPLING SPECIFICATIONS)
OR
IF ROUND 3:
- PAIR ELIGIBLE FOR HIPS PERMISSION FORM COLLECTION, AND
- CL09 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PAIR IN ROUND 2
INTERVIEWER: {LOCATE APPROPRIATE PREPRINTED HIPS PF (COMPLETE NEW ONE IF FORM CANNOT BE LOCATED)/COLLECT HIPS PF FROM RESPONDENT, IF AVAILABLE. IF NOT, CREATE NEW HIPS PF} FOR THE FOLLOWING PAIR:

PID: [PID-3] PERSON: [First,[Middle],Last Name-35]
DOB: [MM/DD/YYYY] AGE: [XXX] STATUS: [Status Code Description]

ESTBID: [EstbID-4] PROVIDES HEALTH INSURANCE?: {Y/N}
ESTABLISHMENT NAME: [Establishment Name-35]
ESTABLISHMENT ADDRESS: [Street Address_1 for Establishment]
[Street Address_2 for Establishment]
[City Name], [ST] [Zip Code]
[Telephone]

(PF STATUS FROM PREVIOUS ROUND: {DISPLAY PREVIOUS ROUND STATUS - 40})

PRESS ENTER TO CONTINUE.

PRESS F1 FOR MORE INFORMATION ON HIPS PERMISSION FORMS.

--------------------------------------------------------------------------------
| DISPLAY 'LOCATE ... LOCATED)' IF ROUND 2. DISPLAY |
| 'COLLECT ... HIPS PF.' IF ROUND 3. |
| DISPLAY 'Y' IF ESTABLISHMENT IS FLAGGED AS |
| 'PROVIDES HEALTH INSURANCE'. OTHERWISE, DISPLAY |
| "N". |
--------------------------------------------------------------------------------
INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN PERMISSION FORM. IF NOT AVAILABLE TO SIGN, LEAVE PERMISSION FORM AND MAROON BOOKLET WITH RESPONDENT. RECORD STATUS BELOW AND ON THE HIPS PERMISSION FORM LOG.

PID: [PID-3]         PERSON: [First,[Middle],Last Name-35]  
DOB: [MM/DD/YYYY]    AGE: [XXX]   STATUS: [Status Code Description]  

ESTBID: [EstbID-4]                PROVIDES HEALTH INSURANCE?: {Y/N} 
ESTABLISHMENT NAME: [Establishment Name-35] 
ESTABLISHMENT ADDRESS:  
  [Street Address_1 for Establishment]  
  [Street Address_2 for Establishment]  
  [City Name], [ST]  [Zip Code]  
  [Telephone]  

ENTER THE PERMISSION FORM STATUS:  

  SIGNED, NO PROBLEM ...................... 1 {CL10}  
  SIGNED WITH PROBLEM .................... 2  
  LEFT WITH R ............................ 3 {END_LP03}  
  MAILED TO R ............................ 4 {END_LP03}  
  REFUSED ............................... 5 {CL11}  
  OTHER ................................. 91 {CL09OV2}  

PRESS F1 FOR MORE INFORMATION ON HIPS PERMISSION FORMS.
ENTER PROBLEM:

[Enter Problem-45] ..................... {CL10}

ENTER OTHER:

[Enter Other Specify-45] ............... {END_LP03}

PID: [PID-3]         PERSON: [First,[Middle],Last Name-35]
DOB: [MM/DD/YYYY]    AGE: [XXX]   STATUS: [Status Code Description]
ESTBID: [EstbID-4]                PROVIDES HEALTH INSURANCE?: {Y/N}
ESTABLISHMENT NAME: [Establishment Name-35]
ESTABLISHMENT ADDRESS:  
                        [Street Address_1 for Establishment]
                        [Street Address_2 for Establishment]
                        [City Name], [ST] [Zip Code]
                        [Telephone]

ENTER HIPS PERMISSION FORM NUMBER:

[Enter Number-8] ....................... {END_LP03}

--------------------------------------------------------------------------------
| DISPLAY ‘Y’ IF ESTABLISHMENT IS FLAGGED AS ‘PROVIDES HEALTH INSURANCE’. OTHERWISE, DISPLAY |
| ‘N’.                                                                                       |
--------------------------------------------------------------------------------

--------------------------------------------------------------------------------
| NOTE: EACH HIPS PERMISSION FORM HAS A PRE-ASSIGNED HIPS PERMISSION FORM NUMBER.            |
--------------------------------------------------------------------------------

--------------------------------------------------------------------------------
| EDIT: NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN WITH AN ALPHA CHARACTER. THE |
| FIRST NUMERIC DIGIT (SECOND CHARACTER OF ENTRY) MUST BE 5, 6, OR 9.                        |
--------------------------------------------------------------------------------
CL11
====

PID: [PID-3]          PERSON: [First,[Middle],Last Name-35]
DOB: [MM/DD/YYYY]    AGE: [XXX]     STATUS: [Status Code Description]

ESTBID: [EstbID-4]      PROVIDES HEALTH INSURANCE?: {Y/N}
ESTABLISHMENT NAME: [Establishment Name-35]
ESTABLISHMENT ADDRESS: [Street Address_1 for Establishment]
                       [Street Address_2 for Establishment]
                       [City Name], [ST] [Zip Code]
                       [Telephone]

ENTER MAIN REASON FOR REFUSAL:

  DOESN'T WANT TO BOTHER EMPLOYER ........ 1 {END_LP03}
  NO LONGER EMPLOYED ...................... 2 {END_LP03}
  UNDOCUMENTED WORKER .................... 3 {END_LP03}
  CASH WORKERS/"UNDERGROUND" WORKERS ..... 4 {END_LP03}
  CONFIDENTIALITY/SENSITIVE INFORMATION .. 5 {END_LP03}
  HAS ALREADY GIVEN ENOUGH INFORMATION ... 6 {END_LP03}
  WANTS MORE INFORMATION BEFORE SIGNING .. 7 {END_LP03}
  NO REASON GIVEN ........................ 8 {END_LP03}
  OTHER ................................. 91

[Code One]

-------------------------------------------------------------------
| DISPLAY 'Y' IF ESTABLISHMENT IS FLAGGED AS 'PROVIDES HEALTH INSURANCE'. OTHERWISE, DISPLAY 'N'. |
-------------------------------------------------------------------

CL11OV
=====

ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] ...............
END_LP03

----------------------------------------------------
| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-|
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN  |
| THE LOOP DEFINITION.                              |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_03 AND CONTINUE WITH BOX_05                  |
----------------------------------------------------
Subsection 3: HIPA Policy Booklets (Rounds 1-3)

BOX_05
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<table>
<thead>
<tr>
<th>IF ROUND 1, ROUND 2, OR ROUND 3, CONTINUE WITH BOX_06</th>
</tr>
</thead>
<tbody>
<tr>
<td>-------------------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_10</th>
</tr>
</thead>
<tbody>
<tr>
<td>--------------------------</td>
</tr>
</tbody>
</table>

BOX_06
-------

<p>| IF: |
| ROUND 1 OR ROUND 3 AND AT LEAST ONE ESTABLISHMENT-PERSON-PAIR ELIGIBLE (SEE SAMPLING BOXES BELOW) FOR POLICY BOOKLET COLLECTION OR |</p>
<table>
<thead>
<tr>
<th>ROUND 2 AND AT LEAST ONE ESTABLISHMENT-PERSON-PAIR ELIGIBLE FOR POLICY BOOKLET COLLECTION AND CL15 OR CL18 WAS CODED '2' (HAS SOME DOCUMENT(S), WILL GET OTHERS), '3' (HAS NO DOCUMENTS), '4' (REFUSED TO PROVIDE ANY DOCUMENT(S)), '5' (OTHER, HAS DOCUMENT(S)), OR '6' (OTHER, HAS NO DOCUMENT(S)) FOR THIS ESTABLISHMENT-PERSON-PAIR IN ROUND 1, CONTINUE WITH CL12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_10</th>
</tr>
</thead>
<tbody>
<tr>
<td>--------------------------</td>
</tr>
</tbody>
</table>
SAMPLING BOX (IF ROUND 1 OR ROUND 2):
RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR
POLICY BOOKLET COLLECTION:

- ALL CURRENT (DEFINED LATER) PRIVATE (DEFINED LATER) AND ALL CURRENT PUBLIC (DEFINED LATER) SOURCES OF INSURANCE FROM ROUND 1 ARE ELIGIBLE FOR POLICY BOOKLET COLLECTION WITH FOUR EXCEPTIONS:

1. ESTABLISHMENT IS FLAGGED AS ‘EMPLOYER’ AND EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2 OR HP13=1)

2. PERSON IS THE POLICYHOLDER OF THIS INSURANCE AND IS FLAGGED AS ‘POLICYHOLDER NOT LISTED IN RU’

3. ESTABLISHMENT IS PUBLIC AND IS NOT MANAGED CARE (I.E., ESTABLISHMENT IS CHAMPUS/CHAMPVA OR OTHER PUBLIC; OR IF ESTABLISHMENT IS MEDICARE, THEN HX31=2, -7, OR -8 OR HX32=2, -7, OR -8, OR HX32A=2, -7, OR -8; OR IF ESTABLISHMENT IS MEDICAID OR GOVT-HOSPITAL/PHYSICIAN, THEN HX41=2, -7, OR -8 OR HX42=3, -7, OR -8, OR HX43=3, -7, OR -8)

NOTE (IF ROUND 1 OR ROUND 2): CURRENT INSURANCE FROM ROUND 1 IS DEFINED AS:
- FOR PUBLIC SOURCES -- HELD ANY TIME DURING THE ROUND 1 REFERENCE PERIOD (FOR MEDICARE, PERSON WAS A COVERED PERSON DURING THE ROUND 1 REFERENCE PERIOD; FOR MEDICAID OR GOVT-HOSPITAL/PHYSICIAN, AT LEAST ONE PERSON IN THE RU WAS A COVERED PERSON DURING THE ROUND 1 REFERENCE PERIOD)
- FOR PRIVATE SOURCES -- POLICYHOLDER HELD INSURANCE AT THE TIME OF THE ROUND 1 INTERVIEW DATE (HQ01 IS CODED ‘1’ (WHOLE TIME) OR HQ02 IS CODED ‘1’ (YES, COVERED NOW) FOR THE POLICYHOLDER)
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS DECEASED -- AT LEAST ONE DEPENDENT (SELECTED AT HP16) IS COVERED BY THE INSURANCE AT THE TIME OF THE ROUND 1 INTERVIEW DATE (HQ01 IS CODED ‘1’ (WHOLE TIME) OR HQ02 IS CODED ‘1’ (YES, COVERED NOW) FOR THE COVERED PERSON)

NOTE (IF ROUND 1 OR ROUND 2): PRIVATE INSURANCE IS DEFINED AS:
- ESTABLISHMENTS FLAGGED AS ‘EMPLOYERS’ AND FLAGGED AS ‘PROVIDES HEALTH INSURANCE’ (ESTABLISHMENTS FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE=1 ARE TREATED AS DIRECT PURCHASED, SEE NOTE BELOW)
- DIRECT PURCHASED INSURANCE, THAT IS, ESTABLISHMENTS CREATED FROM THE HX23 SERIES

NOTE (IF ROUND 1 OR ROUND 2): ESTABLISHMENTS WHICH ARE EMPLOYERS AND PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE=1 ARE TREATED AS DIRECT PURCHASED INSURANCE, THAT IS, POLICY BOOKLETS WILL BE COLLECTED FOR THE ESTABLISHMENT PROVIDING THE INSURANCE (I.E., CREATED FROM THE HX03 SERIES), NOT THE EMPLOYER.
NOTE (IF ROUND 1 OR ROUND 2): PUBLIC INSURANCE ELIGIBLE FOR POLICY BOOKLET COLLECTION INCLUDES THE FOLLOWING:
- MEDICARE INSURANCE WHICH IS MANAGED CARE
- MEDICAID INSURANCE WHICH IS MANAGED CARE
- GOVT-HOSPITAL/PHYSICIAN INSURANCE WHICH IS MANAGED CARE

SAMPLING BOX (TO BASE ON ROUND 3 CRITERIA FOR COLLECTION IN ROUND 3 AND ROUND 4):
RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR POLICY BOOKLET COLLECTION:
- ALL CURRENT (DEFINED LATER) PRIVATE (DEFINED LATER) AND ALL CURRENT PUBLIC (DEFINED LATER) SOURCES OF INSURANCE FROM ROUND 3 ARE ELIGIBLE FOR POLICY BOOKLET COLLECTION WITH FOUR EXCEPTIONS:
  1. ESTABLISHMENT IS FLAGGED AS ‘EMPLOYER’ AND EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2 OR HP13=1)
  2. PERSON IS THE POLICYHOLDER OF THIS INSURANCE AND IS FLAGGED AS ‘POLICYHOLDER NOT LISTED IN DU’
  3. ESTABLISHMENT IS PUBLIC AND IS NOT MANAGED CARE (I.E., ESTABLISHMENT IS CHAMPUS/CHAMPVA OR OTHER PUBLIC; OR IF ESTABLISHMENT IS MEDICARE, THEN [(HX31=2, -7, -8 OR HX32=2, -7, -8, OR HX32A=2, -7, -8) OR (PR02=2, -7 -8 OR PR03=2, -7, -8, OR PR03A=2, -7, -8)]; OR IF ESTABLISHMENT IS MEDICAID, THEN [HX41=2, -7, -8 OR HX42=3, -7, -8, OR HX43=3, -7, -8) OR (PR12=2, -7, -8 OR PR13=3, -7, -8 OR PR14=3, -7, -8)]; OR IF ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN, THEN [HX41=2, -7, -8 OR HX42=3, -7, -8, OR HX43=3, -7, -8) OR (PR28=2, -7, -8 OR PR29=3, -7, -8 OR PR30=3, -7, -8)].
NOTE (IF ROUND 3 OR ROUND 4):
CURRENT INSURANCE FROM ROUND 3 IS DEFINED AS:
- FOR PUBLIC SOURCES -- HELD ANY TIME DURING THE
ROUND 3 REFERENCE PERIOD (FOR MEDICARE, PERSON
WAS A COVERED PERSON DURING THE ROUND 3
REFERENCE PERIOD; FOR MEDICAID OR GOVT-HOSPITAL/
PHYSICIAN, AT LEAST ONE PERSON IN THE RU WAS A
COVERED PERSON DURING THE ROUND 3 REFERENCE
PERIOD)
- FOR PRIVATE SOURCES -- POLICYHOLDER HELD
INSURANCE AT THE TIME OF THE ROUND 3 INTERVIEW
DATE [(HQ01 IS CODED ‘1’ (WHOLE TIME) OR HQ02 IS
CODED ‘1’ (YES, COVERED NOW) FOR THE
POLICYHOLDER) OR (OE01, OE12, OE26 IS CODED ‘1’
(YES) FOR THE POLICYHOLDER]
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS
DECEASED -- AT LEAST ONE DEPENDENT [(SELECTED AT
HP16 OR OE45) OR CONFIRMED AS STILL COVERED AT
OE29 OR OE30)] IS COVERED BY THE INSURANCE AT
THE TIME OF THE ROUND 3 INTERVIEW DATE [(HQ01 IS
CODED ‘1’ (WHOLE TIME) OR HQ02 IS CODED ‘1’ (YES,
COVERED NOW) FOR THE COVERED PERSON) OR (OE26
IS CODED ‘1’ (YES) FOR THE COVERED PERSON)]

NOTE (IF ROUND 3 OR ROUND 4):
PRIVATE INSURANCE IS DEFINED AS:
- ESTABLISHMENTS FLAGGED AS ‘EMPLOYERS’ AND
FLAGGED AS ‘PROVIDES HEALTH INSURANCE’
(ESTABLISHMENTS FLAGGED AS ‘SELF-EMPLOYED’ WITH
A FIRM-SIZE=1 ARE TREATED AS DIRECT PURCHASED, 
SEE NOTE BELOW)
- DIRECT PURCHASED INSURANCE, THAT IS,
ESTABLISHMENTS CREATED FROM THE HX23 SERIES

NOTE (IF ROUND 3 OR ROUND 4):
ESTABLISHMENTS WHICH
ARE EMPLOYERS AND PROVIDE HEALTH INSURANCE AND ARE
FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE=1 ARE
TREATED AS DIRECT PURCHASED INSURANCE, THAT IS,
POLICY BOOKLETS WILL BE COLLECTED FOR THE
ESTABLISHMENT PROVIDING THE INSURANCE (I.E.,
CREATED FROM THE HX03 SERIES), NOT THE EMPLOYER.
NOTE (IF ROUND 3 OR ROUND 4): PUBLIC INSURANCE ELIGIBLE FOR POLICY BOOKLET COLLECTION INCLUDES
THE FOLLOWING:
- MEDICARE INSURANCE WHICH IS MANAGED CARE
- MEDICAID INSURANCE WHICH IS MANAGED CARE
- GOVT-HOSPITAL/PHYSICIAN INSURANCE WHICH IS MANAGED CARE

CL12

{You may recall that/For this study,} we are also interested in learning more about the specific coverage or benefits people have under {their current/the} health insurance {policies held at the time of our last interview}. These health benefits are usually described in a booklet or other printed material that employers or insurance companies give to people who are covered by their insurance. For the extra effort involved in providing us with descriptions of insurance, the study will give an additional $15.00.

PRESS ENTER TO CONTINUE.

DISPLAY 'You may recall that' IF ROUND 2 OR ROUND 4. DISPLAY 'For this study,' IF ROUND 1 OR ROUND 3.

DISPLAY 'their current' IF ROUND 1 OR ROUND 3. DISPLAY 'the' IF ROUND 2 OR ROUND 4. DISPLAY 'policies...interview' IF ROUND 2 OR ROUND 4. OTHERWISE, USE A NULL DISPLAY.

IF ONLY ELIGIBLE POLICY BOOKLET ESTABLISHMENT- PERSON-PAIRS ARE PAIRS WHERE THE ESTABLISHMENT IS MEDICAID OR GOVT-HOSPITAL/PHYSICIAN (SEE BOX_06 SAMPLING SPECIFICATIONS), GO TO CL14

OTHERWISE, CONTINUE WITH CL13
From the information I have recorded, I would (still) like to get a full description of the health insurance for:

(READ PERSON NAME)’s health insurance through (READ ESTABLISHMENT BELOW):

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. PERSON</th>
<th>CL13 01. ESTABLISHMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>[First, [Middle], Last Name-35]</td>
<td>[Name of Establishment........-30]</td>
</tr>
<tr>
<td>[First, [Middle], Last Name-35]</td>
<td>[Name of Establishment........-30]</td>
</tr>
<tr>
<td>[First, [Middle], Last Name-35]</td>
<td>[Name of Establishment........-30]</td>
</tr>
</tbody>
</table>

ASK RESPONDENT TO GET BOOKLET(S).

PRESS F1 FOR MORE INSTRUCTIONS ON POLICY BOOKLETS.

---

ROSTER DEFINITION: DISPLAY EACH PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE FOLLOWING CONDITIONS:

IF ROUND 1 OR ROUND 3:
- PAIR IS ELIGIBLE FOR POLICY BOOKLET COLLECTION (SEE BOX 06 SAMPLING SPECIFICATIONS); AND
- ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/PHYSICIAN

OR

IF ROUND 2 OR ROUND 4:
- PAIR ELIGIBLE FOR POLICY BOOKLET COLLECTION (SEE BOX 06 SAMPLING SPECIFICATIONS),
- CL15 WAS CODED ‘2’ (HAS SOME DOCUMENT(S), WILL GET OTHERS), ‘3’ (HAS NO DOCUMENTS), ‘4’ (REFUSED TO PROVIDE ANY DOCUMENT(S)), ‘5’ (OTHER, HAS DOCUMENT(S)), OR ‘6’ (OTHER, HAS NO DOCUMENT(S)) FOR THIS ESTABLISHMENT-PERSON-PAIR [(IN ROUND 1 IF CURRENT ROUND IS ROUND 2) OR (IN ROUND 3 IF CURRENT ROUND IS ROUND 4)]; AND
- ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/PHYSICIAN

---
| DISPLAY 'still' IF ROUND 2 OR ROUND 4. OTHERWISE, |
| USE A NULL DISPLAY.                               |
----------------------------------------------------
----------------------------------------------------
| IF ANY ELIGIBLE POLICY BOOKLET ESTABLISHMENT-     |
| PERSON-PAIRS ARE PAIRS WHERE THE ESTABLISHMENT IS |
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN (SEE BOX_06   |
| SAMPLING SPECIFICATIONS), CONTINUE WITH CL14      |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, GO TO LOOP_04                          |
----------------------------------------------------

CL14
====

I {also} need to get one copy of the description of the family’s health insurance coverage through {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits.}

ASK RESPONDENT TO GET BOOKLET(S).

PRESS ENTER TO CONTINUE.

PRESS F1 FOR MORE INSTRUCTIONS ON POLICY BOOKLETS.

----------------------------------------------------
| DISPLAY 'also' IF ANY PAIRS ELIGIBLE FOR POLICY |
| BOOKLET COLLECTION WHERE THE ESTABLISHMENT IS NOT |
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN.             |
----------------------------------------------------

----------------------------------------------------
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF |
| MEDICAID IS THE ELIGIBLE ESTABLISHMENT FOR POLICY |
| BOOKLET COLLECTION. DISPLAY 'the program .... |
| benefits' IF GOVT-HOSPITAL/PHYSICIAN IS THE |
| ELIGIBLE ESTABLISHMENT FOR POLICY BOOKLET |
| COLLECTION.                                     |
----------------------------------------------------
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID'.

IF ONLY ELIGIBLE POLICY BOOKLET ESTABLISHMENT-PERSON-PAIRS ARE PAIRS WHERE THE ESTABLISHMENT IS MEDICAID OR GOVT-HOSPITAL/PHYSICIAN (SEE BOX_06 SAMPLING SPECIFICATIONS), GO TO CL18

OTHERWISE, CONTINUE WITH LOOP_04

NOTE: THE HEALTH INSURANCE SECTION IS DESIGNED SO THAT AN RU CAN ONLY HAVE EITHER MEDICAID OR GOVT-HOSPITAL/PHYSICIAN, NEVER BOTH.
LOOP_04

----------------------------------------------------
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER, ASK CL15 - END_LP04                 |
|----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_04 COLLECTS THE STATUS AND |
| NUMBER OF BOOKLETS COLLECTED FOR EACH           |
| ESTABLISHMENT-PERSON-PAIR ELIGIBLE FOR POLICY  |
| BOOKLET COLLECTION (INCLUDING NEW AND OUTSTANDING|
| BOOKLETS). THIS LOOP CYCLES ON RU-ESTABLISHMENT-|
| PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
|                                                    |
| IF ROUND 1 OR ROUND 3:                            |
| - PAIR IS ELIGIBLE FOR POLICY BOOKLET COLLECTION |
|   (SEE BOX_06 SAMPLING SPECIFICATIONS); AND        |
| - ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/|
|   PHYSICIAN                                        |
| OR                                                  |
| IF ROUND 2 OR ROUND 4:                             |
| - PAIR ELIGIBLE FOR POLICY BOOKLET COLLECTION     |
|   (SEE BOX_06 SAMPLING SPECIFICATIONS),            |
| - CL15 WAS CODED '2' (HAS SOME DOCUMENT(S), WILL |
|   GET OTHERS), '3' (HAS NO DOCUMENTS), '4'        |
|   (REFUSED TO PROVIDE ANY DOCUMENT(S)), '5'        |
|   (OTHER, HAS DOCUMENT(S)), OR '6' (OTHER, HAS NO |
|   DOCUMENT(S)) FOR THIS ESTABLISHMENT-PERSON-PAIR|
|   [(IN ROUND 1 IF CURRENT ROUND IS ROUND 2) OR (IN |
|   ROUND 3 IF CURRENT ROUND IS ROUND 4)] AND        |
| - ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/|
|   PHYSICIAN                                        |

----------------------------------------------------
PID: [PID-3]  POLICYHOLDER: [First,[Middle],Last Name-35]
ESTBID: [EstbID-4]
ESTABLISHMENT NAME: [Establishment Name-35]

INSURANCE COMPANY/HMO NAME: {(NAME OF INSURANCE CO./HMO)}

COVERAGE: {(TYPE OF COVERAGE CODED AT HX48)}

{RD {1/3} STATUS: {DISPLAY CL15 STATUS FROM RD 1/3...... - 40}}

ENTER POLICY BOOKLET STATUS BELOW AND ON POLICY BOOKLET LOG:

HAS ALL DOCUMENT(S), CAN KEEP/MAKE COPY . 1 {CL16}
HAS SOME DOCUMENT(S){, WILL GET OTHERS} . 2 {CL16}
HAS NO DOCUMENTS ......................... 3 {END LP04}
REFUSED TO PROVIDE ANY DOCUMENT(S) ...... 4 {CL17}
OTHER, HAS DOCUMENT(S) .................. 5
OTHER, HAS NO DOCUMENT(S) ............... 6
{DOCUMENTS WOULD BE IDENTICAL TO THOSE
  GIVEN PREVIOUSLY ...................... 7 {END LP04}}

[Code One]

PRESS F1 FOR MORE INFORMATION ON POLICY BOOKLETS.

----------------------------------------------------------------------------------------
| DISPLAY THE FIRST TWO ESTABLISHMENTS FLAGGED AS |
| 'INSURER' FOR 'NAME OF INSURANCE CO./HMO'. IF |
| INSURERS ARE NOT AVAILABLE, DISPLAY 'NOT |
| APPLICABLE. INFO NOT COLLECTED.' AS APPROPRIATE. |
| FOR MEDICARE COVERAGE, THE 'NAME OF INSURANCE CO./ |
| HMO' DISPLAYED IS THE PLAN NAME THAT CORRESPONDS |
| TO THE PLAN LETTER COLLECTED AT HX31OV OR THE PLAN |
| NAME COLLECTED AT HX33. |
| DISPLAY THE FIRST FOUR TYPES OF COVERAGE (THAT ARE |
| NOT LONG TERM CARE IN A NURSING HOME ('6'), EXTRA |
| CASH FOR HOSPITAL STAYS ('7'), SERIOUS DISEASE OR |
| DREAD DISEASE ('8'), DISABILITY ('9'), WORKER'S |
| COMPENSATION ('10'), OR ACCIDENT INSURANCE ('11')) |
| CODED AT HX48 FOR 'TYPE OF COVERAGE CODED AT |
| HX48'. IF TYPE(S) ARE NOT AVAILABLE, DISPLAY 'NOT |
| APPLICABLE. INFO NOT COLLECTED.' AS APPROPRIATE. |
----------------------------------------------------------------------------------------
DISPLAY 'RD {1/3} ..... -40}' IF ROUND 2 OR ROUND 4. OTHERWISE, USE A NULL DISPLAY.
DISPLAY '1' IF ROUND 2. DISPLAY '3' IF ROUND 4.
FOR 'DISPLAY CL15 STATUS FROM RD 1/3..... - 40', DISPLAY THE TEXT ENTRY ASSOCIATED WITH THE ROUND 1 (IF CURRENT ROUND IS ROUND 2) OR ROUND 3 (IF CURRENT ROUND IS 4) (OR RECEIPT CONTROL UPDATED) CL15 OUTSTANDING STATUS. THAT IS, IF CL15 WAS CODED '2', DISPLAY 'HAD SOME DOCUMENTS, GETTING OTHERS'; IF CL15 WAS CODED '3', DISPLAY 'HAD NO DOCUMENTS'; IF CL15 WAS CODED '4', DISPLAY 'REFUSED TO PROVIDE DOCUMENTS'; AND IF CL15 WAS CODED '5' OR '6', DISPLAY THE FIRST 40 CHARACTERS FROM THE OTHER SPECIFY ENTRY FIELD.

NOTE: INSURANCE COMPANY/HMO NAME AND COVERAGE ARE LISTED TO ASSIST IN PROBING.

NOTE: ESTABLISHMENT NAME, INSURER NAME, AND COVERAGE INFORMATION DISPLAYS WILL BE BASED ONLY ON ROUND 1 (IF CURRENT ROUND IS 1 OR 2) OR ROUND 3 (IF CURRENT ROUND IS 3 OR 4) INFORMATION. IF IN ROUND 2 (IF CURRENT ROUND IS 2) OR ROUND 4 (IF CURRENT ROUND IS 4) THIS INFORMATION WAS UPDATED, THE INFORMATION DISPLAYED WILL NOT BE CURRENT. WE DO NOT WANT IT TO BE CURRENT SINCE HIPA IS BASED ON COVERAGE HELD AT THE ROUND 1 OR ROUND 3 INTERVIEW DATE.

DISPLAY ',WILL GET OTHERS' AS PART OF CODE '2' IF ROUND 1 OR ROUND 3. OTHERWISE, USE A NULL DISPLAY.

DISPLAY CODE '7' (DOCUMENTS...PREVIOUSLY) IF ROUNDS 3 OR 4. OTHERWISE, USE A NULL DISPLAY.
CL15OV

ENTER OTHER:

[Enter Other Specify-45] ............... 

----------------------------------------------------
| IF CL15 IS CODED '5' (OTHER, HAS DOCUMENT(S)), |
| CONTINUE WITH CL16
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP04
----------------------------------------------------

CL16

PID: [PID-3] POLICYHOLDER: [First,[Middle],Last Name-35]
ESTBID: [EstbID-4]
ESTABLISHMENT NAME: [Establishment Name-35]

INSURANCE COMPANY/HMO NAME: (NAME OF INSURANCE CO./HMO)
{NAME OF INSURANCE CO./HMO}

COVERAGE: {TYPE OF COVERAGE CODED AT HX48}
{TYPE OF COVERAGE CODED AT HX48}
{TYPE OF COVERAGE CODED AT HX48}
{TYPE OF COVERAGE CODED AT HX48}

INTERVIEWER: FOR THE ABOVE PAIR, DO THE FOLLOWING:

1. CHECK POLICY BOOKLET(S) FOR ACCEPTANCE.
2. LABEL POLICY BOOKLET(S). ((FOR COPYING, IF NECESSARY.))

PRESS F1 FOR INFORMATION ON ACCEPTING, LABELING,
AND COPYING POLICY BOOKLETS.

PRESS ENTER TO CONTINUE.
MEPS FAMES Panel 1 Round 3 Closing (CL) Section
January 31, 1997

DISPLAY THE FIRST TWO ESTABLISHMENTS FLAGGED AS ‘INSURER’ FOR ‘NAME OF INSURANCE CO./HMO’. IF INSURERS ARE NOT AVAILABLE, DISPLAY ‘NOT APPLICABLE. INFO NOT COLLECTED.’ AS APPROPRIATE.

DISPLAY THE FIRST FOUR TYPES OF COVERAGE (THAT ARE NOT LONG TERM CARE IN A NURSING HOME (‘6’), EXTRA CASH FOR HOSPITAL STAYS (‘7’), SERIOUS DISEASE OR DREAD DISEASE (‘8’), DISABILITY (‘9’), WORKER’S COMPENSATION (‘10’), OR ACCIDENT INSURANCE (‘11’)) CODED AT HX48 FOR ‘TYPE OF COVERAGE CODED AT HX48’. IF TYPE(S) ARE NOT AVAILABLE, DISPLAY ‘NOT APPLICABLE. INFO NOT COLLECTED.’ AS APPROPRIATE.

DISPLAY ‘(FOR COPYING, IF NECESSARY.)’ IF ROUND 1 OR ROUND 3. OTHERWISE, USE A NULL DISPLAY.

NOTE: INSURANCE COMPANY/HMO NAME AND COVERAGE ARE LISTED TO ASSIST IN PROBING.

GO TO END_LP04
MEPS FAMES Panel 1 Round 3 Closing (CL) Section
January 31, 1997

CL17
====

PID: [PID-3]        POLICYHOLDER: [First,[Middle],Last Name-35]
ESTBID: [EstbID-4]  ESTABLISHMENT NAME: [Establishment Name-35]

INSURANCE COMPANY/HMO NAME:  {NAME OF INSURANCE CO./HMO}
                              {NAME OF INSURANCE CO./HMO}

COVERAGE:  {TYPE OF COVERAGE CODED AT HX48}
           {TYPE OF COVERAGE CODED AT HX48}
           {TYPE OF COVERAGE CODED AT HX48}
           {TYPE OF COVERAGE CODED AT HX48}

ENTER MAIN REASON FOR REFUSAL:

ESTABLISHMENT/INSURER MIGHT OBJECT ..... 1 [END_LP04]
CONFIDENTIALITY                      ....  2 [END_LP04]
HAS ALREADY GIVEN ENOUGH INFORMATION ... 3 [END_LP04]
DOESN'T WANT TO LOOK FOR IT .......... 4 [END_LP04]
NO REASON GIVEN                      ....  5 [END_LP04]
OTHER                                    91

[Code One]

CL17OV
=====

ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] ..............

--------------------------------------
DISPLAY THE FIRST TWO ESTABLISHMENTS FLAGGED AS 'INSURER' FOR 'NAME OF INSURANCE CO./HMO'. IF INSURERS ARE NOT AVAILABLE, DISPLAY 'NOT APPLICABLE. INFO NOT COLLECTED.' AS APPROPRIATE.

DISPLAY THE FIRST FOUR TYPES OF COVERAGE (THAT ARE NOT LONG TERM CARE IN A NURSING HOME ('6'), EXTRA CASH FOR HOSPITAL STAYS ('7'), SERIOUS DISEASE OR DREAD DISEASE ('8'), DISABILITY ('9'), WORKER'S COMPENSATION ('10'), OR ACCIDENT INSURANCE ('11')) CODED AT HX48 FOR 'TYPE OF COVERAGE CODED AT HX48'. IF TYPE(S) ARE NOT AVAILABLE, DISPLAY 'NOT APPLICABLE. INFO NOT COLLECTED.' AS APPROPRIATE.
--------------------------------------

NOTE: INSURANCE COMPANY/HMO NAME AND COVERAGE ARE LISTED TO ASSIST IN PROBING.

--------------------------------------
END_LP04

-----------
| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
-----------

-----------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH BOX_07 |
-----------

BOX_07

-----------
| IF ANY ELIGIBLE POLICY BOOKLET ESTABLISHMENT-PERSON-PAIRS ARE PAIRS WHERE THE ESTABLISHMENT IS MEDICAID OR GOVT-HOSPITAL/PHYSICIAN (SEE BOX_06 SAMPLING SPECIFICATIONS), CONTINUE WITH CL18 |
-----------

-----------
| OTHERWISE, GO TO BOX_08 |
-----------
PID: XXX            POLICYHOLDER: RU
ESTBID: [EstbID-4]
ESTABLISHMENT NAME: [{(Medicaid/{STATE NAME FOR MEDICAID})}/
 PROGRAM SPONSORED BY STATE OR LOCAL
 GOVT AGCY WHICH PROVIDES HOSPITAL &
 PHYSICIAN BENEFITS}]

INSURANCE COMPANY/HMO NAME: {NAME OF INSURANCE CO./HMO}

{RD {1/3} STATUS: {DISPLAY CL18 STATUS FROM RD 1/3.... - 40}}

ENTER POLICY BOOKLET STATUS BELOW AND ON POLICY BOOKLET LOG:

 HAS ALL DOCUMENT(S), CAN KEEP/MAKE COPY . 1 {CL19}
 HAS SOME DOCUMENT(S), WILL GET OTHERS . 2 {CL19}
 HAS NO DOCUMENT(S) ................. 3 {BOX_08}
 REFUSED TO PROVIDE ANY DOCUMENT(S) ...... 4 {CL20}
 OTHER, HAS DOCUMENT(S) ............ 5
 OTHER, HAS NO DOCUMENT(S) ........... 6
 {DOCUMENTS WOULD BE IDENTICAL TO THOSE
 GIVEN PREVIOUSLY ..................... 7 {BOX_08}}

[Code One]

PRESS F1 FOR MORE INFORMATION ON POLICY BOOKLETS.

---

DISPLAY '{(Medicaid/{STATE NAME FOR MEDICAID})}' IF
MEDICAID IS THE ELIGIBLE ESTABLISHMENT FOR POLICY
BOOKLET COLLECTION. DISPLAY 'PROGRAM
BENEFITS' IF GOVT-HOSPITAL/PHYSICIAN IS THE
ELIGIBLE ESTABLISHMENT FOR POLICY BOOKLET
COLLECTION.

---

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS
BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY
'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL
STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH
INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME
'MEDICAID'.

---

30-44
DISPLAY THE ESTABLISHMENT FLAGGED AS 'INSURER' FOR MEDICAID OR GOVT-HOSPITAL/PHYSICIAN FOR NAME OF INSURANCE COMPANY/HMO.


DISPLAY 'RD {1/3} ...-40)' IF ROUND 2 OR ROUND 4. OTHERWISE, USE A NULL DISPLAY. DISPLAY '1' IF ROUND 2. DISPLAY '3' IF ROUND 4.

FOR 'DISPLAY CL18 STATUS FROM RD 1/3..... - 40', DISPLAY THE TEXT ENTRY ASSOCIATED WITH THE ROUND 1 (IF CURRENT ROUND IS 2) OR ROUND 3 (IF CURRENT ROUND IS 4) (OR RECEIPT CONTROL UPDATED) CL18 OUTSTANDING STATUS. THAT IS, IF CL18 WAS CODED '2', DISPLAY 'HAD SOME DOCUMENTS, GETTING OTHERS'; IF CL18 WAS CODED '3', DISPLAY 'HAD NO DOCUMENTS'; IF CL18 WAS CODED '4', DISPLAY 'REFUSED TO PROVIDE DOCUMENTS'; AND IF CL18 WAS CODED '5' OR '6', DISPLAY THE FIRST 40 CHARACTERS FROM THE OTHER SPECIFY ENTRY FIELD.

NOTE: INSURER NAME DISPLAY WILL BE BASED ONLY ON ROUND 1 INFORMATION (IF CURRENT ROUND IS ROUND 1 OR 2) OR ON ROUND 3 INFORMATION (IF CURRENT ROUND IS 3 OR 4).

DISPLAY ',WILL GET OTHERS' AS PART OF CODE '2' IF ROUND 1 OR ROUND 3. OTHERWISE, USE A NULL DISPLAY.

DISPLAY CODE '7' (DOCUMENTS...PREVIOUSLY) IF ROUNDS 3 OR 4. OTHERWISE, USE A NULL DISPLAY.
ENTER OTHER:

[Enter Other Specify-45] ............... 

----------------------------------------------------
| IF CL18 IS CODED '5' (OTHER, HAS DOCUMENT(S)),  |
| CONTINUE WITH CL19                                  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_08                                |
----------------------------------------------------

CL19
=====

PID: XXX            POLICYHOLDER: RU
ESTBID: [EstbID-4]
ESTABLISHMENT NAME: [{Medicaid/{STATE NAME FOR MEDICAID}}/ 
                       PROGRAM SPONSORED BY STATE OR LOCAL 
                       GOVT AGCY WHICH PROVIDES HOSPITAL & 
                       PHYSICIAN BENEFITS]

INSURANCE COMPANY/HMO NAME: {NAME OF INSURANCE CO./HMO}

INTERVIEWER: FOR THE ABOVE, DO THE FOLLOWING:

1. CHECK POLICY BOOKLET(S) FOR ACCEPTANCE.
2. LABEL POLICY BOOKLET(S). {{FOR COPYING, IF NECESSARY.}}

PRESS F1 FOR INFORMATION ON ACCEPTING, LABELING, 
AND COPYING POLICY BOOKLETS.

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF |
| MEDICAID IS THE ELIGIBLE ESTABLISHMENT FOR POLICY |
| BOOKLET COLLECTION. DISPLAY PROGRAM ....           |
| BENEFITS' IF GOVT-HOSPITAL/PHYSICIAN IS THE       |
| ELIGIBLE ESTABLISHMENT FOR POLICY BOOKLET       |
| COLLECTION.                                      |
----------------------------------------------------
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID'.

DISPLAY '(FOR COPYING, IF NECESSARY.)' IF ROUND 1 OR ROUND 3. OTHERWISE, USE A NULL DISPLAY.

DISPLAY THE ESTABLISHMENT FLAGGED AS 'INSURER' FOR MEDICAID OR GOVT-HOSPITAL/PHYSICIAN.

GO TO BOX_08

---

CL20

PID: XXX POLICYHOLDER: RU
ESTBID: [EstbID-4] ESTABLISHMENT NAME: [{Medicaid/(STATE NAME FOR MEDICAID)}/ PROGRAM SPONSORED BY A STATE OR LOCAL GOVT AGCY WHICH PROVIDES HOSPITAL & PHYSICIAN BENEFITS}]

INSURANCE COMPANY/HMO NAME: {NAME OF INSURANCE CO./HMO}

ENTER MAIN REASON FOR REFUSAL:

ESTABLISHMENT/INSURER MIGHT OBJECT ..... 1 {BOX_08}
CONFIDENTIALITY ......................... 2 {BOX_08}
HAS ALREADY GIVEN ENOUGH INFORMATION ... 3 {BOX_08}
DOESN'T WANT TO LOOK FOR IT .......... 4 {BOX_08}
NO REASON GIVEN ....................... 5 {BOX_08}
OTHER ..................................... 91

[Code One]
ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] ...............

----------------------------------------------------
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}’ IF |
| MEDICAID IS THE ELIGIBLE ESTABLISHMENT FOR POLICY |
| BOOKLET COLLECTION. DISPLAY 'THE PROGRAM .... |
| BENEFITS’ IF GOVT-HOSPITAL/PHYSICIAN IS THE |
| ELIGIBLE ESTABLISHMENT FOR POLICY BOOKLET |
| COLLECTION.                               |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY |
| ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| ‘MEDICAID’.                               |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE ESTABLISHMENT FLAGGED AS 'INSURER' FOR |
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN.              |
----------------------------------------------------

BOX_08

----------------------------------------------------
| IF: |
| ROUND 1 OR ROUND 3 |
| AND |
| ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/ |
| PHYSICIAN |
| AND |
| CL15 IS CODED ‘2’ (HAS SOME DOCUMENT(S), WILL GET |
| OTHERS), ‘3’ (HAS NO DOCUMENTS), OR ‘6’ (OTHER, |
| HAS NO DOCUMENT(S)) IN THE CURRENT ROUND, |
| CONTINUE WITH LOOP_04A                             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_09                            |
----------------------------------------------------

30-48
LOOP_04A

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-|
| PAIRS-ROSTER, ASK CL21 - END_LP04A               |
|----------------------------------------------------
|----------------------------------------------------
| LOOP DEFINITION: LOOP_04A PRESENTS EACH           |
| ESTABLISHMENT-PERSON-PAIR, THAT DOES NOT HAVE ALL |
| DOCUMENTS COLLECTED, FOR COMPLETION OF THE POLICY |
| BOOKLET REQUEST FORM. THIS LOOP CYCLES ON PAIRS    |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT  |
| MEET THE FOLLOWING CONDITIONS:                    |
| - PAIR IS ELIGIBLE FOR POLICY BOOKLET COLLECTION  |
| (SEE BOX_06 SAMPLING SPECIFICATIONS)              |
| - ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/ |
| PHYSICIAN                                         |
| - CL15 WAS CODED ‘2’ (HAS SOME DOCUMENT(S), WILL |
| GET OTHERS), ‘3’ (HAS NO DOCUMENTS), OR ‘6’        |
| (OTHER, HAS NO DOCUMENT(S)) FOR THIS              |
| ESTABLISHMENT-PERSON-PAIR IN THE CURRENT ROUND    |
During the next interview, we would like to get a copy of the booklet that describes the coverage for:

(READ PERSON NAME)’s health insurance through (READ ESTABLISHMENT BELOW):

PID: [PID-3] POLICYHOLDER: [First,[Middle],Last Name-35]
DOB: [MM/DD/YYYY] AGE: [XXX] STATUS: [Status Code Description]

ESTBID: [EstbID-4]
ESTABLISHMENT TYPE: [Establishment Type]
ESTABLISHMENT NAME: [Establishment Name-35]
ESTABLISHMENT ADDRESS: [Street Address_1 for Establishment]
                           [Street Address_2 for Establishment]
                           [City Name], [ST] [Zip Code]

{COMPLETE HEALTH INSURANCE POLICY BOOKLET REQUEST FORM AND FOLLOW PROCEDURES AS APPROPRIATE FOR ESTABLISHMENT TYPE.}

CODE STATUS OF REQUEST BELOW.

LETTER SENT ............................ 1
LETTER NOT SENT, REQUEST WILL BE MADE .. 2
LETTER/REQUEST REFUSED ................. 3

{PRESS F1 FOR MORE INFORMATION ON POLICY BOOKLET FOLLOW-UP.}

----------------------------------------------------
| DISPLAY ‘COMPLETE ... TYPE.’ AND ‘PRESS F1 ...    |
| FOLLOW-UP.’ IF ESTABLISHMENT TYPE IS NOT MEDICARE.|
| IF ESTABLISHMENT TYPE IS MEDICARE, USE A NULL     |
| DISPLAY.                                          |
----------------------------------------------------

----------------------------------------------------
| NOTE: PID, DATE OF BIRTH, AND ESTABLISHMENT      |
| ADDRESS ARE ALL REQUIRED PIECES OF INFORMATION ON |
| THE POLICY BOOKLET REQUEST FORM.                 |
----------------------------------------------------
END_LP04A

-------------
| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
-------------

-------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_04A AND CONTINUE WITH BOX_09 |
-------------

BOX_09

-------------
| IF: |
| ROUND 1 OR ROUND 3 |
| AND |
| ESTABLISHMENT IS MEDICAID OR GOVT-HOSPITAL/PHYSICIAN |
| AND |
| CL18 IS CODED '2' (HAS SOME DOCUMENT(S), WILL GET OTHERS), '3' (HAS NO DOCUMENTS), OR '6' (OTHER, HAS NO DOCUMENT(S)) FOR THE CURRENT ROUND, |
| CONTINUE WITH CL22 |
-------------

-------------
| OTHERWISE, GO TO BOX_10 |
-------------
During the next interview, we would like to get a copy of the booklet that describes the family’s health insurance coverage through {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits.}

INSURANCE COMPANY/HMO NAME:  {NAME OF INSURANCE CO./HMO}

CODE STATUS OF REQUEST BELOW.

REQUEST WILL BE MADE ................. 1  
REQUEST REFUSED ....................  2

----------------------------------------
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF |
| MEDICAID IS THE ELIGIBLE ESTABLISHMENT FOR POLICY |
| BOOKLET COLLECTION. DISPLAY 'the program .... |
| benefits' IF GOVT-HOSPITAL/PHYSICIAN IS THE |
| ELIGIBLE ESTABLISHMENT FOR POLICY BOOKLET |
| COLLECTION. |
|----------------------------------------
|----------------------------------------
| DISPLAY the ESTABLISHMENT FLAGGED AS 'INSURER' FOR |
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN. |

----------------------------------------
| NOTE:  THIS REQUEST WILL BE MADE OPEN-ENDED TO THE |
| RESPONDENT; I.E., WE WILL NOT TELL THE RESPONDENT |
| WHERE HE/SHE SHOULD OBTAIN THE BOOKLET. THIS WAY, |
| THE RESPONDENT CAN PURSUE THE BOOKLET IN WHATEVER |
| WAY IS MOST APPROPRIATE TO THE SITUATION. |
Subsection 4: Pharmacy Requests and Permission Forms (Round 3)

BOX_10
======
----------------------------------------------------
| IF ROUND 3, CONTINUE WITH BOX_11                  |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, GO TO BOX_14                           |
----------------------------------------------------

BOX_11
======
----------------------------------------------------
| IF AT LEAST ONE PERSON-PHARMACY-PAIR ELIGIBLE     |
| (SEE SAMPLING BOX BELOW) FOR PHARMACY PERMISSION  |
| FORM COLLECTION, CONTINUE WITH CL29               |
----------------------------------------------------
| OTHERWISE, GO TO BOX_14                           |
----------------------------------------------------

SAMPLING BOX:
PERSON-PHARMACY-PAIRS ELIGIBLE FOR PHARMACY
PERMISSION FORM COLLECTION IN ROUND 3:
- PERSON IS A KEY, ELIGIBLE RU MEMBER
- PERSON ASSOCIATED WITH THE PHARMACY
- PHARMACY COLLECTED DURING ROUND 1, 2, OR 3

NOTE: IF THE SAME PHARMACY IS ASSOCIATED MORE THAN ONCE FOR A PARTICULAR PERSON, ONLY ONE PERMISSION FORM IS ASKED ABOUT FOR THAT PAIR. IF THE SAME PHARMACY IS ASSOCIATED WITH MORE THAN ONE PERSON, A PERMISSION FORM IS ASKED FOR EACH UNIQUE PERSON-PHARMACY-PAIR.

NOTE: FORMS ASSOCIATED WITH DECEASED AND INSTITUTIONALIZED PERSONS IN ROUNDS 1 AND 2 WILL BE REQUESTED.
ISSUE: FOLLOW-UP ON OUTSTANDING PHARMACY PERMISSION FORMS IS AN ISSUE. WE ASSUME NO FOLLOW-UP WILL OCCUR IN ROUND 4 SINCE PHARMACY DATA COLLECTION WOULD NEED TO BE COMPLETED PRIOR TO ROUND 4.
CL27
=====
OMITTED

LOOP_06
======
OMITTED

CL28
=====
OMITTED

END_LP06
=======
OMITTED

BOX_13
=====
OMITTED
As you know, the U.S. Public Health Service is very interested in obtaining the most complete and accurate information about health care use and expenditures, including prescription medicines.

Many pharmacies now offer their customers a summary of their prescription medicine charges. People sometimes request these summaries to help in preparing their taxes or insurance claims.

To help us get the best information about the family’s prescriptions, we would like to obtain a printed summary from each pharmacy used by this family during the past year. To do this, we must have written permission.

PRESS ENTER TO CONTINUE.

From the information I have, I would like to get a signed permission form for:

(READ PERSON BELOW)’s prescriptions filled at (READ PHARMACY BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. PERSON</th>
<th>CL30_01. PHARMACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>[First, [Middle], Last Name-35]</td>
<td>[Name of Pharmacy...............-30]</td>
</tr>
<tr>
<td>[First, [Middle], Last Name-35]</td>
<td>[Name of Pharmacy...............-30]</td>
</tr>
<tr>
<td>[First, [Middle], Last Name-35]</td>
<td>[Name of Pharmacy...............-30]</td>
</tr>
</tbody>
</table>

[HAND RESPONDENT THE PURPLE PERMISSION FORM BOOKLET.]

[These materials explain more about why we contact pharmacies and answer questions people sometimes ask about this part of the study. Please take a minute to review this information while I gather the forms.]
ROSTER DEFINITION: DISPLAY EACH PAIR ON THE RU-PERSON-PHARMACY-PAIRS-ROSTER THAT MEET THE FOLLOWING CONDITION:

- PAIR IS ELIGIBLE FOR PHARMACY PERMISSION FORM COLLECTION (SEE BOX_11 SAMPLING SPECIFICATIONS) FOR ROUNDS 1, 2, OR 3

NOTE: DISPLAY EACH UNIQUE ELIGIBLE PERSON-PHARMACY-PAIR ONLY ONCE.

LOOP_07
=======

FOR EACH ELEMENT ON THE RU-PERSON-PHARMACY-PAIRS-ROSTER, ASK CL31 - END_LP07

LOOP DEFINITION: LOOP_07 PRESENTS EACH UNIQUE PERSON-PHARMACY-PAIR ELIGIBLE FOR PHARMACY PERMISSION FORM COLLECTION FOR THE INTERVIEWER TO COMPLETE THE PERMISSION FORM. THIS LOOP CYCLES ON THE RU-PERSON-PHARMACY-PAIRS THAT MEET THE FOLLOWING CONDITION:

- PAIR IS ELIGIBLE FOR PHARMACY PERMISSION FORM COLLECTION (SEE BOX_11 SAMPLING SPECIFICATIONS) FOR ROUNDS 1, 2, OR 3

NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-PHARMACY-PAIR.
INTERVIEWER: (Locate appropriate preprinted pharmacy permission forms (complete new one if form cannot be located)/Complete pharmacy permission form and record in section B of pharmacy PF log) for the following person-pharmacy-pair:

PID: [PID]  
PERSON: [First,[Middle],Last Name-35]  
DOB: [MM/DD/YYYY]  
AGE: [XXX]  
STATUS: [Status Code Description]  

PHARMID: [PharmID-4]  
PHARMACY NAME: [Pharmacy Name-35]  
PHARMACY ADDRESS: [Street Address for Pharmacy]  
[City Name], [ST]  
[Zip Code]  
[Telephone]  

PRESS ENTER TO CONTINUE.  
PRESS F1 FOR MORE INFORMATION ON PHARMACY PERMISSION FORMS.

END_LP07

----------------------------------------------------
| DISPLAY 'LOCATE ... LOCATED)' IF PERSON-PHARMACY-PAIR WAS ELIGIBLE FROM ROUNDS 1 OR 2. OTHERWISE, DISPLAY 'COMPLETE ... FORM'. |
----------------------------------------------------

END_LP07

----------------------------------------------------
| CYCLE ON NEXT PAIR ON THE RU-PERSON-PHARMACY-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
----------------------------------------------------

END_LP07

----------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_07 AND CONTINUE WITH LOOP_08 |
----------------------------------------------------
LOOP_08
=======

For each element on the RU-Person-Pharmacy-Pairs-Roster, ask CL32 - END_LP08

Loop definition: Loop_08 presents each unique person-pharmacy-pair eligible for pharmacy permission form collection for the interviewer to record the status of the permission form. This loop cycles on the RU-Person-Pharmacy-Pairs that meet the following condition:

- Pair is eligible for pharmacy permission form collection (see BOX_11 sampling specifications) for rounds 1, 2, or 3

Note: Loop only one time for each unique person-pharmacy-pair.
INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN PERMISSION FORM.
IF NOT AVAILABLE TO SIGN, LEAVE PERMISSION FORM AND PURPLE
BOOKLET WITH RESPONDENT. RECORD STATUS BELOW AND ON THE
PHARMACY PERMISSION FORM LOG.

PID: [PID]           PERSON: [First,[Middle],Last Name-35]
DOB: [MM/DD/YYYY]    AGE: [XXX]   STATUS: [Status Code Description]
PHARMID: [PharmID-4]
PHARMACY NAME: [Pharmacy Name-35]
PHARMACY ADDRESS: [Street Address for Pharmacy]
                 [City Name], [ST]  [Zip Code]  [Telephone]

ENTER THE PHARMACY PERMISSION FORM STATUS:

SIGNED, NO PROBLEM ...................... 1 {CL33}
SIGNED WITH PROBLEM ..................... 2
LEFT WITH R ............................. 3 {END_LP08}
MAILED TO R ............................. 4 {END_LP08}
REFUSED ................................. 5 {CL34}
OTHER ................................. 91 {CL32OV2}

[Code One]

PRESS F1 FOR MORE INFORMATION ON PHARMACY PERMISSION FORMS.

----------------------------------------------------
EDIT: CODE '4' (MAILED TO R) MUST BE ENTERED
TWICE IF RU IS NOT A STUDENT RU. IF CODE '4'
SELECTED AND RU IS NOT A STUDENT RU, DISPLAY THE
FOLLOWING MESSAGE: ‘UNLIKELY RESPONSE. VERIFY
AND RE-ENTER.’
----------------------------------------------------

ENTER PROBLEM:

[Enter Problem-45] ..................... {CL33}
CL32OV2

ENTER OTHER:

[Enter Other Specify-45] ...............   {END_LP08}

CL33

PID: [PID]             PERSON: [First,[Middle],Last Name-35]
DOB: [MM/DD/YYYY]    AGE: [XXX]   STATUS: [Status Code Description]

PHARMID: [PharmID-4]
PHARMACY NAME: [Pharmacy Name-35]
PHARMACY ADDRESS: [Street Address for Pharmacy]
                [City Name], [ST] [Zip Code] [Telephone]

ENTER PHARMACY PERMISSION FORM NUMBER:

[Enter Number-8] ..........................   {END_LP08}

----------------------------------------------------
| NOTE: EACH PHARMACY PERMISSION FORM HAS A PRE- |
| ASSIGNED PHARMACY PERMISSION FORM NUMBER.       |
----------------------------------------------------

----------------------------------------------------
| EDIT: NUMBER ENTERED MUST BE 8 CHARACTERS LONG  |
| AND MUST BEGIN WITH AN ALPHA CHARACTER. THE FIRST |
| NUMERIC DIGIT (SECOND CHARACTER OF ENTRY) MUST BE |
| 7, 8, OR 9.                                    |
----------------------------------------------------
PID: [PID]  PERSON: [First, [Middle], Last Name-35]
DOB: [MM/DD/YYYY]  AGE: [XXX]  STATUS: [Status Code Description]

PHARMID: [PharmID-4]
PHARMACY NAME: [Pharmacy Name-35]
PHARMACY ADDRESS: [Street Address for Pharmacy]
                  [City Name], [ST]  [Zip Code]  [Telephone]

ENTER MAIN REASON FOR REFUSAL:

  DOESN'T WANT TO BOTHER PHARMACY ........ 1 {END_LP08}
  CONFIDENTIALITY/SENSITIVE ISSUE ........ 2 {END_LP08}
  PAYMENT PROBLEM WITH PHARMACY .......... 3 {END_LP08}
  HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP08}
  WANTS MORE INFORMATION BEFORE SIGNING .. 5 {END_LP08}
  NOT INTERESTED .......................... 6 {END_LP08}
  NO REASON GIVEN .......................... 7 {END_LP08}
  OTHER ................................. 91 {END_LP08}

[Code One]

ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] .............

END_LP08

----------------------------------------------------
| CYCLE ON NEXT PAIR ON THE RU-PERSON-PHARMACY- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
| THE LOOP DEFINITION.                           |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_08 AND CONTINUE WITH BOX_14                |
----------------------------------------------------
Subsection 5: Self-Administered Questionnaire (Rounds 2 and 3)

BOX_14
=======

<table>
<thead>
<tr>
<th>IF ROUND 2, CONTINUE WITH BOX_15</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF ROUND 3, GO TO BOX_16</td>
</tr>
<tr>
<td>OTHERWISE, GO TO CL41</td>
</tr>
</tbody>
</table>

BOX_15
=======

| IF ROUND 2 AND AT LEAST ONE RU MEMBER ELIGIBLE FOR SAQ (I.E., AT LEAST ONE CURRENT RU MEMBER \( \geq 18 \) (OR IN AGE CATEGORIES 4-9) WHO IS NOT DECEASED OR INSTITUTIONALIZED AND IS IN THE RU AT THE ROUND 2 INTERVIEW DATE), CONTINUE WITH CL35 |

| OTHERWISE, GO TO CL41 |

| NOTE: DETERMINING WHICH ADULTS IN THE RU RECEIVE AN SAQ AND WHICH ADULTS ARE FOLLOWED-UP IN ROUND 3 WILL BE BASED ONLY ON ROUND 2 INFORMATION. THAT IS, NO RU MEMBERS ADDED IN ROUND 3 WILL BE ASKED TO COMPLETE AN SAQ. |

30-63
Now I would like to ask (READ NAMES BELOW) to complete a brief survey about health and health opinions. It should only take about five minutes.

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. PERSON</th>
<th>CL35_01. PID</th>
</tr>
</thead>
<tbody>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
</tr>
</tbody>
</table>

PREPARE AN SAQ FOR EACH PERSON LISTED ABOVE:

1. ATTACH RU ID MINI LABEL TO SELF-MAILER.
   [WRITE IN PID NEXT TO RU ID.]
2. RECORD NAME OF PERSON IN ITEM 1 OF SAQ.
   PRESS F1 FOR FURTHER INSTRUCTIONS ON SAQ.

ROSTER DEFINITION: Display all persons on the RU-MEMBERS-ROSTER who meet the following conditions:
- Person does not have a status of deceased or institutionalized on round 2 interview date
- Person currently in RU on round 2 interview date
- Person is 18 years of age or older (or in age categories 4-9) on the date of the round 2 interview

DISPLAY THE ROW PERSON’S PID AT CL35_01.
LOOP_09
=======

-----------------------------
| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK |
| CL36 - END_LP09                  |
-----------------------------

-----------------------------
| LOOP DEFINITION: LOOP_09 COLLECTS THE SAQ STATUS |
| FOR EACH PERSON ELIGIBLE TO COMPLETE THE SAQ.    |
| THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-|
| ROSTER WHO MEETS THE FOLLOWING CONDITIONS:       |
| - PERSON DOES NOT HAVE A STATUS OF DECEASED OR   |
| INSTITUTIONALIZED ON ROUND 2 INTERVIEW DATE      |
| - PERSON CURRENTLY IN RU ON ROUND 2 INTERVIEW DATE|
| - PERSON IS 18 YEARS OF AGE OR OLDER (OR IN AGE  |
| CATEGORIES 4-9) ON THE DATE OF THE ROUND 2        |
| INTERVIEW                                        |
-----------------------------

30-65
CL36
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

HAND (PERSON) A GIFT PEN AND ASK:

Would (PERSON) prefer to fill this survey out now and give it to me before I leave or mail it back to our home office?

IF (PERSON) NOT AVAILABLE OR NOT ABLE TO COMPLETE SAQ AT THIS TIME, LEAVE SAQ AND GIFT PEN WITH (PERSON) OR RESPONDENT AND EXPLAIN MAILING INSTRUCTIONS.

ENTER THE STATUS OF THE SAQ.

| COMPLETED AND GIVEN TO INTERVIEWER ..... 1 {END_LP09} |
| NOT COMPLETED, WILL MAIL TO OFFICE ..... 2 {END_LP09} |
| MAILED TO SAQ RESPONDENT ............... 3 {END_LP09} |
| REFUSED TO COMPLETE .................... 4 {CL37} |
| OTHER .................................. 91 |

[Code One]

---------------------------------------------------------------
| EDIT: CODE ‘3’ (MAILED TO SAQ RESPONDENT) MUST BE ENTERED TWICE IF RU IS NOT A STUDENT RU. IF CODE ‘3’ SELECTED AND RU IS NOT A STUDENT RU, DISPLAY THE FOLLOWING MESSAGE: ‘UNLIKELY RESPONSE. VERIFY AND RE-ENTER.’ |
---------------------------------------------------------------

CL360V
=====

ENTER OTHER:

[Enter Other Specify-45] ............... {END_LP09}
CL37
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

ENTER MAIN REASON FOR REFUSAL:

TOO BUSY/NOT INTERESTED .................. 1 {END_LP09}
TOO PERSONAL/SENSITIVE INFORMATION ...... 2 {END_LP09}
TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP . 3 {END_LP09}
HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP09}
WANTS MORE INFORMATION ................... 5 {END_LP09}
NOT INTERESTED ............................ 6 {END_LP09}
NO REASON GIVEN ............................ 7 {END_LP09}
OTHER .................................. 91

[Code One]

CL37OV
======

ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] ............... .............................

END_LP09
=======

-------------------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
-------------------------------------------

-------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_09 AND GO TO CL41 |
-------------------------------------------
| IF AT LEAST ONE PERSON WITH AN SAQ DISPOSITION OF |
| '2' (NOT COMPLETED, WILL MAIL TO OFFICE), '3' |
| (MAILED TO SAQ RESPONDENT), '4' (REFUSED TO |
| COMPLETE SAQ), OR '91' (OTHER) RECORDED AT CL36 |
| DURING ROUND 2 OR UPDATED BY RECEIPT CONTROL, |
| CONTINUE WITH CL38 |

| OTHERWISE, GO TO CL41 |

| DECISION: WE WILL FOLLOW-UP ON SAQs IN ROUND 3 |
| AND WILL COLLECT A NEW STATUS CODE IN CAPI. |
During the last interview a short survey about health and health opinions was left with (READ NAMES BELOW) to complete. I would like to check to see if I could pick these surveys up or if they were already mailed back to the home office.

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. PERSON</th>
<th>CL38_01. PID</th>
</tr>
</thead>
<tbody>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
</tr>
</tbody>
</table>

1. **COLLECT SAQs, IF AVAILABLE.**

2. **IF ANY REPORTED AS LOST, RE-DISTRIBUTE APPROPRIATE NUMBER OF SAQs TO THE RESPONDENT.**

3. **ATTACH RU ID MINI LABEL (AND ENTER PID) TO EACH SAQ GIVEN TO THE HOUSEHOLD.**

4. **FILL IN THE APPROPRIATE NAME OF THE ELIGIBLE PERSON(S) IN ITEM 1 OF THE SAQ.**

PRESS F1 FOR FURTHER INSTRUCTIONS ON SAQ.

---

**ROSTER DEFINITION:** DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:

- PERSON DID NOT HAVE A STATUS OF DECEASED OR INSTITUTIONALIZED ON ROUND 2 INTERVIEW DATE
- PERSON WAS CURRENTLY IN RU ON ROUND 2 INTERVIEW DATE
- PERSON WAS 18 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9) ON THE DATE OF THE ROUND 2 INTERVIEW
- CL36 WAS CODED ‘2’ (NOT COMPLETED, WILL MAIL TO OFFICE), ‘3’ (MAILED TO SAQ RESPONDENT), ‘4’ (REFUSED TO COMPLETE SAQ), OR ‘91’ (OTHER) DURING ROUND 2 FOR PERSON

---

**DISPLAY THE ROW PERSON’S PID AT CL38_01.**
LOOP_10
-----

| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK | CL39 - END_LP10 |
|------------------------------------------------|

| LOOP DEFINITION: LOOP_10 COLLECTS THE SAQ STATUS | FOR EACH PERSON ELIGIBLE TO COMPLETE THE SAQ. | THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS: |
|------------------------------------------------|--------------------------------------------------|
| PERSON DID NOT HAVE A STATUS OF DECEASED OR INSTITUTIONALIZED ON ROUND 2 INTERVIEW DATE |
| PERSON WAS CURRENTLY IN RU ON ROUND 2 INTERVIEW DATE |
| PERSON WAS 18 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9) ON THE DATE OF THE ROUND 2 INTERVIEW |
| CL36 WAS CODED ‘2’ (NOT COMPLETED, WILL MAIL TO OFFICE), ‘3’ (MAILED TO SAQ RESPONDENT), ‘4’ (REFUSED TO COMPLETE SAQ), OR ‘91’ (OTHER) DURING ROUND 2 FOR PERSON |

CL39
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

ENTER THE STATUS OF THE SAQ.

COMPLETED AND GIVEN TO INTERVIEWER ..... 1 {END_LP10}
NOT COMPLETED, WILL MAIL TO OFFICE ..... 2 {END_LP10}
ALREADY MAILED TO HOME OFFICE .......... 3 {END_LP10}
REFUSED TO COMPLETE .................... 4 {CL40}
OTHER ................................. 91

[Code One]

CL39OV
-----

ENTER OTHER:

[Enter Other Specify-45] ............... {END_LP10}
{PERSON’S FIRST MIDDLE AND LAST NAME}

ENTER MAIN REASON FOR REFUSAL:

- TOO BUSY/NOT INTERESTED .................. 1 {END_LP10}
- TOO PERSONAL/SENSITIVE INFORMATION .... 2 {END_LP10}
- TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP . 3 {END_LP10}
- HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP10}
- WANTS MORE INFORMATION .................. 5 {END_LP10}
- NOT INTERESTED ............................ 6 {END_LP10}
- NO REASON GIVEN ............................ 7 {END_LP10}
- OTHER ........................................ 91

[Code One]

ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] ...............
Thank you for your cooperation and for taking the time to participate in this important study.

(In the coming months, we will be contacting this family again to collect information on health care use and expenses./In the next few months we will be contacting you again by telephone to conduct the final interview. The final interview will be short and will not collect information on health care use and expenses. You no longer need to keep up with a record keeping system for purposes of this interview.)

(Just to make sure I can reach you for the next interview, I’d like to ask a few questions about how to find the family./Let me quickly review and update the information we have for locating the family that was collected during the last interview.)

PRESS ENTER TO CONTINUE.
What is the best time of day and day of the week to get in touch with you?

ENTER BEST TIME TO CONTACT RESPONDENT/PROXY.

[Enter Text] ...........................

----------------------------------------------------
| NOTE: FOUR LINES OF 45 CHARACTERS SHOULD BE      |
| AVAILABLE FOR ENTRY OF FREE FORM TEXT.            |
----------------------------------------------------

ENTER WHO BEST TIME RECORDED FOR:

CURRENT RESPONDENT ..................... 1 {BOX_17}
CURRENT PROXY .......................... 2 {BOX_17}
ENTIRE RU .............................. 3 {BOX_17}
OTHER ................................. 91

ENTER OTHER:

[Enter Other Specify] ........................

IF NO CURRENT RU MEMBER PART OF THE RU ON THE CURRENT INTERVIEW DATE (I.E., ALL RU MEMBERS DECEASED, INSTITUTIONALIZED, OR OUT OF THE COUNTRY ON CURRENT INTERVIEW DATE), GO TO BOX_18

OTHERWISE, CONTINUE WITH CL43
ITEM: SECOND PHONE (WORK, FRIEND, RELATIVE, OTHER) WHERE FAMILY COULD BE REACHED.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT SECOND PHONE SHOWN BELOW.
IF NO CURRENT INFORMATION, PROBE FOR NEW SECOND PHONE (IF AVAILABLE).

Current Info: [2ND_TELEPHONE]

ENTER NEW SECOND PHONE ................. 1
SECOND PHONE CORRECT .................... 2 {CL46}
SECOND PHONE NEEDS CORRECTION .......... 3
NO CURRENT SECOND PHONE ............... 4 {CL46}
REF .................................. -7 {CL46}
DK .................................... -8 {CL46}

EDIT: CODES '2' (SECOND PHONE CORRECT) AND '3' (SECOND PHONE NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT SECOND PHONE INFORMATION AVAILABLE. IF CODES '2' OR '3' SELECTED WHEN NO CURRENT SECOND PHONE, DISPLAY THE FOLLOWING MESSAGE: 'CODE NOT AVAILABLE. NO CURRENT SECOND PHONE. VERIFY AND RE-ENTER.'

ASSUMPTION: THE QUESTIONS IN CLOSING IN WHICH CONTACT AND LOCATING INFORMATION IS PRE-RECORDED IN CAPI (CL43-CL64) ARE SPECIFIED WITH THE FOLLOWING BASIC ASSUMPTIONS:
1. LOCATING AND CONTACTING INFORMATION WILL NOT BE WRITTEN OVER FROM ROUND TO ROUND.
2. ONLY THE MOST CURRENT INFORMATION WILL APPEAR IN THE TEXT OF THESE QUESTIONS AND NO HISTORY OF CONTACT AND LOCATING INFORMATION WILL APPEAR ON THE CAPI SCREEN FOR THE INTERVIEWER.
3. IF INFORMATION STAYS THE SAME, IT WILL BE CARRIED FORWARD.
4. WHETHER OR NOT PREVIOUS ROUND’S INFORMATION OR ANY CONTACT HISTORY WILL BE PRINTED ON THE FACE SHEET FOR ANY OF THE CONTACTING AND LOCATING QUESTIONS IS STILL NOT KNOWN.
[What is that telephone number?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT SECOND PHONE. IF UNAVAILABLE, ENTER COMPLETE SECOND TELEPHONE NUMBER.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [2ND_TELEPHONE]

[Enter Area Code, Exchange, Local] ........

----------------------------------------------------
| EDIT: DISALLOW LEADING ZEROS AS AN ENTRY.        |
----------------------------------------------------

----------------------------------------------------
| EDIT: IF NO CURRENT SECOND PHONE AVAILABLE, AN   |
| ENTRY MUST BE MADE FOR EVERY FIELD (REF AND DK ARE |
| ALLOWED).                                         |
----------------------------------------------------

----------------------------------------------------
| EDIT: IF CURRENT SECOND PHONE AVAILABLE, AT LEAST |
| ONE FIELD MUST UPDATED.                            |
----------------------------------------------------

----------------------------------------------------
| FLAG SECOND PHONE INFORMATION FOR THE RU WITH THE |
| NUMBER ENTERED OR CORRECTED AT CL44 FOR THE       |
| CURRENT ROUND.                                    |
----------------------------------------------------
Where is that telephone located?

OFFICE/PLACE OF BUSINESS .......... 1 {CL45OV2}
RELATIVE ............................ 2 {CL45OV2}
NEIGHBOR ............................ 3 {CL45OV2}
FRIEND ............................... 4 {CL45OV2}
OTHER ............................... 91 {CL45OV2}
REF .................................. -7 {CL45OV2}
DK ..................................... -8 {CL45OV2}

[Code One]

ENTER OTHER:

[Enter Other Specify-45] .............
REF .................................. -7
DK ..................................... -8

What is the name of that location?

ENTER NAME AND/OR DESCRIPTION. ALSO, INCLUDE ANY SPECIAL INSTRUCTIONS FOR CALLING AT THE ALTERNATE TELEPHONE NUMBER (FOR EXAMPLE, CALL ONLY IN EMERGENCY).

[Enter Description] ..................
REF .................................. -7
DK ..................................... -8

-----------------------------
| NOTE: IF SPACE AVAILABLE, ALLOW 2 LINES OF 45 CHARACTERS FOR DESCRIPTION. IF SPACE UNAVAILABLE, ALLOW ONLY STANDARD ONE LINE OF TEXT. |
ITEM: MAILING ADDRESS DIFFERENT FROM LOCATING (STREET) ADDRESS.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT MAILING ADDRESS SHOWN BELOW.
IF NO CURRENT INFORMATION, PROBE FOR NEW MAILING ADDRESS (IF AVAILABLE).

Current Info: [1ST_STR_ADDRESS]
              [2ND_STR_ADDRESS]
              [CITY]
              [STATE]
              [ZIP CODE]

ENTER NEW MAILING ADDRESS .............. 1
MAILING ADDRESS CORRECT .............. 2 {CL48}
MAILING ADDRESS NEEDS CORRECTION ...... 3
NO CURRENT MAILING ADDRESS ............ 4 {CL48}
REF .................................. -7 {CL48}
DK ................................... -8 {CL48}

---------------------------------------------
| EDIT: CODES '2' (MAILING ADDRESS CORRECT) AND '3'|  |
| (MAILING ADDRESS NEEDS CORRECTION) CANNOT BE  |
| SELECTED IF NO CURRENT MAILING ADDRESS INFORMATION AVAILABLE. IF CODES '2' OR '3' SELECTED WHEN NO |
| CURRENT MAILING ADDRESS, DISPLAY THE FOLLOWING |
| MESSAGE: 'CODE NOT AVAILABLE. NO CURRENT MAILING |
| ADDRESS. VERIFY AND RE-ENTER.'                  |
---------------------------------------------
CL47
====

[What is that address?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT MAILING ADDRESS. IF UNAVAILABLE, ENTER COMPLETE MAILING ADDRESS.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
   [CITY]
   [STATE]
   [ZIP CODE]

1ST_STR_ADDRESS (CL47_01): [___________]
2ND_STR_ADDRESS (CL47_02): [___________]
   CITY (CL47_03): [___________]
   STATE (CL47_04): [___________]
   ZIP CODE (CL47_05): [___________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| EDIT: IF NO CURRENT MAILING ADDRESS AVAILABLE, AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). |
----------------------------------------------------

----------------------------------------------------
| EDIT: IF CURRENT MAILING ADDRESS AVAILABLE, AT LEAST ONE FIELD MUST BE UPDATED. |
----------------------------------------------------

----------------------------------------------------
| FLAG MAILING ADDRESS INFORMATION FOR THE RU WITH THE ADDRESS ENTERED OR CORRECTED AT CL47 FOR THE CURRENT ROUND. |
----------------------------------------------------
ITEM: ANOTHER HOME SUCH AS SECOND HOME OR VACATION HOME WHERE FAMILY CAN SOMETIMES BE CONTACTED.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT SECOND HOME INFORMATION SHOWN BELOW.
IF NO CURRENT INFORMATION, PROBE FOR NEW SECOND HOME INFORMATION (IF AVAILABLE).

Current Info: [1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY], [STATE] [ZIP_CODE]
[TELEPHONE]

ENTER NEW SECOND HOME ADDRESS AND TELEPHONE ............................ 1
SECOND HOME ADDRESS AND TELEPHONE CORRECT .............................. 2 {CL50}
SECOND HOME ADDRESS OR TELEPHONE NEEDS CORRECTION ..................... 3
NO CURRENT SECOND HOME ................. 4 {CL50}
REF ................................... -7 {CL50}
DK .................................... -8 {CL50}

---------------------------------------------
| EDIT: CODES ‘2’ (SECOND HOME ADDRESS AND |
| TELEPHONE CORRECT) AND ‘3’ (SECOND HOME ADDRESS |
| OR TELEPHONE NEEDS CORRECTION) CANNOT BE |
| SELECTED IF NO CURRENT SECOND HOME ADDRESS |
| INFORMATION AVAILABLE. IF CODES ‘2’ OR ‘3’ |
| SELECTED WHEN NO CURRENT SECOND HOME ADDRESS, |
| DISPLAY THE FOLLOWING MESSAGE: ‘CODE NOT |
| AVAILABLE. NO CURRENT SECOND HOME ADDRESS. |
| VERIFY AND RE-ENTER.’ |
[What is the address and phone number of that home?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT SECOND HOME ADDRESS. IF UNAVAILABLE, ENTER COMPLETE SECOND HOME ADDRESS.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [1ST_STR_ADDRESS]
             [2ND_STR_ADDRESS]
             [CITY], [STATE] [ZIP CODE]
             [TELEPHONE]

1ST_STR_ADDRESS (CL49_01): [__________]
2ND_STR_ADDRESS (CL49_02): [__________]
   CITY (CL49_03): [__________]
   STATE (CL49_04): [__________]
   ZIP CODE (CL49_05): [__________]
   TELEPHONE (CL49_06): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

-------------------------------
| EDIT: IF NO CURRENT SECOND HOME ADDRESS AVAILABLE, |
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |
| SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). |
-------------------------------

-------------------------------
| EDIT: IF CURRENT SECOND HOME ADDRESS AVAILABLE, |
| AT LEAST ONE FIELD MUST BE UPDATED. |
-------------------------------

-------------------------------
| FLAG SECOND HOME ADDRESS FOR THE RU WITH THE |
| ADDRESS AND PHONE ENTERED OR CORRECTED AT CL49 |
| FOR THE CURRENT ROUND. |
-------------------------------
ITEM: LOCATING CONTACT - RELATIVE OR FRIEND WHO DOES NOT LIVE HERE WHO WILL ALWAYS KNOW HOW TO GET IN TOUCH WITH FAMILY.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT CONTACT INFORMATION SHOWN BELOW.
IF NO CURRENT INFORMATION, PROBE FOR NEW CONTACT INFORMATION (IF AVAILABLE).

Current Info: [CONTACT_NAME]
[1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY], [STATE] [ZIP CODE]
[TELEPHONE]

ENTER NEW CONTACT PERSON/ADDRESS ....... 1
CONTACT PERSON/ADDRESS CORRECT ......... 2 {CL52}
CONTACT PERSON/ADDRESS NEEDS CORRECTION .................................. 3
NO CURRENT CONTACT PERSON .............. 4 {CL53}
REF ................................... -7 {CL53}
DK .................................... -8 {CL53}

EDIT: CODES '2' (CONTACT PERSON/ADDRESS CORRECT) AND '3' (CONTACT PERSON/ADDRESS NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT CONTACT PERSON INFORMATION AVAILABLE. IF CODES '2' OR '3' SELECTED WHEN NO CURRENT CONTACT INFORMATION, DISPLAY THE FOLLOWING MESSAGE: ‘CODE NOT AVAILABLE. NO CURRENT CONTACT INFORMATION. VERIFY AND RE-ENTER.’
[What is the name, address, and phone number of that person?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT CONTACT INFORMATION. IF UNAVAILABLE, ENTER COMPLETE CONTACT INFORMATION.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

ENTER ‘NMN’ IF NO MIDDLE NAME.

Current Info: [CONTACT_NAME]
[1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY], [STATE] [ZIP CODE]
[TELEPHONE]

CONTACT_NAME (CL51_01): [___________]
1ST_STR_ADDRESS (CL51_02): [___________]
2ND_STR_ADDRESS (CL51_03): [___________]
  CITY (CL51_04): [___________]
  STATE (CL51_05): [___________]
  ZIP_CODE (CL51_06): [___________]
  TELEPHONE (CL51_07): [___________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---------------------------------------------------------------------
| EDIT: IF NO CURRENT CONTACT ADDRESS AVAILABLE, AN ENTRY MUST BE MADE | |
| FOR EVERY FIELD EXCEPT SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). |
---------------------------------------------------------------------

---------------------------------------------------------------------
| EDIT: IF CURRENT CONTACT ADDRESS AVAILABLE, AT LEAST ONE FIELD MUST | |
| BE UPDATED. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| FLAG CONTACT PERSON INFORMATION FOR THE RU WITH THE NAME, ADDRESS, | |
| AND PHONE ENTERED OR CORRECTED AT CL51 FOR THE CURRENT ROUND. |
---------------------------------------------------------------------
CONTACT PERSON:  [NAME OF CONTACT PERSON FROM CL51_01]

REFERENCE PERSON:  [NAME OF REFERENCE PERSON]

[What is (CONTACT PERSON)’s relationship to (REFERENCE PERSON)?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT CONTACT RELATIONSHIP.
IF UNAVAILABLE, ENTER COMPLETE CONTACT RELATIONSHIP.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  [CONTACT_RELATIONSHIP]

CONTACT_RELATIONSHIP (CL52_01):  [_____________]

| DISPLAY THE NAME ENTERED AT CL51_01 FOR ‘NAME OF CONTACT PERSON FROM CL51_01’. |
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE RU FOR ‘NAME OF REFERENCE PERSON’. |

--------------------

| THE ENTRY FIELD FOR CL52_01 SHOULD BE 45 CHARACTERS OF FREE FORM TEXT IN LENGTH. |

--------------------

| EDIT: IF NO CURRENT CONTACT RELATIONSHIP AVAILABLE, AN ENTRY MUST BE MADE (REF AND DK ARE ALLOWED). |

--------------------

| EDIT: IF CURRENT CONTACT RELATIONSHIP AVAILABLE, ACCEPT AN ENTRY, REF OR DK, OR NO UPDATE. |

--------------------

| FLAG CONTACT PERSON RELATIONSHIP FOR THE RU WITH THE RELATIONSHIP ENTERED OR CORRECTED AT CL52 FOR THE CURRENT ROUND. |

30-83
ITEM: ALTERNATE RESPONDENT - BEST PERSON TO PROVIDE HEALTH CARE AND EXPENSES INFORMATION FOR THIS FAMILY IF CURRENT RESPONDENT IS UNAVAILABLE DURING NEXT INTERVIEW.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT ALTERNATE RESPONDENT INFORMATION SHOWN BELOW. IF NO CURRENT INFORMATION, PROBE FOR ALTERNATE RESPONDENT INFORMATION (IF AVAILABLE).

Current Info: [ALTERNATE_NAME]
[1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY], [STATE] [ZIP CODE]
[TELEPHONE]

ENTER NEW ALTERNATE RESPONDENT INFORMATION .......................... 1
ALTERNATE RESPONDENT INFORMATION CORRECT .............................. 2 {CL56}
ALTERNATE RESPONDENT INFORMATION NEEDS CORRECTION ....................... 3
NO CURRENT ALTERNATE RESPONDENT ........ 4 {CL57}
REF ................................. -7 {CL57}
DK ................................. -8 {CL57}

----------------------------------------------------
| EDIT: CODES '2' (ALTERNATE RESPONDENT INFORMATION CORRECT) AND '3' (ALTERNATE RESPONDENT INFORMATION NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT ALTERNATE RESPONDENT INFORMATION AVAILABLE. IF CODES '2' OR '3' SELECTED WHEN NO CURRENT ALTERNATE RESPONDENT INFORMATION, DISPLAY THE FOLLOWING MESSAGE: 'CODE NOT AVAILABLE. NO NO CURRENT ALTERNATE INFORMATION. VERIFY AND RE-ENTER.' |
----------------------------------------------------

NOTE: IF CURRENT ALTERNATE RESPONDENT IS A DU MEMBER, DO NOT DISPLAY CURRENT ADDRESS AND PHONE INFORMATION. ONLY DISPLAY CURRENT ADDRESS AND PHONE INFORMATION IF CURRENT ALTERNATE RESPONDENT IS OUTSIDE OF THE DU.
INTERVIEWER: SELECT PERSON NAMED FROM ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: DISPLAY ALL PERSONS ON DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:
| - PERSON IS NOT CURRENT RESPONDENT
| - PERSON IS NOT DECEASED
|----------------------------------------------------

----------------------------------------------------
| DISPLAY 'SOMEONE OUTSIDE DU' AS LAST ENTRY ON ROSTER.
|----------------------------------------------------

----------------------------------------------------
| IF DU MEMBER SELECTED, FLAG ALTERNATE RESPONDENT INFORMATION FOR THE RU WITH THE PERSON SELECTED AT CL54 FOR THE CURRENT ROUND.
|----------------------------------------------------

----------------------------------------------------
| IF 'SOMEONE OUTSIDE DU' SELECTED, CONTINUE WITH CL55
|----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO CL57
|----------------------------------------------------
What is the name, address, and phone number of that person?

IF AVAILABLE, VERIFY AND UPDATE CURRENT ALTERNATE RESPONDENT. IF UNAVAILABLE, ENTER COMPLETE ALTERNATE RESPONDENT INFORMATION.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

ENTER ‘NMN’ IF NO MIDDLE NAME.

Current Info:  

[ALTERNATE_NAME]  
[1ST_STR_ADDRESS]  
[2ND_STR_ADDRESS]  
[CITY], [STATE]  [ZIP CODE]  
[TELEPHONE]

ALTERNATE_NAME (CL55_01):  [_____________]  
1ST_STR_ADDRESS (CL55_02):  [_____________]  
2ND_STR_ADDRESS (CL55_03):  [_____________]  
CITY (CL55_04):  [_____________]  
STATE (CL55_05):  [_____________]  
ZIP_CODE (CL55_06):  [_____________]  
TELEPHONE (CL55_07):  [_____________]  

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
ALTERNATE RESPONDENT: {NAME OF ALTERNATE RESPONDENT CL55_01}

REFERENCE PERSON: {NAME OF REFERENCE PERSON}

[What is (ALTERNATE RESPONDENT)’s relationship to (REFERENCE PERSON)?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT ALTERNATE RESPONDENT.
IF UNAVAILABLE, ENTER COMPLETE ALTERNATE RESPONDENT RELATIONSHIP.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [ALTERNATE_RELATIONSHIP]

ALTERNATE_RELATIONSHIP (CL56_01): [____________]
CL57
====

Is anyone in the family planning to move within the next 3 months?

YES ........................................ 1
NO ......................................... 2 {BOX_18}
REF ....................................... -7 [BOX_18]
DK ....................................... -8 [BOX_18]

CL58
====

Who is that?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]

-----------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING  |
| CONDITION:
| - PERSON IS A CURRENT RU MEMBER (I.E., PERSON PART|
|    OF THE RU ON INTERVIEW DATE)                  |
-----------------------------------------------
LOOP_11
=======

| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK | CL59 - END_LP11 |
|------------------------------------------------|

LOOP DEFINITION: LOOP_11 COLLECTS ADDRESS INFORMATION FOR POTENTIAL FUTURE MOVERS. THIS LOOP CYCLES ON PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT RU MEMBER (I.E., PERSON PART OF THE RU ON INTERVIEW DATE)
- PERSON SELECTED AS A FUTURE MOVER (I.E., SELECTED AT CL58)
- PERSON NOT FLAGGED AS 'PROCESSED FUTURE MOVER'
CL59
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Please give me the address and telephone number of the place where (PERSON) is planning to move.

1ST_STR_ADDRESS (CL59_01): [_____________
2ND_STR_ADDRESS (CL59_02): [_____________
  CITY (CL59_03): [_____________
  STATE (CL59_04): [_____________
  ZIP CODE (CL59_05): [_____________
  TELEPHONE (CL59_06): [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------------------------------------------------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED FOR EACH FIELD. |
----------------------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------------------
| FLAG PERSON AS ‘PROCESSED FUTURE MOVER’. |
----------------------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------------------
| IF ALL PERSONS SELECTED AS FUTURE MOVERS (I.E., SELECTED AT CL58) ARE FLAGGED AS ‘PROCESSED FUTURE MOVER’, GO TO END_LP11 |
----------------------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH CL60 |
----------------------------------------------------------------------------------------------------------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME}

IF KNOWN, CODE WITHOUT ASKING.

Is (PERSON) planning to move with anyone in the family?

YES .................................... 1
NO ..................................... 2 {END_LP11}
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

{PERSON’S FIRST MIDDLE AND LAST NAME}

IF KNOWN, CODE WITHOUT ASKING.

Who is (PERSON) planning to move with?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| IN THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING |
| CONDITIONS:                                        |
| - PERSON IS A CURRENT RU MEMBER (I.E., PERSON PART |
|   OF THE RU ON INTERVIEW DATE)                    |
| - PERSON SELECTED AS A FUTURE MOVER (I.E.,        |
|   SELECTED AT CL58)                               |
| - PERSON NOT FLAGGED AS 'PROCESSED FUTURE MOVER'  |
----------------------------------------------------

----------------------------------------------------
| FLAG ALL SELECTED PERSONS AS 'PROCESSED FUTURE    |
| MOVER'.                                           |
----------------------------------------------------
END_LP11

----------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
----------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_11 AND CONTINUE WITH BOX_18 |
----------

BOX_18

----------
| IF CURRENT RESPONDENT IS A PROXY, CONTINUE WITH |
| CL61A |
----------
| OTHERWISE, GO TO CL62 |
----------
ITEM: PROXY INFORMATION - NEED ADDRESS AND PHONE NUMBER OF CURRENT PROXY.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT PROXY ADDRESS SHOWN BELOW.
IF NO CURRENT INFORMATION, PROBE FOR NEW PROXY ADDRESS (IF AVAILABLE).

Current Info: [PROXY_NAME]
[1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY], [STATE] [ZIP CODE]
[TELEPHONE]

ENTER NEW PROXY ADDRESS AND TELEPHONE... 1
PROXY ADDRESS AND TELEPHONE CORRECT .... 2 {CL62}
PROXY ADDRESS OR TELEPHONE NEEDS
CORRECTION ........................... 3
NO CURRENT PROXY ADDRESS ............... 4 {CL62}
REF ................................. -7 {CL62}
DK ................................. -8 {CL62}

----------------------------------------
| EDIT: CODES '2' (PROXY ADDRESS AND TELEPHONE |
| CORRECT) AND '3' (PROXY ADDRESS OR TELEPHONE NEEDS |
| CORRECTION) CANNOT BE SELECTED IF NO CURRENT PROXY |
| ADDRESS INFORMATION AVAILABLE. IF CODES '2' OR |
| '3' SELECTED WHEN NO CURRENT PROXY ADDRESS, |
| DISPLAY THE FOLLOWING MESSAGE: 'CODE NOT |
| AVAILABLE. NO CURRENT PROXY ADDRESS. VERIFY AND |
| RE-ENTER.' |
----------------------------------------
[What is your address and phone number?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT PROXY ADDRESS. IF UNAVAILABLE, ENTER COMPLETE PROXY ADDRESS.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [1ST_STR_ADDRESS]
             [2ND_STR_ADDRESS]
             [CITY], [STATE] [ZIP CODE]
             [TELEPHONE]

1ST_STR_ADDRESS (CL61B_01): [___________]
2ND_STR_ADDRESS (CL61B_02): [___________]
   CITY (CL61B_03): [___________]
   STATE (CL61B_04): [___________]
   ZIP CODE (CL61B_05): [___________]
   TELEPHONE (CL61B_06): [___________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------------------------------------------------------------------------
| EDIT: IF NO CURRENT PROXY ADDRESS AVAILABLE, AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). |
----------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------
| EDIT: IF CURRENT PROXY ADDRESS AVAILABLE, AT LEAST ONE FIELD MUST BE UPDATED. |
----------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------
| FLAG PROXY ADDRESS INFORMATION FOR THE RU WITH THE ADDRESS AND PHONE ENTERED OR CORRECTED AT CL61B FOR THE CURRENT ROUND. |
----------------------------------------------------------------------------------------------------------------------
MEPS FAMES Panel 1 Round 3 Closing (CL) Section
January 31, 1997

CL62
=====

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON ........................................ 1
BY TELEPHONE ................................... 2

[Code One]

CL62A
=====

INTERVIEWER: WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED IN?

ENGLISH ........................................... 1 {CL63}
SPANISH ............................................ 2 {CL63}
BOTH ENGLISH AND SPANISH ............... 3 {CL63}
OTHER LANGUAGE .............................. 91

[Code One]

CL62AOV
=======

ENTER OTHER LANGUAGE:

[Enter Other Specify-45] ...............  

----------------------------------------------------
| NOTE: CL62A WAS NOT ASKED IN ROUND 1. |
----------------------------------------------------
INTERVIEWER: WAS ANYONE OTHER THAN THE {RESPONDENT/PROXY} PRESENT FOR ALL OR PART OF THE INTERVIEW?

NO ONE ELSE PRESENT .................... 1 {CL65}
SOMEONE ELSE PRESENT FOR ALL OF INTERVIEW ........................... 2
SOMEONE ELSE PRESENT FOR PART OF INTERVIEW ........................... 3  

[Code One]

INTERVIEWER: CODE ALL OTHER PERSONS PRESENT DURING INTERVIEW.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS ON THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION(S):
- PERSON IS ON THE DU ROSTER, BUT NOT THE RU ROSTER
- PERSON ON THE RU ROSTER AND WAS ELIGIBLE AT THE END OF RE-ENUMERATION AND IS PHYSICALLY IN THE RU ON THE INTERVIEW DATE
- PERSON IS NOT IDENTIFIED AS CURRENT RESPONDENT

DISPLAY ‘SOMEBONE OUTSIDE DU’ AS LAST ENTRY ON THE ROSTER.
INTERVIEWER: USE BLACK BALL POINT PEN TO COMPLETE CHECKS AND FORMS.

1a. FILL OUT POLICY BOOKLET CHECK WITH RESPONDENT'S NAME.
1b. FILL OUT INTERVIEW CHECK FOR PARTICIPATION WITH RESPONDENT'S NAME.

2a. COMPLETE RESPONDENT POLICY BOOKLET RECEIPT AND AGREEMENT FORM AND HAVE RESPONDENT SIGN IT.
2b. COMPLETE RESPONDENT INTERVIEW RECEIPT AND AGREEMENT FORM AND HAVE RESPONDENT SIGN IT.

3. COMPLETE CHECK LOG.

PRESS ENTER TO CONTINUE.
MEPS FAMES Panel 1 Round 3 Closing (CL) Section
January 31, 1997

CL66
====

INTERVIEWER:

4. GIVE RESPONDENT CHECK(S) AND READ STATEMENTS BELOW:

Thank you again for your cooperation in this important research. (This check is for the extra effort in providing the insurance policy information.) (This (next) check is payment in advance for keeping records from today until the next interview. This next interview will take place in (the summer of 1996/early 1997/the summer of 1997)./This check is payment for taking the time to participate in this study.)

5. THANK RESPONDENT FOR THIS INTERVIEW.

6. ASK RESPONDENT TO KEEP RECORDS FOR NEXT INTERVIEW.

PRESS ENTER TO CONTINUE.

DISPLAY ‘This check is for the extra effort in providing the insurance policy information.’ IF IF CL15 OR CL18 IS CODED ‘1’ (HAS DOCUMENT(S), CAN KEEP/MAKE COPY), ‘2’ (HAS SOME DOCUMENT(S), WILL GET OTHERS), OR ‘5’ (OTHER, HAS DOCUMENT(S)) FOR AT LEAST ONE ESTABLISHMENT-PERSON-PAIR DURING THE CURRENT ROUND.

DISPLAY ‘This (next) ... /early 1997).’ IF ROUNDS 1 OR 2 OR 3. OTHERWISE, DISPLAY ‘This check ... this study.’

DISPLAY ‘next’ IF POLICY BOOKLET CHECK GIVEN OUT (I.E., IF CL15 OR CL18 IS CODED ‘1’ (HAS DOCUMENT(S), CAN KEEP/MAKE COPY), ‘2’ (HAS SOME DOCUMENT(S), WILL GET OTHERS), OR ‘5’ (OTHER, HAS DOCUMENT(S)) FOR AT LEAST ONE ESTABLISHMENT-PERSON PAIR DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.


30-98
INTERVIEWER: WERE ANY OF THE FOLLOWING MEMORY AIDS USED BY THE RESPONDENT(S) DURING THE INTERVIEW?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>CL67_01</td>
<td>HEALTH EVENTS RECORD, WITH ENTRIES</td>
</tr>
<tr>
<td>CL67_02</td>
<td>HEALTH EVENTS RECORD, WITHOUT ENTRIES</td>
</tr>
<tr>
<td>CL67_03</td>
<td>HEALTH EVENTS RECORD WORKSHEET</td>
</tr>
<tr>
<td>CL67_04</td>
<td>RECORD FILE</td>
</tr>
<tr>
<td>CL67_05</td>
<td>OTHER CALENDAR</td>
</tr>
<tr>
<td>CL67_06</td>
<td>CHECK BOOK</td>
</tr>
<tr>
<td>CL67_07</td>
<td>BILL/STATEMENT FROM PROVIDER</td>
</tr>
</tbody>
</table>
CL67_08
=====

INSURANCE PAYMENT STATEMENT  1  2

CL67_09
=====

MEDICINE BOTTLE/RECEIPT  1  2

CL67_10
=====

OTHER  1  2

----------------------------------------------------
| IF CL67_10 IS CODED '1' (YES), CONTINUE WITH     |
| CL68                                              |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_20                           |
----------------------------------------------------

CL68
====

WHICH OTHER MEMORY AIDS?

Yes  No

CL68_01
=====

DOCTOR'S CARD OR APPOINTMENT SLIP  1  2

CL68_02
=====

INSURANCE POLICY  1  2
If CL68_01 through CL68_05 are all coded '2' (No),
CAPI displays the following message: ‘At least
one field should be coded 1.’ The interviewer
must re-enter responses to CL68_01 through
CL68_05.

If CL68_05 is coded '1' (Yes), continue with
CL68OV.

Otherwise, go to BOX_20.

END INTERVIEW.
Conditions (CN) Section

BOX_01
=====
-----------------------------------------------------
| IF AT LEAST ONE CONDITION ON PERSON'S-MEDICAL- | |
| CONDITIONS-ROSTER FLAGGED AS 'CREATED' DURING THE |
| CURRENT ROUND, CONTINUE WITH BOX_02              |
-----------------------------------------------------

-----------------------------------------------------
| OTHERWISE, GO TO BOX_07                           |
-----------------------------------------------------

-----------------------------------------------------
| NOTE: FOR THE PURPOSE OF HARD COPY SPECIFICATIONS, |
| CONDITIONS CAN ONLY BE FLAGGED AS 'CREATED' OR     |
| 'SELECTED' DURING A PARTICULAR ROUND.              |
-----------------------------------------------------

BOX_02
=====
-----------------------------------------------------
| IF 'PREGNANCY' ONLY CONDITION FLAGGED AS 'CREATED' |
| FOR THIS PERSON DURING THE CURRENT ROUND,          |
| GO TO BOX_07                                       |
-----------------------------------------------------

-----------------------------------------------------
| OTHERWISE, CONTINUE WITH CN01                      |
-----------------------------------------------------

CN01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

Now I would like to ask you some questions about the health conditions we have listed for (PERSON).

PRESS ENTER TO CONTINUE.
CN02

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

{Was the (CONDITION) due to an accident or injury?/INTERVIEWER: CHECK (CONDITION) AGAINST PRIORITY LIST JOB AID.}

IF OBVIOUS, CODE WITHOUT ASKING.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. CONDITION</th>
<th>CN02_02. ACCIDENT/INJURY?</th>
<th>CN02_03. ON LIST?</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
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<td>( )</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF ACCIDENT/INJURY AND LIST OF PRIORITY CONDITIONS.
CN02 SCREEN BEHAVIOR AND FILL SPECIFICATIONS:

1. DO NOT ALLOW CONDITIONS TO BE ADDED, EDITED, OR DELETED.
2. ESC CANNOT BE USED ON THIS SCREEN UNTIL ALL ANSWER FIELDS ARE ACCOUNTED FOR. IF ESC IS USED BEFORE ALL FIELDS ARE COMPLETED, DISPLAY THE FOLLOWING MESSAGE: ‘CANNOT LEAVE SCREEN UNLESS ALL FIELDS COMPLETED. CHECK FOR BLANK FIELDS. PRESS ENTER TO CONTINUE.’
3. THE CURSOR WILL MOVE FROM CN02_02 TO CN02_03 FOR THE SAME CONDITION AND THEN WILL MOVE TO CN02_02 FOR THE NEXT CONDITION ON THE ROSTER, ETC. THE CURSOR MOVES IN THIS FASHION UNTIL ALL FIELDS ARE COMPLETED. IF ‘PREGNANCY’ IS THE CONDITION, THE CURSOR SKIPS TO THE NEXT CONDITION. IF CONDITION WAS SELECTED AT DN02, THUS CN02_02 IS ALREADY PRECODED, THE CURSOR SKIPS TO CN02_03 FOR THAT CONDITION.
4. WHEN THE CURSOR IS IN COLUMN CN02_02 THE FOLLOWING QUESTION SHOULD BE DISPLAYED: ‘Was the (CONDITION) due to an accident or injury?’.
   WHEN THE CURSOR IS IN COLUMN CN02_03 THE FOLLOWING TEXT SHOULD BE DISPLAYED: ‘INTERVIEWER: CHECK (CONDITION) AGAINST PRIORITY LIST JOB AID.’

---

REFUSED (‘-7’) AND DON’T KNOW (‘-8’) DISALLOWED AT BOTH CN02_02 AND CN02_03.

---

NOTE: CAPI WILL PRECODE PREGNANCY AS ‘2’ (NO) IN BOTH CN02_02 AND CN02_03. THESE PRECODED RESPONSES WILL ALREADY APPEAR AT CN02 BEFORE THE INTERVIEWER ENTERS ANY RESPONSES.

CAPI WILL ALSO PRECODE ALL CONDITIONS SELECTED AT DN02 AS ‘1’ (YES) IN CN02_02. THIS PRECODED RESPONSE WILL ALREADY APPEAR AT CN02 BEFORE THE INTERVIEWER ENTERS ANY RESPONSES.

---

FLAG ALL CONDITIONS CODED ‘1’ (YES) AT CN02_02 AS ‘DUE TO ACCIDENT/INJURY’. FLAG ALL CONDITIONS CODED ‘1’ (YES) AT CN02_03 AS ‘ON PRIORITY LIST’.

---

22-3
BOX_03

IF ANY CONDITIONS FLAGGED AS ‘DUE TO ACCIDENT/INJURY’ OR FLAGGED AS ‘ON PRIORITY LIST’, CONTINUE WITH LOOP_01

OTHERWISE, GO TO BOX_07

LOOP_01

FOR EACH ELEMENT IN PERSON’S MEDICAL CONDITIONS ROSTER, ASK BOX_04-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT MEDICAL CONDITIONS CREATED DURING THE CURRENT ROUND THAT ARE DUE TO AN ACCIDENT OR INJURY AND/OR ARE ON THE PRIORITY LIST. THIS LOOP CYCLES ON MEDICAL CONDITIONS THAT MEET EITHER OR BOTH OF THE FOLLOWING CONDITIONS:

- MEDICAL CONDITION IS DUE TO AN ACCIDENT OR INJURY (CN02_02 IS CODED ‘1’ (YES))
- MEDICAL CONDITION IS ON LIST OF PRIORITY CONDITIONS (CN02_03 IS CODED ‘1’ (YES))

AND ALSO MEET THE FOLLOWING CONDITION:

- MEDICAL CONDITION IS FLAGGED AS ‘CREATED’ DURING THE CURRENT ROUND
CHECK CONDITION LINKS TO MEDICAL PROVIDER VISIT (MV) EVENTS, EMERGENCY ROOM (ER) EVENTS, OUTPATIENT DEPARTMENT (OP) EVENTS, HOSPITAL STAY (HS) EVENTS, AND DENTAL (DN) EVENTS TO DETERMINE WHETHER THE RU MEMBER HAS SEEN OR TALKED WITH A MEDICAL PERSON ABOUT THE CONDITION BETWEEN START DATE AND END DATE.

NOTE: CONDITION LINKS TO HOME HEALTH EVENTS WILL NOT BE CHECKED FOR HERE. IN MANY HOME HEALTH EVENTS, THE SERVICES PROVIDED AND PROVIDER ARE NOT ALWAYS MEDICAL. THERE IS NO CONTROL OR CHECKS DONE TO ASCERTAIN A STRAIGHT-FORWARD LINK TO A HOME HEALTH EVENT RELATED TO MEDICAL SERVICES OR A MEDICAL PROVIDER. THUS ALL CONDITIONS ONLY LINKED TO A HOME HEALTH EVENT WILL CONTINUE WITH CN03.

IF CONDITION FLAGGED AS BOTH 'DUE TO ACCIDENT/INJURY' AND 'ON PRIORITY LIST' AND THERE IS AN EVENT-PROVIDER PAIR ASSOCIATED WITH THE CONDITION, AUTOMATICALLY CODE CN03 AS '1' (YES) BY CAPI AND GO TO CN06

IF CONDITION FLAGGED ONLY AS 'DUE TO ACCIDENT/INJURY' AND THERE IS AN EVENT-PROVIDER PAIR ASSOCIATED WITH THE CONDITION, AUTOMATICALLY CODE CN03 AS '1' (YES) BY CAPI AND GO TO CN06

IF CONDITION FLAGGED ONLY AS 'ON PRIORITY LIST' AND THERE IS AN EVENT-PROVIDER PAIR ASSOCIATED WITH THE CONDITION, AUTOMATICALLY CODE CN03 AS '1' (YES) BY CAPI AND GO TO CN05

OTHERWISE (I.E., NO EVENT-PROVIDER PAIR ASSOCIATED WITH THE CONDITION), CONTINUE WITH CN03
Did (PERSON) ever see or talk to a doctor or other medical person about the (CONDITION)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

<table>
<thead>
<tr>
<th>IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DONT KNOW) AND CONDITION FLAGGED AS BOTH 'DUE TO ACCIDENT/INJURY' AND 'ON PRIORITY LIST', GO TO CN06</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DONT KNOW) AND CONDITION FLAGGED ONLY AS 'DUE TO ACCIDENT/INJURY', GO TO CN06</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DONT KNOW) AND CONDITION FLAGGED ONLY AS 'ON PRIORITY LIST', GO TO CN05</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (I.E., CN03 IS CODED '1' (YES)), CONTINUE WITH CN04</th>
</tr>
</thead>
</table>
{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}  {END-DT}

Was the last time (PERSON) saw or talked with a doctor or medical person about the (CONDITION) before or after (START DATE)?

BEFORE START DATE ...................... 1
AFTER START DATE ....................... 2
REF ................................... -7
DK .................................... -8

[Code One]

| IF CONDITION FLAGGED AS BOTH 'DUE TO ACCIDENT/INJURY' AND 'ON PRIORITY LIST', GO TO CN06 |
| IF CONDITION FLAGGED ONLY AS 'DUE TO ACCIDENT/INJURY', GO TO CN06 |
| IF CONDITION FLAGGED ONLY AS 'ON PRIORITY LIST', CONTINUE WITH CN05 |
When did (PERSON) first notice or find out that (PERSON) had (CONDITION)?

{PROBE IF ANY EVENTS LISTED: The dates we have recorded for the medical care for (CONDITION) include (READ EVENT DATES BELOW).}

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>CN05_01. PROVIDER</th>
<th>ROSTER. EVENT DATE</th>
<th>CN05_03. EVENT TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
<tr>
<td>2. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
<tr>
<td>3. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
</tbody>
</table>

[Enter Year-2] ..........................
REF ................................... -7 (BOX_06)
DK ..................................... -8 (BOX_06)
MATRIX BEHAVIOR SPECIFICATIONS:

1. The roster defined above will be displayed in column 2. The associated medical provider and event type will be displayed for each event in column 1 (CN05_01) and column 2 (CN05_03), respectively.

2. Information in the matrix is for display only.

If there are no events related to the condition being asked about, do not display the probe or event grid.

If year is reference year, continue with CN05OV1.

If year is reference year minus 1, go to CN05OV2.

Otherwise, go to BOX_06.

---

CN05OV1

ENTER MONTH AND DAY:

[Enter Month-2, Day-2] .................  (BOX_06)
REF ................................... -7  (BOX_06)
DK .................................... -8  (BOX_06)

---

CN05OV2

ENTER MONTH:

[Enter Month-2] ........................  (BOX_06)
REF ................................... -7  (BOX_06)
DK .................................... -8  (BOX_06)
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: THE COMPLETE DATE CANNOT BE BEFORE THE PERSON'S DATE OF BIRTH OR AFTER THE CURRENT REFERENCE PERIOD END DATE FOR THIS PERSON.
When did the accident or injury happen?

{PROBE IF ANY EVENTS LISTED: The dates we have recorded for the medical care for (CONDITION) include (READ EVENT DATES BELOW).}

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>CN06_01. PROVIDER</th>
<th>ROSTER. EVENT DATE</th>
<th>CN06_03. EVENT TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
<tr>
<td>2. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
<tr>
<td>3. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
</tbody>
</table>

[Enter Year-2] ....................
REF ................................ -7 (BOX_05)
DK .................................. -8 (BOX_05)

---

ROSTER DEFINITION: THIS ITEM DISPLAYS EVENTS ON THE PERSON’S-MEDICAL-EVENTS-ROSTER THAT MEET THE FOLLOWING CONDITIONS:
- EVENT IS LINKED TO THE CONDITION BEING ASKED ABOUT
- EVENT OCCURRED DURING THE CURRENT ROUND
---

MATRIX BEHAVIOR SPECIFICATIONS:
SEE SPECIFICATIONS AT CN05.
IF THERE ARE NO EVENTS RELATED TO THE CONDITION BEING ASKED ABOUT, DO NOT DISPLAY THE PROBE OR EVENT GRID.

If year is reference year, continue with CN06OV1.

If year is reference year minus 1, go to CN06OV2.

Otherwise, go to BOX_05.

---

CN06OV1

ENTER MONTH AND DAY:

[Enter Month-2, Day-2] ................. (BOX_05)
REF .................................. -7 (BOX_05)
DK .................................... -8 (BOX_05)

---

CN06OV2

ENTER MONTH:

[Enter Month-2] .......................
REF .................................. -7
DK .................................... -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: THE COMPLETE DATE CANNOT BE BEFORE THE PERSON'S DATE OF BIRTH OR AFTER THE CURRENT REFERENCE PERIOD END DATE FOR THIS PERSON.

IF PERSON IS = OR > 16 YEARS OF AGE OR IN AGE CATEGORIES 4-9, CONTINUE WITH CN07

OTHERWISE, GO TO CN08
CN07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}

Did the accident or injury happen while (PERSON) (were/was) at work?

YES .................................... 1
NO ..................................... 2
DOES NOT WORK .......................... 3
REF ................................... -7
DK .................................... -8

[Code One]

CN08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}

Where did the accident or injury happen?

LISTEN TO RESPONSE AND SELECT OPTION FROM CODE LIST. VERIFY SELECTION WITH RESPONDENT.

AT HOME (OWN OR SOMEONE ELSE'S) .......... 1
ON PUBLIC STREET, ROAD, HIGHWAY, SIDEWALK ........................................ 2 {CN10}
ON FARM (OWN OR SOMEONE ELSE'S) .......... 3 {CN10}
SCHOOL (IN BUILDING, ON GROUNDS, INCLUDING PLAYING FIELDS) ............ 4 {CN10}
STORE OR RESTAURANT (INCLUDING MALLS) .. 5 {CN10}
OFFICE (ANY PART OF BUILDING) ............. 6 {CN10}
FACTORY, INDUSTRY SITE .................... 7 {CN10}
MILITARY FACILITY .......................... 8 {CN10}
RECREATIONAL PLACE OR FACILITY .......... 9 {CN10}
OTHER ..................................... 91 {CN10}
REF ..................................... -7 {CN10}
DK ..................................... -8 {CN10}

[Code One]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.
CN09

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}

Was it inside or outside the house?

INSIDE ...................................... 1
OUTSIDE .................................... 2
REF ........................................ 7
DK .......................................... 8

[Code One]

CN10

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}

SHOW CARD CN-1.

Did the accident or injury involve any of the things listed on this card?

CODE ALL THAT APPLY.

MOTOR VEHICLE .............................. 1
GUN .......................................... 2
WEAPON OTHER THAN GUN ................. 3
POISON OR SOMETHING THAT CAN POISON (LIKE GASOLINE OR A CLEANING FLUID OR CHEMICAL) ................ 4
FIRE OR SOMETHING HOT THAT WOULD CAUSE A BURN ............................ 5
DROWNING OR NEAR-DROWNING .......... 6
SPORTS INJURY .............................. 7
FALL (EXCLUDE FALLS RELATED TO SPORTS) . 8
SOMETHING ELSE/NOTHING................. 95
REF ........................................ 7
DK .......................................... 8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
IF CONDITION FLAGGED AS BOTH ‘DUE TO ACCIDENT/INJURY’ AND ‘ON PRIORITY LIST’ AND CN03 IS CODED ‘2’ (NO-PERSON HAS NEVER SEEN A DOCTOR OR OTHER MEDICAL PERSON ABOUT THE CONDITION), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO CN12

IF CONDITION FLAGGED ONLY AS ‘DUE TO ACCIDENT/INJURY’ AND CN03 IS CODED ‘2’ (NO-PERSON HAS NEVER SEEN A DOCTOR OR OTHER MEDICAL PERSON ABOUT THE CONDITION), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) GO TO CN12

IF CONDITION FLAGGED ONLY AS ‘ON PRIORITY LIST’ AND CN03 IS CODED ‘2’ (NO-PERSON HAS NEVER SEEN A DOCTOR OR OTHER MEDICAL PERSON ABOUT THE CONDITION), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) GO TO CN13

OTHERWISE, CONTINUE WITH CN11
CN11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}

{(Are/Is)/Was} (PERSON) still being treated for (CONDITION) {at (END DATE)}? That is, {(are/is)/was} (PERSON) still receiving care or taking medicine for (CONDITION)?

YES .................................... 1 {CN13}
NO ..................................... 2
REF ................................... -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF STILL BEING TREATED.

-----------------------------------------------
| DISPLAY ‘(Are/Is)’ AND ‘(are/is)’ IF PERSON BEING |
| ASKED ABOUT IS CURRENTLY IN THE RU. DISPLAY ‘Was’, |
| ‘was’ AND ‘at (END DATE)’ IF PERSON BEING ASKED |
| ABOUT IS NO LONGER IN THE RU. |
|-----------------------------------------------

-----------------------------------------------
| IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T |
| KNOW) AND CONDITION IS FLAGGED ONLY AS ‘ON |
| PRIORITY LIST’, GO TO CN13 |
|-----------------------------------------------

-----------------------------------------------
| OTHERWISE, CONTINUE WITH CN12 |
-----------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} {STR-DT} {END-DT}

ASK IF APPROPRIATE. IF INAPPROPRIATE TO ASK, CODE '3' TO SHOW THAT THE CONDITION IS PERSISTENT OR PERMANENT.

{(Have/Has)/Had} (PERSON) fully recovered from (CONDITION), or {(do/does)/did} (PERSON) still have it?

FULLY RECOVERED ....................... 1
STILL HAVE IT .......................... 2
DID NOT ASK: STILL HAS (CONDITION IS PERSISTENT/PERMANENT) .................. 3
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF RECOVERED.

----------------------------------------------------
| DISPLAY `(Have/Has)` AND `(do/does)` IF PERSON | |
| BEING ASKED ABOUT IS CURRENTLY IN THE RU. DISPLAY|
| `Had` AND `did` IF PERSON BEING ASKED ABOUT IS NO | |
| LONGER IN THE RU. | |
How seriously did the (CONDITION) affect (PERSON)'s overall health and well-being since ((START DATE)/that accident or injury)? Would you say it affected (PERSON)'s health ...

very seriously, ...................... 1
somewhat seriously, ................. 2
not very seriously, or ............... 3
not at all? ............................ 4
REF ................................... -7
DK .................................... -8

INTERVIEWER: WHO ANSWERED THIS QUESTION?

(PERSON) ............................. 1
SOMEONE ELSE ........................ 2

---

IF CN03 IS CODED '1' (YES) AND CN04 IS CODED '1'
(BEFORE START DATE) (THAT IS, PERSON HAS SEEN A
DOCTOR OR MEDICAL PERSON BUT NOT SINCE START DATE)
OR IF CN03 IS CODED '2' (NO), '-7' (REFUSED), OR
'-8' (DON'T KNOW), GO TO END_LP01

---
MEPS FAMES Panel 1 Round 3 Conditions (CN) Section
January 31, 1997

----------------------------------------------------
| OTHERWISE, CONTINUE WITH CN14                     |
----------------------------------------------------

CN14
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} {STR-DT}
{END-DT}

Earlier you told me about the health care (PERSON) received for the (CONDITION). Did the health care provider recommend further treatment or consultation?

YES ........................................ 1
NO .......................................... 2 {END_LP01}
REF ......................................... -7 {END_LP01}
DK ........................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF FURTHER TREATMENT/CONSULTATION.

CN15
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} {STR-DT}
{END-DT}

How much of the follow-up care did (PERSON) receive for (CONDITION)? Did (PERSON) receive all of the follow-up care, some of it, none of it, or is (PERSON) still being treated?

ALL FOLLOW-UP CARE RECEIVED ............ 1
SOME FOLLOW-UP CARE RECEIVED ........... 2
NO FOLLOW-UP CARE RECEIVED ............. 3
STILL BEING TREATED ..................... 4
REF ......................................... -7
DK ........................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF FOLLOW-UP CARE AND ANSWER CATEGORIES.
END_LP01

----------------------------------------------------
| CYCLE ON NEXT CONDITION IN PERSON'S-MEDICAL-CONDITIONS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER CONDITIONS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_07 |
----------------------------------------------------

BOX_07

----------------------------------------------------
| IF AT LEAST ONE CONDITION ON PERSON'S-MEDICAL-CONDITIONS-ROSTER FLAGGED AS 'SELECTED' DURING THE CURRENT ROUND, CONTINUE WITH BOX_08 |
----------------------------------------------------

----------------------------------------------------
| NOTE: 'SELECTED' HERE REFERS TO CONDITIONS PICKED DURING A ROUND AFTER THE ROUND IN WHICH THEY WERE CREATED. |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_09 |
----------------------------------------------------

BOX_08

----------------------------------------------------
| CHECK CONDITIONS FLAGGED AS 'SELECTED' DURING THE CURRENT ROUND. IF AT LEAST ONE CONDITION FLAGGED AS 'SELECTED' AND FLAGGED AS 'ON PRIORITY LIST', CONTINUE WITH LOOP_02 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_09 |
----------------------------------------------------
LOOP_02
=======

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN PERSON’S-MEDICAL-CONDITIONS-ROSTER, ASK CN16-END_LP02</th>
</tr>
</thead>
</table>

LOOP DEFINITION: LOOP 02 COLLECTS ‘FOLLOW-UP’ INFORMATION ABOUT MEDICAL CONDITIONS THAT WERE NOT CREATED BUT WERE SELECTED DURING THE CURRENT ROUND, AND WERE FLAGGED AS ‘ON PRIORITY LIST’ DURING A PREVIOUS ROUND. THIS LOOP CYCLES ON MEDICAL CONDITIONS THAT MEET THE FOLLOWING CONDITIONS:

- MEDICAL CONDITION IS FLAGGED AS ‘SELECTED’ DURING THE CURRENT ROUND (NOTE THAT CONDITIONS ‘CREATED’ DURING THE CURRENT ROUND ARE EXCLUDED FROM THIS LOOP BUT ARE ASKED ABOUT IN LOOP_01) AND

- MEDICAL CONDITION WAS FLAGGED AS ‘ON PRIORITY LIST’ (CN02_03 CODED ‘1’ (YES)) DURING A PREVIOUS ROUND
Today, (PERSON)’s (CONDITION) was mentioned. We talked about this condition {another/last} time I was here. I’d just like to ask a few questions about it.

PRESS ENTER TO CONTINUE.

---

DISPLAY 'another' IF CONDITION CREATED ANY ROUND PRIOR TO PREVIOUS ROUND. DISPLAY 'last' IF CONDITION CREATED PREVIOUS ROUND.

---

CHECK CONDITION LINKS TO MEDICAL PROVIDER VISIT (MV) EVENTS, EMERGENCY ROOM (ER) EVENTS, OUTPATIENT DEPARTMENT (OP) EVENTS, HOSPITAL STAY (HS) EVENTS, AND DENTAL (DN) EVENTS TO DETERMINE WHETHER THE RU MEMBER HAS SEEN OR TALKED WITH A MEDICAL PERSON ABOUT THE CONDITION BETWEEN CURRENT START DATE AND END DATE.

---

NOTE: CONDITION LINKS TO HOME HEALTH EVENTS WILL NOT BE CHECKED FOR HERE. IN MANY HOME HEALTH EVENTS, THE SERVICES PROVIDED AND PROVIDER ARE NOT ALWAYS MEDICAL. THERE IS NO CONTROL OR CHECKS DONE TO ASCERTAIN A STRAIGHT-FORWARD LINK TO A HOME HEALTH EVENT RELATED TO MEDICAL SERVICES OR A MEDICAL PROVIDER. THUS ALL CONDITIONS ONLY LINKED TO A HOME HEALTH EVENT WILL CONTINUE WITH CN17.

---

IF THERE IS AN EVENT-PROVIDER PAIR FROM THE CURRENT ROUND ASSOCIATED WITH THE CONDITION, AUTOMATICALLY CODE CN17 AS '1' (YES) BY CAPI AND GO TO CN18

---

OTHERWISE (I.E., NO EVENT-PROVIDER PAIR FROM THE CURRENT ROUND ASSOCIATED WITH THE CONDITION), CONTINUE WITH CN17
Since (START DATE), (have/has) (PERSON) seen or talked with a doctor or other medical person about the (CONDITION)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW), AND CN03 WAS CODED '2' (NO), '-7'        |
| (REFUSED), OR '-8' (DON'T KNOW) FOR THIS CONDITION|
| DURING THE ROUND IN WHICH THE CONDITION WAS      |
| CREATED, GO TO CN19                             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH CN18                     |
----------------------------------------------------
CN18

{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} {STR-DT}
(END-DT)

{(Are/Is)/Was} (PERSON) still being treated for (CONDITION) {at (END DATE)}? That is, {(are/is)/was} (PERSON) still receiving care or taking medicine for (CONDITION)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF STILL BEING TREATED.

CN19

{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} {STR-DT}
(END-DT)

How seriously did the (CONDITION) affect (PERSON)'s overall health and well-being since (START DATE)? Would you say it affected (PERSON)'s health ...

very seriously, ........................ 1
somewhat seriously, .................... 2
not very seriously, .................... 3
or not at all? ........................... 4
REF ................................... -7
DK ..................................... -8

[Code One]
INTERVIEWER: WHO ANSWERED THIS QUESTION?

(PERSON) .............................. 1
SOMEONE ELSE .......................... 2

[Code One]

| FLAG RESPONSE TO CN19 AS SELF-REPORT IF CN19OV IS |
| CODED '1' ((PERSON)) AND AS PROXY REPORT IF CN19OV |
| IS CODED '2' (SOMEONE ELSE).|

END_LP02

| CYCLE ON NEXT CONDITION IN PERSON’S-MEDICAL- |
| CONDITIONS-ROSTER THAT MEETS THE CONDITIONS STATED |
| IN THE LOOP DEFINITION |

| IF NO OTHER CONDITIONS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH BOX_09 |

BOX_09

| GO TO NEXT QUESTIONNAIRE SECTION |

22-26
Charge Payment (CP) Section

BOX_00
======
----------------------------------------------------
| NOTE: THROUGHOUT THE CHARGE/PAYMENT (CP) SECTION, |
| ENTRY OF ALL DOLLAR AMOUNTS WILL INCLUDE ONLY     |
| WHOLE DOLLARS. ENTRY OF CENTS WILL BE DISALLOWED. |
----------------------------------------------------

----------------------------------------------------
| IF EVENT TYPE IS HH AND HH PROVIDER ASSOCIATED WITH |
| THE EVENT BEING ASKED ABOUT IS FLAGGED AS 'AGENCY' |
| OR 'INFORMAL', GO TO BOX_26                          |
----------------------------------------------------

----------------------------------------------------
| IF EVENT TYPE IS MV AND MV01 IS CODED '2' (TELEPHONE |
| CALL) OR IF EVENT TYPE IS OP AND OP02 IS CODED '2'   |
| (TELEPHONE CALL), GO TO BOX_26                       |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_01                     |
----------------------------------------------------

BOX_01
======
----------------------------------------------------
| IF EVENT TYPE IS PM, CONTINUE WITH BOX_02          |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_03                            |
----------------------------------------------------
BOX_02
======
----------------------------------------------------
| IF PERSON ALREADY FLAGGED AS 'NO CP INFORMATION   |
| FOR PM EVENTS NECESSARY' FOR THE CURRENT ROUND, GO|
| TO BOX_26                                         |
----------------------------------------------------
----------------------------------------------------
| IF PERSON ALREADY FLAGGED AS 'CP INFORMATION FOR  |
| PM EVENTS NECESSARY' FOR THE CURRENT ROUND, GO TO |
| CP03                                              |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, CONTINUE WITH CP01                     |
----------------------------------------------------
CP01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) (or someone in the family) send in a claim form to the insurance company for (PERSON)'s prescription medicines or does the pharmacy automatically do this for (PERSON)'s prescription medicines?

FAMILY SENDS IN CLAIM FORMS .......... 1 {CP03}
PHARMACY AUTOMATICALLY FILES CLAIM .... 2 {BOX_26}
NOT EITHER TYPE OF SITUATION .......... 3 {BOX_26}
REF ................................... -7 {CP03}
DK .................................... -8 {CP03}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

----------------------------------------------------
| IF CODED '2' (PHARMACY AUTOMATICALLY FILES CLAIM), |
| OR '3' (NOT EITHER TYPE OF SITUATION), FLAG THIS |
| PERSON AS 'NO CP INFORMATION FOR PM EVENTS        |
| NECESSARY' FOR THE CURRENT ROUND.                 |
----------------------------------------------------
| IF CODED '1' (FAMILY SENDS IN CLAIM FORMS), '-7' (REFUSED), OR '-8' (DON’T KNOW), FLAG THIS PERSON AS 'CP INFORMATION FOR PM EVENTS NECESSARY' FOR THE CURRENT ROUND. |

---

| IF FIRST TIME THROUGH CHARGE PAYMENT FOR THIS PERSON-PROVIDER PAIR AND PAIR WAS FLAGGED AS 'COPAYMENT SITUATION' DURING THE PREVIOUS ROUND, CONTINUE WITH CP02 |

---

| OTHERWISE, GO TO CP03 |

---
CP02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..})

Before we talk about the charges for {(PERSON)‘S visit to (PROVIDER) on (VISIT DATE)/(PROVIDER)’s services as a part of the visit made on (VISIT DATE)}, let me take a moment to verify some information.

Last time we recorded that (PERSON) (or someone in the family) usually pay(s) a {$ AMT COPAY} copayment to (PROVIDER).  Is this still the correct copayment amount?

YES .................................... 1 {CP03}
NO ..................................... 2
NOT A COPAYMENT SITUATION ANYMORE ..... 99 {CP03}
REF ........................................ -7 {CP03}
DK ........................................ -8 {CP03}

[Code One]

PRESS F1 FOR DEFINITION OF COPAYMENT.

---
| IF CODED ‘99’ (NOT A COPAYMENT SITUATION ANYMORE),| |
| DO NOT FLAG THIS PERSON-PROVIDER AS ‘COPAYMENT | |
| SITUATION’ FOR THE CURRENT ROUND. | |
---

---
| IF CODED ‘1’ (YES), ‘-7’ (REFUSED), OR ‘-8’ | |
| (DON’T KNOW), FLAG THIS PERSON-PROVIDER PAIR AS | |
| ‘COPAYMENT SITUATION’ FOR THE CURRENT ROUND AND | |
| SET COPAYMENT AMOUNT FROM THE PREVIOUS ROUND AS | |
| THE COPAYMENT AMOUNT FOR THE CURRENT ROUND. | |
What is the correct copayment amount?

[Enter $ Amount] ......................
NOT A COPAYMENT SITUATION ANYMORE ..... 99
REF ................................. -7
DK ................................. -8

------------------------------------------------------------------------
| SET SMALL DOLLAR AMOUNT ENTERED AT CP02OV AS THE |
| NEW COPAYMENT AMOUNT FOR THIS PERSON-PROVIDER |
| PAIR FOR THE CURRENT ROUND. USE THIS AMOUNT IN |
| CP04.                                             |
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF CODED ’99’ (NOT A COPAYMENT SITUATION ANYMORE), |
| DO NOT FLAG THIS PERSON-PROVIDER AS ’COPAYMENT |
| SITUATION’ FOR THE CURRENT ROUND.                   |
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF CODED ’-7’ (REFUSED), OR ’-8’ (DON’T KNOW), |
| FLAG THIS PERSON-PROVIDER PAIR AS ’COPAYMENT |
| SITUATION’ FOR THE CURRENT ROUND AND SET COPAYMENT |
| AMOUNT FROM PREVIOUS ROUND AS COPAYMENT AMOUNT FOR |
| THE CURRENT ROUND.                                     |
------------------------------------------------------------------------

------------------------------------------------------------------------
| RANGE CHECK: DOLLAR AMOUNT MUST BE WHOLE DOLLAR |
| AMOUNT < OR = $50.                                |
------------------------------------------------------------------------

19-5
Now I'd like to ask you about the charges for 
((PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/
(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of 
(NAME OF PRESCRIBED MEDICINE...)/the services for 
(FLAT FEE GROUP) for (PERSON)/since (START DATE)/services received at home 
from (PROVIDER) during (MONTH) for (PERSON)/
(FLAT FEE GROUP)’s services as part of the visit made on (VISIT DATE)).

{Let's begin with the charges from the hospital itself, not 
including any separate physician services or lab tests.}

PRESS ENTER TO CONTINUE.
PRESS F1 FOR DEFINITION OF CHARGE.

------------------------------------------------------------------------
| IF PERSON-PROVIDER PAIR FLAGGED AS 'COPAYMENT SITUATION' FOR THE CURRENT ROUND, AND THIS EVENT- |
| PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP, |
| GO TO CP04 |
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF EVENT TYPE IS OM AND OM GROUP TYPE IS |
| 'ADDITIONAL' (EV02A=2), CONTINUE WITH CP03A |
------------------------------------------------------------------------

------------------------------------------------------------------------
| OTHERWISE, GO TO CP05 |
------------------------------------------------------------------------
Did (PERSON) (or anyone in the family) purchase or rent the {OME ITEM GROUP NAME} used by (PERSON)?

CODE ‘95’ IF RESPONDENT VOLUNTEERS OME ITEM GROUP HAD NO CHARGE BECAUSE IT WAS BORROWED OR FREE FROM A CHARITY, ETC.

PURCHASED .............................. 1 {CP05}
RENTED ................................. 2 {CP05}
NO CHARGE: BORROWED, FREE FROM CHARITY/ORGANIZATION, ETC. .......... 95 {BOX_26}
REF ....................................... -7 {CP05}
DK ....................................... -8 {CP05}

[Code One]
CP04
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {E VN-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP .... } / FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP.. }}

Is this the type of situation where (PERSON) (or someone in the family) only paid the { $ AMT COPAY} copayment for { this visit/these services} and (PERSON) (do/does) not know the total charge?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF COPAYMENT AND TOTAL CHARGE.

-------------
| IF CODED '1' (YES), COPY ALL PREVIOUS COPAYMENT |
| CHARGE PAYMENT DATA FOR THE PERSON-PROVIDER PAIR |
| TO THIS EVENT-PROVIDER-PAIR. THEN GO TO CP37 |
-------------

-------------
| IF CODED '2' (NO), '7' (REFUSED), OR '-8' (DON'T |
| KNOW), IGNORE 'COPAYMENT SITUATION' FLAG FOR THIS |
| PERSON-PROVIDER PAIR FOR THIS EVENT (THAT IS, |
| COLLECT CHARGE/PAYMENT INFORMATION FOR THIS EVENT-|
| PROVIDER PAIR) AND CONTINUE WITH CP05 |
-------------
(Have/Has) (PERSON) (or anyone in the family) received anything in writing, such as a bill, receipt, or statement, for {((PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/ 
(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of (NAME OF PRESCRIBED MEDICINE... for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE)})?

PROBE: Include anything in writing received by family members living with (PERSON) as well as those living somewhere else.

YES, AND DOCUMENTATION AVAILABLE ....... 1 {CP08}
YES, BUT DOCUMENTATION NOT AVAILABLE ... 2 {CP08}
NO ............................................. 3
NO, FREE SAMPLE ............................ 4 {CP37}
REP ............................................. -7
DK ............................................. -8

[Code One]

PRESS F1 FOR DEFINITION OF ANYTHING IN WRITING.

| NOTE: CAPI DISPLAYS CODE '4' (NO, FREE SAMPLE) |
| ONLY IF THE EVENT TYPE OF THE EVENT-PROVIDER PAIR |
| IS PM. |

---

19-9
CP06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVEN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....} /FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

{NAME OF PRESCRIBED MEDICINE...}  {OME ITEM GROUP NAME...........}

SHOW CARD CP-1.
Why (have/has) {PERSON} (or anyone in the family) not received anything in writing?
(CODE '95' IF THIS IS A FLAT FEE SITUATION.)

PAID AT TIME OF VISIT .................  1 {CP08}
MADE A COPAYMENT ........................  2 {CP08}
BILL SENT DIRECTLY TO OTHER SOURCE ......  3
BILL HAS NOT ARRIVED ....................  4 {CP08}
NO BILL SENT:
HMO PLAN ..................................  5 {BOX_04}
VA ........................................  6 {BOX_04}
MILITARY FACILITY ........................  7 {BOX_04}
WELFARE/MEDICAID ........................  8 {BOX_04}
WORKER’S COMPENSATION ....................  9 {BOX_04}
PRIVATE HEALTH CENTER/CLINIC ..........  10 {BOX_04}
PUBLIC CLINIC/HEALTH CENTER OR PRIVATE CHARITY ......................  11 {BOX_04}
NO CHARGE:  TELEPHONE CALL .............  12 {CP37}
FREE FROM PROVIDER .......................  13 {CP37}
GOVERNMENT-FINANCED RESEARCH AND CLINICAL TRIALS ......................  14 {CP37}
INCLUDED WITH OTHER CHARGES ...........  95
REF .....................................  -7 {CP08}
DK ......................................  -8 {CP08}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES AND FLAT FEE.
NOTE: SHOW CARD FOR CODE '10' WILL READ: 'SCHOOL, EMPLOYER, OR OTHER PRIVATE HEALTH CENTER/CLINIC'. THE SHOW CARD FOR CODE '11' WILL INCLUDE THE FOLLOWING: '(INCLUDE COMMUNITY AND MIGRANT HEALTH CENTER, FEDERALLY QUALIFIED HEALTH CENTER, INDIAN HEALTH SERVICES)'. THE SHOW CARD FOR CODE '13' WILL INCLUDE THE FOLLOWING: '(PROFESSIONAL COURTESY/FREE SAMPLE)'. THESE CODES HAVE BEEN ABBREVIATED TO CONSERVE SPACE ON THE SCREEN.

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A PM EVENT. PRESS ENTER TO CONTINUE.'

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A FLAT FEE GROUP. PRESS ENTER TO CONTINUE.'

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT STEM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A REPEAT VISIT GROUP. PRESS ENTER TO CONTINUE.'

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS NOT PM AND THE EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP OR A REPEAT VISIT GROUP, ASK THE FLAT FEE (FF) SECTION.
CP07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

{NAME OF PRESCRIBED MEDICINE...}  {OME ITEM GROUP NAME...........}

To whom was the bill sent?

RECORD VERBATIM:

[Enter Text]

CP07OV1
======

INTERVIEWER:  ENTER CODE FOR TYPE OF ORGANIZATION TO WHOM BILL WAS SENT:

HMO ..................................... 1
VA ....................................... 2
CHAMPUS/CHAMPVA ..................... 3 {CP08}
OTHER MILITARY ....................... 4
WELFARE/MEDICAID ..................... 5
WORKER’S COMPENSATION ............... 6
PRIVATE INSURANCE COMPANY .......... 7
OTHER ................................... 91 {CP08}
REF ................................... -7 {CP08}
DK ................................... -8 {CP08}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
IF:
- EVENT TYPE IS OM, HH, OR PM
OR
- EVENT TYPE IS HS AND THE EVENT-PROVIDER PAIR IS NOT FLAGGED AS ‘SEPARATELY BILLING’
OR
- THIS EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP,
GO TO CP11

OTHERWISE, GO TO CP10

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT: NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP: NAME OF FLAT FEE EVENT GROUP..}

Do you know the total charge for {(PERSON)’s stay at (HOSPITAL) that began on (ADMIT DATE)}/(PERSON)’s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)’s services as part of the visit made on (VISIT DATE)?

('{CODE '95' IF THIS IS A FLAT FEE SITUATION.)

YES ................................. 1 {CP09}
NO ..................................... 2
INCLUDED WITH OTHER CHARGES ......... 95
REF ................................. -7
DK ................................. -8

PRESS F1 FOR DEFINITIONS OF TOTAL CHARGE AND FLAT FEE.
IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND
THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM,
DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT
AVAILABLE FOR A PM EVENT. PRESS ENTER TO
CONTINUE.'

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND
THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE
GROUP, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE
IS NOT AVAILABLE FOR A FLAT FEE GROUP. PRESS
ENTER TO CONTINUE.'

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND
THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT
STEM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE
IS NOT AVAILABLE FOR A REPEAT VISIT GROUP. PRESS
ENTER TO CONTINUE.'

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND
THE EVENT TYPE IS NOT PM AND THE EVENT-PROVIDER
PAIR DOES NOT REPRESENT A FLAT FEE GROUP OR A
REPEAT VISIT GROUP, ASK THE FLAT FEE (FF) SECTION.

IF:
CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T
KNOW)
AND
(EVENT TYPE IS OM, HH, OR PM
OR
EVENT TYPE IS HS AND THE EVENT-PROVIDER PAIR IS
NOT FLAGGED AS ‘SEPARATELY BILLING’
OR
THIS EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE
GROUP),
GO TO CP11
---

| IF: | CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) | AND | EVENT TYPE IS ER, OP, MV, DN, OR EVENT-PROVIDER PAIR IS FLAGGED AS ‘SEPARATELY BILLING’, | GO TO CP10 |

CP09

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}  
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}]/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

How much was the total charge for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)’s services as part of the visit made on (VISIT DATE)}?

Please include any amounts that may be paid by health insurance or other sources.  {However, please do not include any services billed for separately such as physician charges or other services.}

{If charges for procedures such as x-rays, lab tests, or diagnostic procedures are listed separately on the bill or statement, include those in the total charge.}

IF WORKING FROM DOCUMENTATION, ENTER TOTAL CHARGES.  DO NOT DEDUCT DISCOUNTS OR DISALLOWED OR DENIED CHARGES.  
(CODE ’95’ IF THIS IS A FLAT FEE SITUATION.)

AMOUNT ......................... 1
INCLUDED WITH OTHER CHARGES ........ 95

[Code One]

PRESS F1 FOR DEFINITION OF WHAT MAKES UP TOTAL CHARGE AND FLAT FEE.
DISPLAY 'However, please do not include any services billed for separately such as physician charges or other services.' IF EVENT TYPE IS HS, ER, OR OP. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'If charges for procedures such as x-rays, lab tests, or diagnostic procedures are listed separately on the bill or statement, include those in the total charge.' IF CP05 IS CODED '1' (YES, AND DOCUMENTATION AVAILABLE). OTHERWISE, USE A NULL DISPLAY.

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A PM EVENT. PRESS ENTER TO CONTINUE.'

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A FLAT FEE GROUP. PRESS ENTER TO CONTINUE.'

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT STEM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A REPEAT VISIT GROUP. PRESS ENTER TO CONTINUE.'

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT TYPE IS NOT PM AND THE EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP OR A REPEAT VISIT GROUP, ASK THE FLAT FEE (FF) SECTION.
CP09OV
========

ENTER $ AMOUNT:

[Enter $ Amount] .....................
REF ................................... -7
DK .................................... -8

------------------------------------
POSSIBLE SOFT RANGE CHECK: $0 - $100,000
------------------------------------

<table>
<thead>
<tr>
<th>IF THE AMOUNT IS $0, GO TO CP37</th>
</tr>
</thead>
</table>
| IF THE AMOUNT IS NOT $0
| AND
| (EVENT TYPE IS OM OR PM
| OR
| THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE
| GROUP
| OR
| (EVENT TYPE IS HS AND THE EVENT-PROVIDER PAIR IS
| NOT FLAGGED AS 'SEPARATELY BILLING'))
| GO TO CP11 |
------------------------------------
| IF:
| EVENT TYPE IS ER, OP, MV, DN, OR EVENT-PROVIDER
| PAIR IS FLAGGED AS 'SEPARATELY BILLING'
| AND
| TOTAL CHARGE IS A NON-ZERO WHOLE NUMBER < OR =
| $50.00 OR CP09OV IS CODED '-7' (REFUSED) OR '-8'
| (DON'T KNOW),
| GO TO CP10 |
------------------------------------
| IF THE AMOUNT IS NOT $0, DK, OR REF AND THE EVENT
| TYPE IS HH, CONTINUE WITH CP09A |
------------------------------------
| OTHERWISE, GO TO CP11 |
------------------------------------

19-17
MEPS FAMES Panel 1 Round 3 Charge Payment (CP) Section
January 31, 1997

CP09A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} (EV) {EVN-DT}
(REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..})

Let me be sure I recorded this correctly. The total charge for the services received at home from (PROVIDER) during (MONTH) for (PERSON) was {$ AMOUNT}.

Is that correct?

YES .................................... 1 {CP11}
NO ..................................... 2
REF ..................................... -7 {CP11}
DK ..................................... -8 {CP11}

------------------------------------------------------------------
| IF CODED '2' (NO), DISPLAY THE FOLLOWING MESSAGE: |
| 'USE CTRL/B TO CORRECT TOTAL CHARGE FOR THIS MONTH. PRESS ENTER TO CONTINUE.' |
------------------------------------------------------------------

CP10
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} (EV) {EVN-DT}
(REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..})

Is this a situation in which (PERSON) (are/is) required to pay a certain set amount each time {(PERSON) (visit/visits) (PROVIDER) regardless of what happens during the visit/(PERSON) (receive/receives) services of this type}?

PROBE: For example, is this the type of situation in which (PERSON) always (make/makes) the same set dollar amount copayment?

YES ..................................... 1
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF SET AMOUNT AND COPAYMENT.
(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER.) (EV) (E VN-DT) (REPEAT VISIT: (NAME OF REPEAT VISIT GROUP....)/FLAT FEE GROUP: (NAME OF FLAT FEE EVENT GROUP..))

How much of the {{AMT TOT CH}/total charge} did anyone in the family pay for ((PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (_PROVIDER) on (VISIT DATE)/the last purchase of [NAME OF PRESCRIBED MEDICINE...] for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE))? Please include all amounts paid 'out-of-pocket,' that is, amounts paid before any reimbursements.

IF AMOUNT PAID IS NOTHING, DK, OR REF, ENTER 1 FOR DOLLARS, THEN RESPONSE.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ........................................ 1
PERCENT ...................................... 2 {CP11OV2}

[Code One]

PRESS F1 FOR INFORMATION ON AMOUNTS TO INCLUDE.

CP11OV1

ENTER DOLLARS:

[Enter $ Amount] .......................
REF ...................................... -7
DK ....................................... -8

-------------------------------------------
| SOFT RANGE CHECK: $0 - $10,000 |
-------------------------------------------

-------------------------------------------
| WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF- |
| PAYMENT-ROSTER. |
-------------------------------------------
WRITE 'PERSON/FAMILY' TO THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER.

------------------------------------
| GO TO BOX_05                      |
------------------------------------

---

CP11OV2

ENTER PERCENT:

[Enter Percent %] .................

------------------------------------
| SOFT RANGE CHECK: 1% - 100%      |
------------------------------------

------------------------------------
| MULTIPLY THE PERCENTAGE ENTERED BY |
| THE TOTAL CHARGE ENTERED AT CP09   |
| TO CALCULATE THE AMOUNT PAID BY    |
| THE FAMILY AT CP11.                |
------------------------------------

---

IF CP09 IS CODED '-7' (REFUSED), OR '-8' (DON'T KNOW), DOLLAR AMOUNT PAID BY FAMILY CANNOT BE CALCULATED. RECORD DOLLAR AMOUNT PAID BY PERSON/FAMILY AS 'DK' OR 'REF' AS APPROPRIATE.

------------------------------------
| WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF-PAYMENT-ROSTER. |
------------------------------------

------------------------------------
| WRITE 'PERSON/FAMILY' TO THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER. |
------------------------------------
BOX_05
======

----------------------------------------------------
| IF:                                               |
| CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED) OR '-8'|
| (DON'T KNOW)                                      |
| AND                                               |
| CP08 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'   |
| (DON'T KNOW)                                      |
| AND                                               |
| CP10 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'   |
| (DON'T KNOW),                                     |
| DISPLAY THE FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT |
| RESOLUTION WILL BE NEEDED FOR THIS CASE. PRESS   |
| ENTER TO CONTINUE.' THEN GO TO CP37               |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_01                  |
----------------------------------------------------

LOOP_01
======

----------------------------------------------------
| FOR EACH OF THE FOLLOWING:                        |
|                                                    |
| SOURCE OF DIRECT PAYMENT 1                         |
| SOURCE OF DIRECT PAYMENT 2                         |
| SOURCE OF DIRECT PAYMENT 3                         |
| SOURCE OF DIRECT PAYMENT 4                         |
|                                                    |
| ASK BOX_LP01-END_LP01                              |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ON  |
| SOURCES OF DIRECT PAYMENTS AND ASSOCIATED PAYMENT |
| AMOUNTS, OTHER THAN PERSON/FAMILY. THE RESPONSE TO |
| CP13OV DETERMINES WHETHER THE LOOP CYCLES AGAIN.   |
| SUBSEQUENT CYCLES, IF ANY, COLLECT ADDITIONAL     |
| SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS. |
| IF CP13OV IS CODED '1' (YES), THE LOOP CYCLES     |
| AGAIN. IF CP13OV IS NOT ASKED OR IS CODED '2'      |
| (NO), THE LOOP ENDS.                              |
----------------------------------------------------
BOX_LP01
========

<table>
<thead>
<tr>
<th>IF FIRST CYCLE OF LOOP_01, CONTINUE WITH CP12</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE</td>
</tr>
<tr>
<td>FIRST CYCLE OF LOOP_01), GO TO CP12A</td>
</tr>
</tbody>
</table>

CP12
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.} (EV) (EVN-DT)
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..})

Has any {other} source already paid {(PROVIDER)} for any of the charges for {(PERSON)’s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)’s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME...........} used by (PERSON) since (START DATE)/for services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)’s services as part of the visit made on (VISIT DATE)}?

YES .................................... 1
NO ..................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

PRESS F1 FOR A DEFINITION OF SOURCE AND ‘ALREADY PAID’.

| DISPLAY ‘OTHER’ IN THE QUESTION TEXT IF AN AMOUNT |
| WAS PAID BY PERSON/FAMILY; THAT IS, AN AMOUNT > $0|
| WAS ENTERED AT CP11OV1 OR CP11OV2                  |

| DISPLAY ‘(PROVIDER)’ IN THE QUESTION TEXT IF |
| EVENT TYPE IS NOT PM OR OM.                     |
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}}

{NAME OF PRESCRIBED MEDICINE...} {OME ITEM GROUP NAME..........}

Who else paid? PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Name of Source of Direct Payment-35]
[2. Name of Source of Direct Payment-35]
[3. Name of Source of Direct Payment-35]

-----

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES ON THE RU-SOURCES-OF-PAYMENT-ROSTER.

-----

WRITE SOURCES SELECTED TO THE EVENT'S SOURCES-OF-PAYMENTS-ROSTER.

-----

SOURCE ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A SOURCE(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF SOURCES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF SOURCES).
3. INTERVIEWER SHOULD BE ABLE TO DELETE A SOURCE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A SOURCE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN SOURCE IS FIRST ENTERED.’
How much did (SOURCE) pay?

ENTER AMOUNT PAID TO COLUMN 2 OR COLUMN 3.
TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

TOTAL CHARGE:  {XXXXXXXXXX}
DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.

DISPLAY THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11OV1 IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN CP13_02, 'DOLLAR AMOUNT PAID'. IF THE RESPONSE TO CP11OV2 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN CP13_03, 'PERCENT AMOUNT PAID'. IF CP11OV1 OR CP11OV2 IS CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH CP13_02 AND CP13_03. IF CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH CP13_02 AND CP13_03.
NOTE: FEATURES OF THE SOURCE OF PAYMENT MATRIX.

1. INTERVIEWER USES RIGHT AND LEFT ARROW KEYS TO MOVE TO EITHER THE PERCENT OR DOLLAR AMOUNT COLUMN ASSOCIATED WITH THAT SOURCE. INTERVIEWER USES THE UP AND DOWN ARROW KEYS TO MOVE BETWEEN AMOUNT PAID COLUMNS FOR DIFFERENT SOURCES.

2. SOURCE COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO SOURCES AT THIS SCREEN.

3. INTERVIEWER ENTERS EITHER A DOLLAR OR A PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED. AMOUNTS CAN BE CHANGED AS MANY TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES THE SCREEN.

4. THE PERSON/FAMILY AMOUNT PAID COLUMNS MAY BE CHANGED OR CORRECTED.


6. IF A SOURCE IS ENTERED IN ERROR, THE INTERVIEWER WILL ZERO OUT THE AMOUNT PAID.

7. INTERVIEWERS WILL BE INSTRUCTED TO ONLY ENTER DIRECT PAYMENTS MADE TO THE PROVIDER AT THIS SCREEN.


CP13OV

DID ANY OTHER SOURCES MAKE ANY PAYMENTS DIRECTLY TO THE PROVIDER?

YES ............................................. 1
NO .......................................... 2

PRESS F1 FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.
END_LP01

---------------------------------------------
<p>| IF CP13OV IS CODED '1' (YES), CYCLE TO COLLECT |</p>
<table>
<thead>
<tr>
<th>NEXT SOURCE OF PAYMENT.</th>
</tr>
</thead>
</table>

---------------------------------------------
<p>| IF CP13OV IS NOT ASKED OR IS CODED '2' (NO), |</p>
<table>
<thead>
<tr>
<th>END LOOP_01 AND CONTINUE WITH BOX_06</th>
</tr>
</thead>
</table>

BOX_06

---------------------------------------------
<p>| IF 'AMOUNT PAID' BY PERSON/FAMILY &gt; $0, CONTINUE |</p>
<table>
<thead>
<tr>
<th>WITH LOOP_02</th>
</tr>
</thead>
</table>

---------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_07</th>
</tr>
</thead>
</table>

LOOP_02

---------------------------------------------
<table>
<thead>
<tr>
<th>FOR EACH OF THE FOLLOWING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOURCE OF REIMBURSEMENT 1</td>
</tr>
<tr>
<td>SOURCE OF REIMBURSEMENT 2</td>
</tr>
<tr>
<td>SOURCE OF REIMBURSEMENT 3</td>
</tr>
<tr>
<td>SOURCE OF REIMBURSEMENT 4</td>
</tr>
<tr>
<td>ASK BOX_LP02-END_LP02</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
</tbody>
</table>
LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION ON SOURCES OF REIMBURSEMENT TO PERSON/FAMILY AND ASSOCIATED REIMBURSEMENT AMOUNTS. THE RESPONSE TO CP15OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. SUBSEQUENT CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF REIMBURSEMENT AND ASSOCIATED AMOUNTS. IF CP15OV IS CODED ‘1’ (YES), THE LOOP CYCLES AGAIN. IF CP15OV IS NOT ASKED OR IS CODED ‘2’ (NO), THE LOOP ENDS.

---

IF FIRST CYCLE OF LOOP_02, CONTINUE WITH CP14

---

OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_02), GO TO CP14A

---

PERSON'S FIRST MIDDLE AND LAST NAME} NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}}

{NAME OF PRESCRIBED MEDICINE...} {OME ITEM GROUP NAME.............}

Has any source reimbursed or paid back anything to (PERSON) (or anyone in the family) for the amount paid 'out-of-pocket'? That is, has any source reimbursed any of the {$/% FAMILY PAID} paid?

YES .................................... 1
NO ..................................... 2 {END_LP02}
REF .................................... -7 {END_LP02}
DK ..................................... -8 {END_LP02}

PRESS F1 FOR DEFINITION OF SOURCE AND REIMBURSEMENT.
Who reimbursed or paid anyone in the family back?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Name of Source of Reimbursement-35]
[2. Name of Source of Reimbursement-35]
[3. Name of Source of Reimbursement-35]
**CP15**

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVT-DT}

{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP...}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP...}}

{NAME OF PRESCRIBED MEDICINE...} {OME ITEM GROUP NAME...........}

How much did (SOURCE) reimburse or pay anyone in the family back?

ENTER THE AMOUNT REIMBURSED IN COLUMN 2 OR COLUMN 3.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

PERSON/FAMILY PAYMENT: {$XXXXXXXXX} TOTAL CHARGE: {$XXXXXXXXX}

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF REIMBURSEMENT</th>
<th>CP15 02. DOLLAR AMOUNT REIMBURSED</th>
<th>CP15 03. PERCENT AMOUNT REIMBURSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Source of Reimbursement]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
<tr>
<td>[Display Source of Reimbursement]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
</tbody>
</table>

---

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES ON THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER, THAT IS, ALL SOURCES SELECTED AT CP14A FOR THIS EVENT-PROVIDER PAIR.

---

TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.

---

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'REIMBURSEMENT'.

---

19-30
NOTE: FEATURES OF THE REIMBURSEMENT MATRIX.

1. INTERVIEWER USES RIGHT AND LEFT ARROW KEYS TO MOVE TO EITHER THE PERCENT OR DOLLAR AMOUNT COLUMN ASSOCIATED WITH THAT SOURCE. INTERVIEWER USES THE UP AND DOWN ARROW KEYS TO MOVE BETWEEN AMOUNT PAID COLUMNS FOR DIFFERENT SOURCES.

2. SOURCE COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO SOURCES AT THIS SCREEN.

3. INTERVIEWER ENTERS EITHER A DOLLAR OR A PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED. AMOUNTS CAN BE CHANGED AS MANY TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES THE SCREEN.


5. IF A SOURCE IS ENTERED IN ERROR, THE INTERVIEWER WILL ZERO OUT THE AMOUNT REIMBURSED.

6. INTERVIEWERS WILL BE INSTRUCTED TO ONLY ENTER REIMBURSEMENTS MADE TO THE FAMILY AT THIS SCREEN.

7. IF THE TOTAL AMOUNT REIMBURSED BY ALL SOURCES EXCEEDS THE AMOUNT PAID BY THE PERSON/FAMILY, CAPI DISPLAYS THE MESSAGE: 'REIMBURSED AMOUNT GREATER THAN FAMILY PAYMENT. VERIFY REIMBURSED AMOUNT AND RE-ENTER. IF NEED TO CORRECT FAMILY PAYMENT, JUMPBACK TO CP13.' IF INTERVIEWER RE-ENTERS THE SAME AMOUNTS, CAPI WILL ACCEPT. THAT IS, WE WILL INFORM THE INTERVIEWER OF THE DISCREPANCY, BUT NOT FORCE HER TO RECONCILE IT.

8. THE SAME SOURCE CAN BE FLAGGED AS BOTH A REIMBURSEMENT AND A DIRECT PAYMENT. ONLY THE AMOUNT ASSOCIATED WITH THE DIRECT PAYMENT WILL PLAY INTO THE RESOLUTION PROCESS.

9. POST DATA COLLECTION EDITING WILL BE NECESSARY TO DETERMINE THE NET PAYMENTS OF SOURCES.
ARE THERE ANY OTHER SOURCES OF REIMBURSEMENT?

YES .................................... 1
NO ..................................... 2

PRESS F1 FOR DEFINITION OF REIMBURSEMENT.

----------------------------------------------------
| IF CP15OV CODED ‘1’ (YES), CYCLE TO COLLECT       |
| NEXT SOURCE OF REIMBURSEMENT                      |
----------------------------------------------------

----------------------------------------------------
| IF CP15OV IS NOT ASKED OR IS CODED ‘2’ (NO),      |
| END LOOP_02 AND CONTINUE WITH BOX_07              |
----------------------------------------------------

----------------------------------------------------
| IF A TOTAL CHARGE IS ENTERED AT CP09 AND IF       |
| 'AMOUNT PAID' BY EVERY SOURCE OF DIRECT PAYMENT   |
| (INCLUDING PERSON/FAMILY PAYMENT, BUT EXCLUDING    |
| REIMBURSEMENTS) HAS A CALCULATED DOLLAR AMOUNT,   |
| CONTINUE WITH BOX_08                              |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_11                           |
----------------------------------------------------
| IF: |
| THE TOTAL CHARGE IS KNOWN (CP08 CODED ‘1’ (YES)) |
| AND |
| A PERCENT WAS ENTERED FOR THE FAMILY PAYMENT (CP11 |
| CODED ‘2’ (PERCENT) AND AMOUNT CODED AT CP11OV2), |
| CONTINUE WITH CP16 |

| OTHERWISE, GO TO BOX 11 |
MEPS FAMES Panel 1 Round 3 Charge Payment (CP) Section
January 31, 1997

CP16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....} / FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

{NAME OF PRESCRIBED MEDICINE...}  {OME ITEM GROUP NAME..........}

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>DOLLAR AMOUNT PAID</th>
<th>PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/Family</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
</tbody>
</table>

TOTAL CHARGE:  {$XXXXXXXXX}

(Do (PROVIDER) discount any portion of the total charges? Was any portion of the total charges discounted?)

YES ....................................  1
NO .....................................  2  [BOX_11]
REF ................................... -7  [BOX_11]
DK .................................... -8  [BOX_11]

PRESS F1 FOR DEFINITION OF DISCOUNTED.
CP17
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....}}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

How much was the discount?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1
PERCENT ................................ 2 {CP17OV2}

CP17OV1
=======

ENTER DOLLARS:

[Enter $ Amount] ......................... {BOX_11}
REF .................................... -7 {BOX_11}
DK ..................................... -8 {BOX_11}

----------------------------------------------------
|  SOFT RANGE CHECK:  $0 - $10,000                  |
----------------------------------------------------

CP17OV2
=======

ENTER PERCENT:

[Enter % Amount] .........................
REF .................................... -7
DK ..................................... -8

----------------------------------------------------
|  SOFT RANGE CHECK:  1% - 100%                 |
----------------------------------------------------
BOX_11
======

----------------------------------------------------
| IF CP14 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'
| (DON'T KNOW) AND CP10 IS CODED '1' (YES), GO TO  |
| BOX_09                                            |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_10                   |
----------------------------------------------------

----------------------------------------------------
| NOTE:  THIS BOX SKIPS PEOPLE OVER CP18 (EXPECT    |
| ANY REIMBURSEMENT) FOR INDIVIDUALS WHO HAVE       |
| ALREADY TOLD US THAT THE PAYMENT WAS A COPAYMENT  |
| (CP10 IS CODED '1') AND THEY HAVE NOT BEEN        |
| REIMBURSED FOR ANY AMOUNT PAID (CP14 IS CODED    |
| '2', '-7', OR '-8').                              |
----------------------------------------------------

BOX_10
------

----------------------------------------------------
| IF AMOUNT PAID BY PERSON/FAMILY IS > $0, CONTINUE |
| WITH CP18                                         |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_09                           |
----------------------------------------------------
CP18
====

(Person's First Middle and Last Name) (Name of Medical Care Provider.) (EV) (EVN-DT)
(Repeat Visit: (Name of Repeat Visit Group....)/Flat Fee Group: (Name of Flat Fee Event Group..))

Do you expect any (other) source to reimburse anyone in the family for what has been paid?

YES ........................................... 1
NO ........................................... 2 (BOX_09)
REF .......................................... -7 (BOX_09)
DK ........................................... -8 (BOX_09)

PRESS F1 FOR DEFINITION OF REIMBURSEMENT.

| DISPLAY 'OTHER' IN THE QUESTION TEXT IF CP14 IS | |
| CODED '1' (YES). | |

CP19
====

(Person's First Middle and Last Name) (Name of Medical Care Provider.) (EV) (EVN-DT)
(Repeat Visit: (Name of Repeat Visit Group....)/Flat Fee Group: (Name of Flat Fee Event Group..))

How much does anyone in the family expect to be reimbursed?

PROBE: Include amounts to be reimbursed from all sources.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ........................................... 1
PERCENT .......................................... 2 (CP19OV2)
ENTER DOLLARS:

[Enter $ Amount] .......................   {CP20}
REF ................................... -7 {CP20}
DK .................................... -8 {CP20}

---------------------------------------------
| SOFT RANGE CHECK:  $0 - $10,000           |
---------------------------------------------

ENTER PERCENT:

[Enter % Amount] .......................  
REF ................................... -7  
DK .................................... -8  

---------------------------------------------
| SOFT RANGE CHECK:  1% - 100%              |
---------------------------------------------
From whom do you expect these reimbursements to come?


TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Name of Source of Direct Payment-35]
[2. Name of Source of Direct Payment-35]
[3. Name of Source of Direct Payment-35]

[Code One]
BOX_09
======

| DETERMINE IF THERE IS AN OVERPAYMENT OR |
| UNDERPAYMENT: SUBTRACT THE TOTAL PAYMENT FROM |
| THE TOTAL CHARGE AT CP09. IF THE ABSOLUTE VALUE |
| OF THE REMAINDER IS > 3% OR $5 (WHICHEVER IS |
| HIGHER) OF THE TOTAL CHARGE, CONTINUE WITH BOX_12 |

BOX_12
======

| IF CP09 (TOTAL CHARGE) OR 'AMOUNT PAID' BY ANY |
| SOURCE OF DIRECT PAYMENT (INCLUDING PERSON/FAMILY, |
| BUT EXCLUDING REIMBURSEMENTS) IS CODED '-7' |
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY THE |
| FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT RESOLUTION |
| NEEDED FOR THIS CASE. PRESS ENTER TO CONTINUE.' |
| THEN GO TO CP37 |

| OTHERWISE, CONTINUE WITH BOX_13 |

19-40
| IF THE UNDERPAYMENT IS > 3% OR $5 (WHICHEVER IS HIGHER) OF THE TOTAL CHARGE, CONTINUE WITH CP21 |
----------------------------------------------------

| IF THE OVERPAYMENT IS > 3% OR $5 (WHICHEVER IS HIGHER) OF THE TOTAL CHARGE, GO TO LOOP_04 |
----------------------------------------------------

CP21
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {E VN-D T}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

Does anyone in the family or any other source expect to make additional payments for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE))? 

   YES .................................... 1
   NO ..................................... 2 {LOOP_03}
   REF ..................................... -7 {LOOP_03}
   DK ..................................... -8 {LOOP_03}
How much more does anyone in the family or any other source expect to pay?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS .......................... 1
PERCENT ........................... 2 {CP22OV2}

ENTER DOLLARS:

[Enter $ Amount] ....................... {BOX_14}
REF ................................... -7 {BOX_14}
DK .................................... -8 {BOX_14}

|  SOFT RANGE CHECK:  $0 - $10,000 |

ENTER PERCENT:

[Enter % Amount] ....................... 
REF ................................... -7
DK .................................... -8

|  SOFT RANGE CHECK:  0% - 100% |

19-42
IF AN AMOUNT IS ENTERED AT CP22OV1 OR AT CP22OV2 OR IF CP22OV1 OR CP22OV2 ARE CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY THE FOLLOWING MESSAGE: ‘NO CHARGE-PAYMENT RESOLUTION NEEDED FOR THIS CASE. PRESS ENTER TO CONTINUE.’ THEN GO TO CP37.

LOOP DEFINITION: LOOP_03 REVIEWS PAYMENT INFORMATION WHERE AN UNDERPAYMENT HAS BEEN REPORTED AND EITHER VERIFIES THE UNDERPAYMENT OR COLLECTIONS CORRECTIONS AND ADDITIONAL PAYMENT INFORMATION TO RESOLVE THE UNDERPAYMENT. THE FIRST CYCLE OF THIS LOOP COLLECTS CORRECTIONS OF ERRONEOUS INFORMATION ON DIRECT PAYMENTS AND THE ASSOCIATED AMOUNTS PAID. SUBSEQUENT LOOP CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS. THE RESPONSE TO CP24OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF CP24OV IS CODED ‘1’ (YES), THE LOOP CYCLES AGAIN. IF CP24OV IS CODED ‘2’ (NO), THE LOOP ENDS.
BOX_LP03
========

<table>
<thead>
<tr>
<th>IF FIRST CYCLE OF LOOP_03, GO TO CP24</th>
</tr>
</thead>
</table>

<p>| OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE |</p>
<table>
<thead>
<tr>
<th>FIRST CYCLE OF LOOP_03), CONTINUE WITH CP23</th>
</tr>
</thead>
</table>

CP23
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} (EV) (EVM-DT)
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}}

{NAME OF PRESCRIBED MEDICINE...} {OME ITEM GROUP NAME...........}

Who else paid? PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Name of Source of Direct Payment-35]
[2. Name of Source of Direct Payment-35]
[3. Name of Source of Direct Payment-35]

<p>| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES|</p>
<table>
<thead>
<tr>
<th>ON THE RU-SOURCES-OF-PAYMENT-ROSTER.</th>
</tr>
</thead>
</table>

<p>| WRITE SOURCES SELECTED TO THE EVENT’S-SOURCES-OF- |</p>
<table>
<thead>
<tr>
<th>PAYMENTS-ROSTER.</th>
</tr>
</thead>
</table>

<p>| REFER TO CP12A FOR SOURCE OF PAYMENT ROSTER |</p>
<table>
<thead>
<tr>
<th>BEHAVIOR SPECIFICATIONS.</th>
</tr>
</thead>
</table>
At the moment, it appears that {AMOUNT REMAINING} of the total charge for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of (NAME OF PRESCRIBED MEDICINE...) for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME............} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE) is still unpaid. Let me be sure I have entered everything correctly.

REVIEW CHARGES AND PAYMENTS WITH RESPONDENT. WORK WITH RESPONDENT TO CORRECT ERRONEOUS INFORMATION, IF ANY.

IF TOTAL CHARGE NEEDS CORRECTION, JUMPBACK TO CP09.
IF TOTAL CHARGE WAS DISCOUNTED, WAIT TO RECORD AT CP27.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

UNDERPAYMENT: {$XXXXXXXXX}  TOTAL CHARGE: {$XXXXXXXXX}
DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.

IF THE AMOUNT PAID BY PERSON/FAMILY WAS ADJUSTED AT CP13, DISPLAY ADJUSTED AMOUNT. IF AMOUNT PAID BY PERSON/FAMILY WAS NOT ADJUSTED, DISPLAY THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11OV1 IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN CP24_02, 'DOLLAR AMOUNT PAID'. IF THE RESPONSE TO CP11OV2 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN CP24_03, 'PERCENT AMOUNT PAID'. IF CP11OV1 OR CP11OV2 IS CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH CP24_02 AND CP24_03. IF CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH CP24_02 AND CP24_03.

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'DIRECT PAYMENTS'.

NOTE: FEATURES OF THE SOURCE OF PAYMENT MATRIX.

1. THIS MATRIX WILL WORK JUST LIKE THE SOURCE OF PAYMENT MATRIX AT CP13. HOWEVER IN THIS FIRST STAGE RESOLUTION PROCESS, ONLY CORRECTIONS TO DIRECT PAYMENTS CAN BE MADE. AS WELL, ONLY NEW SOURCES OF DIRECT PAYMENTS MAY BE ADDED. AT NO TIME IN THIS FIRST STAGE RESOLUTION PROCESS CAN ANY CORRECTIONS OR UPDATES BE MADE TO SOURCE NAMES OR AMOUNTS OF REIMBURSEMENTS.
DID ANY OTHER SOURCES MAKE ANY PAYMENTS DIRECTLY TO THE PROVIDER?

YES .................................... 1
NO ..................................... 2

PRESS F1 FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.

----------------------------------------------------
| IF CP24OV IS CODED '1' (YES), CYCLE TO COLLECT   |
| ADDITIONAL SOURCES OF PAYMENT.                   |
----------------------------------------------------

----------------------------------------------------
| IF CP24OV IS CODED '2' (NO), END LOOP_03 AND GO  |
| TO BOX_15                                        |
----------------------------------------------------
LOOP_04
=======

---
| FOR EACH OF THE FOLLOWING: |
| SOURCE OF DIRECT PAYMENT 1 |
| SOURCE OF DIRECT PAYMENT 2 |
| SOURCE OF DIRECT PAYMENT 3 |
| SOURCE OF DIRECT PAYMENT 4 |
| ASK BOX_LP04-END_LP04 |
---

LOOP DEFINITION: LOOP_04 REVIEWS PAYMENT INFORMATION WHERE AN OVERPAYMENT HAS BEEN REPORTED AND EITHER VERIFIES THE OVERPAYMENT OR COLLECTS CORRECTIONS AND ADDITIONAL PAYMENT INFORMATION TO RESOLVE THE OVERPAYMENT. THE FIRST CYCLE OF THIS LOOP COLLECTS CORRECTIONS OF ERRONEOUS INFORMATION ON DIRECT PAYMENTS AND ASSOCIATED AMOUNTS PAID. SUBSEQUENT LOOP CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS. THE RESPONSE TO CP260V DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF CP260V IS CODED '1' (YES), THE LOOP CYCLES AGAIN. IF CP260V IS CODED '2' (NO), THE LOOP ENDS.

BOX_LP04
=======

---
| IF FIRST CYCLE OF LOOP_04, GO TO CP26 |
---

---
| OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_04), CONTINUE WITH CP25 |
---
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}  
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

{NAME OF PRESCRIBED MEDICINE...}  {OME ITEM GROUP NAME.............}

Who else paid?  PROBE:  Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO ADD, PRESS CTRL/A.  TO DELETE, PRESS CTRL/D.  
TO LEAVE, PRESS ESC.

[1. Name of Source of Direct Payment-35]  
[2. Name of Source of Direct Payment-35]  
[3. Name of Source of Direct Payment-35]

------------------------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL SOURCES |  
| ON THE RU-SOURCES-OF-PAYMENT-ROSTER. |  
------------------------------------------------------------------

------------------------------------------------------------------
| WRITE SOURCES SELECTED TO THE EVENT’S SOURCES-OF- |  
| PAYMENTS-ROSTER. |  
------------------------------------------------------------------

------------------------------------------------------------------
| REFER TO CP12 FOR SOURCE OF PAYMENT ROSTER |  
| BEHAVIOR SPECIFICATIONS. |  
------------------------------------------------------------------
CP26
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.} (EV) (EVN-DT)
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

The payments you reported for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME............} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE}) exceed the charge I have recorded by {$ DISCREPANCY}. Let me be sure I have all the information recorded correctly.

REVIEW CHARGES AND PAYMENTS WITH RESPONDENT. WORK WITH RESPONDENT TO CORRECT ERRONEOUS INFORMATION, IF ANY.

IF TOTAL CHARGE NEEDS CORRECTION, JUMPBACK TO CP09.
TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

OVERPAYMENT:  {$XXXXXXXXX}     TOTAL CHARGE:  {$XXXXXXXXX}

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>CP26_02. DOLLAR AMOUNT PAID</th>
<th>CP26_03. PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/Family</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
</tbody>
</table>

-------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL SOURCES ON THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER THAT ARE FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED DIRECT PAYMENT AMOUNTS. |
-------------------------------
| TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09. |
-------------------------------
DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.

IF THE AMOUNT PAID BY PERSON/FAMILY WAS ADJUSTED AT CP13, DISPLAY ADJUSTED AMOUNT. IF AMOUNT PAID BY PERSON/FAMILY WAS NOT ADJUSTED, DISPLAY THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11OV1 IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN CP26_02, 'DOLLAR AMOUNT PAID'. IF THE RESPONSE TO CP11OV2 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN CP26_03, 'PERCENT AMOUNT PAID'. IF CP11OV1 OR CP11OV2 IS CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN CP26_02 AND CP26_03. IF CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH CP26_02 AND CP26_03.

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'DIRECT PAYMENTS'.

NOTE: FEATURES OF THE SOURCE OF PAYMENT MATRIX.

1. THIS MATRIX WILL WORK JUST LIKE THE SOURCE OF PAYMENT MATRIX AT CP13. HOWEVER IN THIS FIRST STAGE RESOLUTION PROCESS, ONLY CORRECTIONS TO DIRECT PAYMENTS CAN BE MADE. AS WELL, ONLY NEW SOURCES OF DIRECT PAYMENTS MAY BE ADDED. AT NO TIME IN THIS FIRST STAGE RESOLUTION PROCESS CAN ANY CORRECTIONS OR UPDATES BE MADE TO SOURCE NAMES OR AMOUNTS OF REIMBURSEMENTS.

CP26OV

DID ANY OTHER SOURCES MAKE ANY PAYMENTS DIRECTLY TO THE PROVIDER?

YES .................................... 1
NO ..................................... 2

PRESS F1 FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.
END_LP04

-----------------------------
| IF CP260V IS CODED '1' (YES), CYCLE TO COLLECT |
| ADDITIONAL SOURCES OF PAYMENT |
-----------------------------

-----------------------------
| IF CP260V IS CODED '2' (NO), END LOOP_04 AND |
| CONTINUE WITH BOX_15 |
-----------------------------

BOX_15

-----------------------------
| RECALCULATE AMOUNT OF UNDERPAYMENT OR OVERPAYMENT. |
-----------------------------

-----------------------------
| IF UNDERPAYMENT IS > 3% OR $5 (WHICHERVER IS |
| HIGHER) OF TOTAL CHARGE, CONTINUE WITH BOX_16 |
-----------------------------

-----------------------------
| IF OVERPAYMENT IS > 3% % OR $5 (WHICHERVER IS |
| HIGHER) OF TOTAL CHARGE, GO TO BOX_21 |
-----------------------------

-----------------------------
| OTHERWISE, GO TO CP37 |
-----------------------------

BOX_16

-----------------------------
| IF CP16 HAS BEEN ASKED, GO TO BOX_17 |
-----------------------------

-----------------------------
| OTHERWISE, CONTINUE WITH CP27 |
-----------------------------
MEPS FAMES Panel 1 Round 3 Charge Payment (CP) Section
January 31, 1997

CP27

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {E VN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>DOLLAR AMOUNT PAID</th>
<th>PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/Family</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
</tbody>
</table>

TOTAL CHARGE:  {$XXXXXXXXX}       DIFFERENCE:  {$XXXXXXXXX}

{Did (PROVIDER) discount any portion of the total charges/Was any portion of the total charges discounted}?

YES .................................... 1
NO ..................................... 2  {BOX_17}
REF ................................... -7  {BOX_17}
DK .................................... -8  {BOX_17}

PRESS F1 FOR DEFINITION OF DISCOUNTED.

Roster Definition: This item displays all sources on the event’s sources-of-payment-roster that are flagged as 'direct payment' and the associated direct payment amounts.

Source of payment matrix is read only.
Display '(provider) discounted any portion of the total charges' in the question text if event type is not pm or om. Display 'any portion of the charge was discounted' in the question text if the event type is pm or om.
How much was the discount?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1
PERCENT .............................. 2 {CP28OV2}

ENTER DOLLARS:

[Enter $ Amount] ....................... {BOX_17}
REF ................................... -7 {BOX_17}
DK .................................... -8 {BOX_17}

----------------------------------------------------
|  SOFT RANGE CHECK:  $0 - $10,000                   |
----------------------------------------------------

ENTER PERCENT:

[Enter % Amount] ....................... 
REF ................................... -7
DK .................................... -8

----------------------------------------------------
|  SOFT RANGE CHECK:  0% - 100%                     |
----------------------------------------------------
BOX_17

| IF ANY SOURCE OF DIRECT PAYMENT OTHER THAN PERSON/FAMILY, CONTINUE WITH BOX_18 |

| OTHERWISE, GO TO BOX_19 |

BOX_18

| RECALCULATE UNDERPAYMENT TAKING INTO ACCOUNT CP28 (DISCOUNT). IF UNDERPAYMENT IS STILL > 3% OR $5 (WHICH EVER IS HIGHER) OF TOTAL CHARGE, CONTINUE WITH CP29 USING THE NEW DIFFERENCE IN THE DISPLAY. |

| IF UNDERPAYMENT IS NOT > 3% OR $5 (WHICHEVER IS HIGHER) OF THE TOTAL CHARGE, GO TO BOX_22 |
CP29

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {E VN-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....}}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}}

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>DOLLAR AMOUNT PAID</th>
<th>PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/Family</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
</tbody>
</table>

TOTAL CHARGE: {$XXXXXXXXX}       DIFFERENCE: {$XXXXXXXXX}

Do you know if any portion of the total charge was disallowed or disapproved by (PERSON)'s insurance, Medicare, or Medicaid?

YES .................................... 1
NO ..................................... 2 {BOX_19}
REF ................................... -7 {BOX_19}
DK .................................... -8 {BOX_19}

PRESS F1 FOR DEFINITION OF DISALLOWED/DISAPPROVED.

-----------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES|
| ON THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER THAT ARE |
| FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED |
| DIRECT PAYMENT AMOUNTS.                       |
-----------------------------------------------

-----------------------------------------------
| SOURCE OF PAYMENT MATRIX IS READ ONLY.        |
-----------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....} / FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}}

How much was disallowed or disapproved?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ........................................ 1
PERCENT ........................................ 2 {CP30OV2}

{BOX_19}

<table>
<thead>
<tr>
<th>ENTER DOLLARS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter $ Amount] ..........................</td>
</tr>
<tr>
<td>REF .......................... -7</td>
</tr>
<tr>
<td>DK .......................... -8</td>
</tr>
<tr>
<td>SOFT RANGE CHECK: $0 - $10,000</td>
</tr>
</tbody>
</table>

{BOX_19}

<table>
<thead>
<tr>
<th>ENTER PERCENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter % Amount] ..........................</td>
</tr>
<tr>
<td>REF .......................... -7</td>
</tr>
<tr>
<td>DK .......................... -8</td>
</tr>
<tr>
<td>SOFT RANGE CHECK: 0% - 100%</td>
</tr>
</tbody>
</table>
BOX_19
======

| IF CP21 WAS ASKED, GO TO BOX_22 |
----------------------------------------------------

| OTHERWISE, CONTINUE WITH BOX_20 |
----------------------------------------------------

BOX_20
======

| RECALCULATE UNDERPAYMENT TAKING INTO ACCOUNT CP30 |
| (DISALLOWED CHARGES). IF UNDERPAYMENT IS STILL |
| > 3% OR $5 (WHICHEREVER IS HIGHER) OF TOTAL CHARGE, |
| CONTINUE WITH CP31 USING THE NEW DIFFERENCE IN THE|
| DISPLAY.                                          |
----------------------------------------------------

| IF UNDERPAYMENT IS NOT > 3% OR $5 (WHICHEREVER IS |
| HIGHER) OF THE TOTAL CHARGE, GO TO BOX_22          |
----------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER.) (EV) (EVN-DT)
(REPEAT VISIT: (NAME OF REPEAT VISIT GROUP....)/FLAT FEE GROUP: (NAME OF FLAT FEE EVENT GROUP..))

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>DOLLAR AMOUNT PAID</th>
<th>PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/Family</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
</tbody>
</table>

TOTAL CHARGE: ($XXXXXXXXX) DIFFERENCE: ($XXXXXXXXX)

Do you expect anyone in the family to pay any (amount/more)?

YES .................................... 1
NO ..................................... 2 {BOX_22}
REF ................................... -7 {BOX_22}
DK .................................... -8 {BOX_22}

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES ON THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER THAT ARE FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED DIRECT PAYMENT AMOUNTS. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| SOURCE OF PAYMENT MATRIX IS READ ONLY. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| DISPLAY 'AMOUNT' IF PERSON FAMILY PAYMENT IS $0/0%. DISPLAY 'MORE' IF PERSON/FAMILY PAYMENT IS NOT EQUAL TO $0/0% |
---------------------------------------------------------------------
How much do you expect anyone in the family to pay?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1
PERCENT ................................. 2 {CP32OV2}

ENTER DOLLARS:

[Enter $ Amount] ........................ {BOX_22}
REF ........................................ -7 {BOX_22}
DK ........................................... -8 {BOX_22}

----------------------------------------------------
| SOFT RANGE CHECK: $0 - $10,000                    |
----------------------------------------------------

ENTER PERCENT:

[Enter % Amount] ........................ {BOX_22}
REF ........................................ -7 {BOX_22}
DK ........................................... -8 {BOX_22}

----------------------------------------------------
| SOFT RANGE CHECK: 0% - 100%                      |
----------------------------------------------------
IF AMOUNT PAID BY PERSON/FAMILY IS > $0, CONTINUE  
WITH CP33

OTHERWISE, GO TO BOX_22
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}  
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..})

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>DOLLAR AMOUNT PAID</th>
<th>PERCENT AMOUNT PAID</th>
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<tr>
<td>PERSON/Family</td>
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</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
</tbody>
</table>

TOTAL CHARGE:  {$XXXXXXXXX}       DIFFERENCE:  {$XXXXXXXXX}

Is anyone in the family expecting any reimbursement for this overpayment?

YES .................................... 1
NO ..................................... 2 {BOX_22}
REF ................................... -7 {BOX_22}
DK .................................... -8 {BOX_22}

PRESS F1 FOR DEFINITION OF REIMBURSEMENT.

-------------------------------------------------------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL SOURCES ON THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER THAT ARE FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED DIRECT PAYMENT AMOUNTS. |
-------------------------------------------------------------------------------------------------
| SOURCE OF PAYMENT MATRIX IS READ ONLY. |
-------------------------------------------------------------------------------------------------
How much of a reimbursement does anyone in the family expect?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1
PERCENT ................................ 2

ENTER DOLLARS:

[Enter $ Amount] .......................   (BOX_22)
REF ................................... -7  (BOX_22)
DK .................................... -8  (BOX_22)

<table>
<thead>
<tr>
<th>SOFT RANGE CHECK:  $0 - $10,000</th>
</tr>
</thead>
</table>

ENTER PERCENT:

[Enter % Amount] .......................  
REF ................................... -7
DK .................................... -8

<table>
<thead>
<tr>
<th>SOFT RANGE CHECK:  1% - 100%</th>
</tr>
</thead>
</table>

19-63
RECALCULATE UNDERPAYMENT OR OVERPAYMENT TAKING INTO ACCOUNT ANY AMOUNTS ENTERED AT CP28, CP30, OR CP32.

IF UNDERPAYMENT IS > 3% OR $5 (WHICHEVER IS HIGHER) OF TOTAL CHARGE (WHETHER OR NOT ANY NEW AMOUNTS WERE ENTERED), CONTINUE WITH CP35

IF OVERPAYMENT IS > 3% OR $5 (WHICHEVER IS HIGHER) OF TOTAL CHARGE (WHETHER OR NOT ANY NEW AMOUNTS WERE ENTERED), GO TO CP36

OTHERWISE, GO TO CP37

CP35

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER.) {EV} {EVN-DT}
(REPEAT VISIT: (NAME OF REPEAT VISIT GROUP....)/FLAT FEE GROUP: (NAME OF FLAT FEE EVENT GROUP..})

Can you think of any other reason why there is still an amount remaining?

RECORD ANSWER VERBATIM:

[Enter Text]

GO TO CP37

NOTE: MULTIPLE LINES ARE NECESSARY FOR TEXT ENTRY.
Can you think of any other reason why more than the total charge has been paid?

RECORD ANSWER VERBATIM:

[Enter Text]

| NOTE: MULTIPLE LINES ARE NECESSARY FOR TEXT ENTRY. |
CP37
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

INTERVIEWER:  WHAT RECORDS WERE USED IN COMPLETING THE CHARGE/PAYMENT INFORMATION FOR THE VISIT TO (PROVIDER) ON (VISIT DATE)/THE VISITS FOR (FLAT FEE GROUP)/THE LAST PURCHASE OF (NAME OF PRESCRIBED MEDICINE...)/THE (ONE ITEM GROUP NAME) USED BY (PERSON) SINCE (START DATE)/SERVICES RECEIVED AT HOME FROM (PROVIDER) DURING (MONTH) FOR (PERSON)/(PROVIDER)'S SERVICES AS PART OF THE VISIT MADE ON (VISIT DATE)?

RESPONDENT'S/FAMILY MEMBER'S MEMORY .... 1
RESPONDENT'S/FAMILY MEMBER'S CHECK BOOK. 2
STATEMENT, BILL OR RECEIPT FROM PROVIDER'S OFFICE .................. 3
EXPLANATION OF BENEFITS FROM:
   MEDICARE ............................. 4
   PRIVATE INSURANCE CARRIER ............ 5
CALENDAR ................................. 6
PRESCRIBED MEDICINE BOTTLE, BAG, OR CONTAINER ............................ 7
OTHER .................................... 91

   [Code All That Apply]

----------------------------------------------------
|  IF CODED '91' (OTHER), ALONE OR IN COMBINATION    |
|  WITH OTHER CODES, CONTINUE WITH CP37OV            |
----------------------------------------------------

----------------------------------------------------
|  OTHERWISE, GO TO BOX_23                           |
----------------------------------------------------

CP37OV
======

ENTER OTHER:

   [Enter Other Specify] ....................
IF CP37 IS CODED '3' (PROVIDER'S OFFICE), '4' (EXPLANATION OF BENEFITS FROM MEDICARE), OR '5' (EXPLANATION OF BENEFITS FROM PRIVATE INSURANCE CARRIER) AND EVENT TYPE IS NOT PM OR OM, CONTINUE WITH CP38

OTHERWISE, GO TO BOX_24

CP38

INTERVIEWER: DOES THE PAPERWORK SHOW THAT (PROVIDER) HAS ANOTHER NAME?

YES .................................... 1
NO ..................................... 2

PRESS F1 FOR DEFINITION OF PROVIDER NAME.

CP39

INTERVIEWER: ENTER OTHER NAME FOR (PROVIDER).

[Enter Medical-Provider-65]
BOX_24
=====

---------------------------------------------------
| IF:                                               |
| EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP,  |
| OR                                                |
| EVENT TYPE IS PM, HS, OM, OR HH,                  |
| OR                                                |
| PERSON-PROVIDER PAIR ALREADY FLAGGED AS 'COPAYMENT|
| SITUATION',                                       |
| GO TO BOX_26                                      |
---------------------------------------------------

---------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_25                   |
---------------------------------------------------

BOX_25
=====

---------------------------------------------------
| IF [CP08 IS CODED '2' (NO), '-7' (REFUSED), OR    |
| '-8' (DON'T KNOW)] OR [THE AMOUNT IN CP09 IS SET |
| TO THE COPAYMENT AMOUNT] OR [CP08 AND CP09 WERE   |
| NOT ASKED AND CP06 IS CODED '5' (NO BILL SENT:   |
| HMO PLAN), '6' (NO BILL SENT: VA), OR '8' (NO BILL|
| SENT: WELFARE/MEDICAID)]                           |
| AND                                               |
| CP10 IS CODED '1' (YES)                           |
| AND                                               |
| CP11 IS CODED '1' (DOLLARS) AND A WHOLE DOLLAR    |
| AMOUNT GREATER (> ) THAN $0 AND LESS THAN OR EQUAL|
| (<=) TO $50 IS ENTERED IN CP110V1,                |
| FLAG THIS PERSON-PROVIDER PAIR AS A 'COPAYMENT    |
| SITUATION', THEN CONTINUE WITH BOX_26             |
---------------------------------------------------

---------------------------------------------------
| OTHERWISE, DO NOT SET ANY FLAGS AND THEN CONTINUE |
| WITH BOX_26                                       |
---------------------------------------------------
| BOX_26 |

| END OF CHARGE PAYMENT (CP) SECTION. |
MEPS FAMES Panel 1 Round 3 Charge Payment (CP) Section
January 31, 1997
Disability Days (DD) Section

BOX_01

IF PERSON IS LESS THAN 1 YEAR OF AGE (OR AGE CATEGORY 1), GO TO BOX_03

OTHERWISE, CONTINUE WITH DD01

DD01

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

The next questions ask about time when (PERSON) may have missed a half day or more from work or school or spent a half day or more in bed since (START DATE). In answering these questions, please include any time when this occurred because of (PERSON)'s physical illness or injury, or a mental or emotional problem such as stress or depression.

PRESS ENTER TO CONTINUE.

IF PERSON IS = OR > 1 YEAR OLD AND < 3 YEARS OLD (OR AGE CATEGORY 2), GO TO DD08

IF PERSON IS = OR > 3 YEARS OLD AND < OR = 15 YEARS OLD (OR AGE CATEGORY 3), GO TO DD05

IF PERSON IS = OR > 16 YEARS OLD (OR AGE CATEGORIES 4-9), CONTINUE WITH DD02

NOTE: THERE IS NO UPPER AGE LIMIT RESTRICTION FOR PERSONS WHO ARE ASKED THE WORK-LOSS DISABILITY DAYS QUESTION.
Let's start with work. (Including the time (PERSON) (were/was) in the hospital, how/How) many days did (PERSON) miss a half day or more from work since (START DATE)? Please do not include work around the house.

PROBE: Include any time when a half day or more was missed because of a physical illness or injury, or a mental or emotional problem.

IF NO DAYS MISSED FROM WORK, CODE ‘995’.
IF PERSON DOES NOT WORK, CODE ‘996’.

[Enter Number of Days] ..............
NONE ................................. 995
DOES NOT WORK (OTHER THAN AROUND THE HOUSE) ................................. 996
REF ................................. -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE.
RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE PERIOD FOR THIS PERSON.

IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: ‘IF NO WORK DAYS MISSED, CODE ‘995’.’

IF NUMBER ENTERED > NUMBER OF DAYS IN REFERENCE PERIOD, DISPLAY THE FOLLOWING ERROR MESSAGE: ‘NUMBER OF DAYS MUST BE EQUAL TO OR LESS THAN NUMBER IN REFERENCE PERIOD.’

IF CODED '995' (NONE), '996' (DOES NOT WORK), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND PERSON IS 16 THROUGH 22 YEARS OF AGE INCLUSIVE (OR AGE CATEGORY 4), GO TO DD05

IF CODED '995' (NONE), '996' (DOES NOT WORK), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND PERSON IS 23 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 5-9), GO TO DD08

OTHERWISE, CONTINUE WITH DD03

NOTE: THE AGE RANGE FOR PERSONS GOING TO THE SCHOOL-LOSS DISABILITY DAYS QUESTION HAS BEEN EXTENDED TO INCLUDE INDIVIDUALS WHO MAY BE ATTENDING POST-SECONDARY INSTITUTIONS.
What are the health problems that caused (PERSON) to miss work on those days?

PROBE: Any other health problems?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before? IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER. IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Medical Condition] .................
[2. Medical Condition] .................
[3. Medical Condition] .................
OTHER SPECIFY: (____________)........ 91

-------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| MEDICAL-CONDITIONS-ROSTER.                    |
ROSTER BEHAVIOR SPECIFICATIONS:

1. Interviewer may select a condition(s) already listed on the roster. Doing so should not impact the round flag of the condition.

2. Interviewer should be able to add any number of conditions at the roster questions (i.e., no limit to the number of conditions). As conditions are entered, they should be flagged with the number of the round in which they were first created. This round flag will be used later in the interview to determine which questions should be asked.

3. Interviewer should be able to delete condition that was recorded on the screen where delete is used. That is, as long as the interviewer has not left the screen, she should be able to delete a condition entered in error. If delete is attempted at a time when it is not allowed (i.e., after the link is established), display the following error message: ‘Delete allowed only when condition is first entered.’

Flag all conditions selected or added as being associated with missed work days in this round.

DD04

{Person’s first middle and last name} {STR-DT}
{END-DT}

Number of days missed work: {number of days}

Of those days, how many did (PERSON) stay in bed for half a day or more?

[Enter Number of Days] .................
REF ................................... -7
DK .................................... -8

Press F1 for definition of stay in bed.
| IF PERSON IS 16 THROUGH 22 YEARS OF AGE INCLUSIVE | (OR AGE CATEGORY 4), CONTINUE WITH DD05 |

| IF PERSON IS 23 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 5-9), GO TO DD08 |

| EDIT: DAYS IN BED < DAYS MISSED FROM WORK. |

| FOR 'NUMBER OF DAYS', DISPLAY THE NUMBER ENTERED AT DD02. |

DD05

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{NUMBER OF DAYS IN HOSPITAL: {NUMBER OF DAYS}}

Let's talk about school (and day care). (Including the time (PERSON) (were/was) in the hospital, how/How) many days did (PERSON) miss a half day or more of school (or day care) since (START DATE)?

PROBE: Include any time when a half day or more of school (or day care) was missed because of a physical illness or injury, or a mental or emotional problem.

IF NO DAYS MISSED FROM SCHOOL, CODE '995'.
IF PERSON DOES NOT ATTEND SCHOOL, CODE '996'.

[Enter Number of Days] ............... 995 {DD08}
DOES NOT ATTEND SCHOOL ............. 996 {DD08}
REF ................................... -7 {DD08}
DK ..................................... -8 {DD08}

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE.

[Code One]
DISPLAY 'NUMBER OF DAYS IN HOSPITAL: { }' IF
PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL)).

FOR 'NUMBER OF DAYS', DISPLAY TOTAL NUMBER OF DAYS PERSON WAS IN HOSPITAL FOR ALL HOSPITAL STAYS THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL)).

DISPLAY 'Including the time..., how' IF PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL)). OTHERWISE, DISPLAY 'How'.

RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE PERIOD FOR THIS PERSON.

IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: 'IF NO SCHOOL DAYS MISSED, CODE '995'.'

IF NUMBER ENTERED > NUMBER OF DAYS IN REFERENCE PERIOD, DISPLAY THE FOLLOWING ERROR MESSAGE: 'NUMBER OF DAYS MUST BE EQUAL TO OR LESS THAN NUMBER IN REFERENCE PERIOD.'
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

What are the health problems that caused (PERSON) to miss school on those days?

PROBE: Any other health problems?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Medical Condition] .................
[2. Medical Condition] .................
[3. Medical Condition] .................
OTHER SPECIFY: (__________).........91

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| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- | MEDICAL-CONDITIONS-ROSTER.-----------------------------------------------------------------------------------------------
----------------------------------------------------------------------------------------------------------------------------------
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: “DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.”

FLAG ALL CONDITIONS SELECTED OR ADDED AS BEING ASSOCIATED WITH MISSED SCHOOL DAYS IN THIS ROUND.

---

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

NUMBER OF DAYS MISSED SCHOOL: {NUMBER OF DAYS}

Of those days, how many did (PERSON) stay in bed a half day or more?

[Enter Number of Days] ............... REF .................................. -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF STAY IN BED.
DD08
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{NUMBER OF DAYS IN HOSPITAL:  {NUMBER OF DAYS}}

{Besides the days in bed you just told me about, how/How} many
{additional} days did (PERSON) spend a half day or more in bed
since (START DATE) because of a physical illness or injury, or
mental or emotional problem? {Please include the time (PERSON)
(were/was) in the hospital.)

IF NO {ADDITIONAL} BED DAYS, CODE '995'.

[Enter Number of Days] ...............  
NONE ........................................ 995 {BOX_02}  
REF ........................................... -7 {BOX_02}  
DK .......................................... -8 {BOX_02}  

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE AND STAY IN BED.

| DISPLAY 'NUMBER OF DAYS IN HOSPITAL:  {' IF  |
| PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED  |
| IN CURRENT ROUND (I.E., DISCHARGE DATE NOT  |
| CODED '95' (STILL IN HOSPITAL)). |
FOR 'NUMBER OF DAYS', DISPLAY TOTAL NUMBER OF DAYS PERSON WAS IN HOSPITAL FOR ALL HOSPITAL STAYS THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL)).

DISPLAY 'Besides the days...how', 'additional', AND 'ADDITIONAL' IF ANY BED DAYS RECORDED FOR THIS PERSON IN EITHER DD04 OR DD07. IF NO BED DAYS RECORDED AT DD04 AND DD07, DISPLAY, 'How'.

DISPLAY 'Please include...' IF PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL)).

RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE PERIOD FOR THIS PERSON.

IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: 'IF NO ADDITIONAL BED DAYS, CODE '995'.

EDIT: TOTAL BED DAYS (SUM OF ENTRY AT DD04 PLUS ENTRY AT DD07 PLUS ENTRY AT DD08) MUST BE LESS THAN OR EQUAL TO NUMBER OF DAYS IN REFERENCE PERIOD FOR PERSON.
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

What are the health problems that caused (PERSON) to spend half day or more in bed on those days?

PROBE: Any other health problems?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Medical Condition] .................
[2. Medical Condition] .................
[3. Medical Condition] .................
OTHER SPECIFY: (____________).........91

------------------------------------------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- | ROSTER. |
| MEDICAL-CONDITIONS-ROSTER. |
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS AttemptED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: "DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED."

FLAG ALL CONDITIONS SELECTED OR ADDED AS BEING ASSOCIATED WITH BED DAYS IN THIS ROUND.

BOX_02

CHECK AGE AND WORK STATUS:
IF LESS THAN 16 YEARS OF AGE OR AGE CATEGORIES 1-3), GO TO BOX_03

IF 16 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 4-9) AND DD02 IS NOT CODED '996' (DOES NOT WORK OTHER THAN AROUND THE HOUSE), CONTINUE WITH DD10

IF 16 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 4-9) AND DD02 IS CODED '996' (DOES NOT WORK OTHER THAN AROUND THE HOUSE), GO TO BOX_03

21-13
DD10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

{Besides the {NUMBER MISSED WORK DAYS} days (PERSON) missed a half day or more from work because of (PERSON)'s own illness or injury, did/Did} (PERSON) miss more than a half day from work because of someone else's illness, injury, or health care needs, for example, to take care of a sick child or a relative?

YES ....................................  1
NO/DO NOT WORK..........................  2 {BOX_03}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE.

----------------------------------------------------
|   DISPLAY 'Besides the ..., did' IF ANY BED DAYS    |
|   RECORDED FOR THIS PERSON IN DD02. DISPLAY 'Did'   |
|   IF NO BED DAYS RECORDED FOR THIS PERSON IN DD02.  |
----------------------------------------------------

----------------------------------------------------
|   DISPLAY NUMBER RECORDED IN DD02 FOR 'NUMBER      |
|   MISSED WORK DAYS' IF DD02 ≠ '-7' (REFUSED) OR '-8'|
|   DON'T KNOW). IF DD02 = '-7' (REFUSED) OR '-8'     |
|   DON'T KNOW), USE A NULL DISPLAY.                 |
----------------------------------------------------

DD11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

How many days did (PERSON) miss a half day or more from work because of someone else's illness, injury, or health care needs?

[Enter Number of Days] .................
REF ................................... -7
DK .................................... -8
| EDIT: DAYS ENTERED < NUMBER OF DAYS IN REFERENCE |
| PERIOD |

| IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: 'IF NO WORK DAYS MISSED, USE CTRL/B TO CORRECT PREVIOUS ANSWER.' |

| IF NUMBER ENTERED > NUMBER OF DAYS IN REFERENCE PERIOD, DISPLAY THE FOLLOWING ERROR MESSAGE: 'NUMBER OF DAYS MUST BE EQUAL TO OR LESS THAN NUMBER IN REFERENCE PERIOD.' |

BOX_03

| GO TO NEXT QUESTIONNAIRE SECTION |
Dental Care (DN) Section

DN01

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

Was this visit because of an accident or injury?

YES ........................................ 1
NO ......................................... 2 {DN03}
REF ........................................ -7 {DN03}
DK ......................................... -8 {DN03}

PRESS F1 FOR DEFINITION OF ACCIDENT/INJURY.

DN02

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

What kind of dental injury did (PERSON) have?

PROBE: Any other injury?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO THE CONDITION ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.


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| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-MEDICAL-CONDITIONS-ROSTER. |
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ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

EACH CONDITION SELECTED OR ADDED AT DN02 SHOULD BE FLAGGED AS ‘DUE TO ACCIDENT/INJURY’. THIS WILL BE USED TO PRECODE THE RESPONSE TO CN02_02 (‘Was this due to an accident/injury?’) AS ‘1’ (YES).
What type of dental care provider did (PERSON) see during this visit?

PROBE: Any other type of dental care person?

CODE ALL THAT APPLY.

GENERAL DENTIST ...................... 1
DENTAL HYGIENIST .................... 2
DENTAL TECHNICIAN ................. 3
DENTAL SURGEON ..................... 4
ORTHODONTIST ....................... 5
ENDODONTIST ......................... 6
PERIODONTIST ......................... 7
OTHER .................................. 91
REF .................................. -7
DK .................................. -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
What did (PERSON) have done during this visit?
PROBE: What else was done? CODE ALL THAT APPLY.

FOR DEFINITIONS OF ANSWER CATEGORIES, PRESS F1.

*DIAGNOSTIC OR PREVENTATIVE
  GENERAL EXAM, CHECKUP OR CONSULTATION .. 1
  CLEANING, PROPHYLAXIS, OR POLISHING .... 2
  X-RAYS, RADIOGRAPHS, OR BITEWINGS ...... 3
  FLUORIDE TREATMENT .......................... 4
  SEALANT (PLASTIC COATINGS ON BACK TEETH) .................................. 5
*RESTORATIVE OR ENDODONTIC
  FILLINGS ........................................ 6
  INLAYS ............................................ 7
  CROWNS OR CAPS ................................. 8
  ROOT CANAL ...................................... 9
*PERIODONTAL (GUM TREATMENT)
  PERIODONTAL SCALING, ROOT PLANING, OR GUM SURGERY ............................. 10
  PERIODONTAL RECALL VISIT (PERIODIC OR REGULAR) ................................ 11
*ORAL SURGERY
  EXTRACTION, TOOTH PULLED ..................... 12
  IMPLANTS .......................................... 13
  ABSCESS OR INFECTION TREATMENT ............ 14
  OTHER ORAL SURGERY ............................... 15
*PROSTHETICS
  FIXED BRIDGES ................................. 16
  DENTURES OR REMOVABLE PARTIAL DENTURES . 17
  RELINING OR REPAIR OF BRIDGES OR DENTURES ........................................ 18
*ORTHODONTICS
  ORTHODONTIA, BRACES, OR RETAINERS ...... 19
*ADDITIONAL PROCEDURES
  BOND, WHITEN, OR BLEACH ..................... 20
  TREATMENT FOR TMD OR TMJ ..................... 21
  OTHER ............................................ 91
  REF .............................................. -7
  DK ................................................. -8

[Code All That Apply]
IF CODE '91' (OTHER) ENTERED ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH DN04OV

OTHERWISE, GO TO DN05

HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE SCREEN. THEREFORE, HEADINGS WILL ONLY APPEAR ON F1 SCREEN AND SHOW CARD DN-1. HEADINGS SHOULD BE ASSOCIATED WITH CODES AS FOLLOWS:
*DIAGNOSTIC OR PREVENTATIVE = CODES 1-5
*RESTORATIVE OR ENDODONTIC = CODES 6-9
*PERIODONTIC (GUM TREATMENT) = CODES 10-11
*ORAL SURGERY = CODES 12-15
*PROSTHETICS = CODES 16-18
*ORTHODONTICS = CODE 19
*ADDITIONAL PROCEDURES = CODES 20-21 AND 91

ENTER OTHER TYPE OF DENTAL CARE:

[Enter Other Specify].................
REF ................................... -7
DK .................................... -8
During this visit, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES .................................... 1
NO ..................................... 2 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescriptions from this visit filled?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Prescribed Medicine] ............
[2. Prescribed Medicine] ............
[3. Prescribed Medicine] ............
OTHER SPECIFY: (__________) ........... 91
ROSTER BEHAVIOR SPECIFICATIONS

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES).
3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.'

BOX_01

IF THE CHARGE/PAYMENT SECTION HAS NOT BEEN ASKED FOR THE EVENT-PROVIDER PAIR BEING ASKED ABOUT, GO TO THE CHARGE/PAYMENT SECTION.

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION.
Event Driver (ED) Section

BOX_01
======

| DISPLAY EVENTS BY PERSON THEN BY THE ORDER OF |
| ENTRY - THAT IS, IN THE ORDER BY PROVIDER PROBES, |
| AND THEN ANY ADDITIONS. |

LOOP_01
=======

| FOR EACH ELEMENT IN PERSON’S-MEDICAL-EVENTS- |
| ROSTER, ASK ED01 - END_LP01. |

| LOOP DEFINITION: LOOP_01 CORRECTS EVENT |
| INFORMATION, IF NECESSARY, AND CALLS THE |
| APPROPRIATE UTILIZATION SECTION FOR THE EVENT. |
| THIS LOOP CYCLES ON EVENTS THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - EVENT TYPE IS NOT PM OR IC |
| - EVENT IS NOT YET FLAGGED AS PROCESSED IN |
| UTILIZATION |
{PERSON'S FIRST MIDDLE AND LAST NAME}

{The next questions ask detail about each of the times (PERSON) received medical or dental care.}

THERE {IS/ARE} {NUMBER} {EVENT/EVENTS} REMAINING TO BE PROCESSED FOR (PERSON).

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| DISPLAY 'The....care.' IF FIRST EVENT TO BE ASKED ABOUT FOR THIS PERSON. |
| | |
| DISPLAY 'IS' IF ONLY ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. DISPLAY 'ARE' IF MORE THAN ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. |
| | |
| DISPLAY THE ACTUAL NUMBER OF EVENTS LEFT TO BE ASKED ABOUT FOR THIS PERSON FOR '{NUMBER}'. |
| | |
| DISPLAY 'EVENT' IF ONLY ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. DISPLAY 'EVENTS' IF MORE THAN ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. |
| | |
----------------------------------------------------

LOOP_02

---------------------------
| For each of the following: |
| | |
| EVENT NOT YET CODED AS 'INFORMATION OK' AT ED02 |
| | |
| ask ED02 - END_LP02 |
| | |
---------------------------
Let's talk about {the hospital stay for (PERSON) at (PROVIDER) that began on (ADMIT DATE)/when (PERSON) visited the emergency room at (PROVIDER) on (VISIT DATE)/when (PERSON) received medical care from an outpatient department at (PROVIDER) on (VISIT DATE)/when (PERSON) received medical care from (PROVIDER) on (VISIT DATE)/when (PERSON) received dental care from (PROVIDER) on (VISIT DATE)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/the services (PERSON) received at home from (PROVIDER) during (MONTH)}.

CODE '1' UNLESS RESPONDENT VOLUNTEERS CORRECTION.
INFORMATION OK ......................... 1 {END_LP02}
CORRECTIONS NEEDED:
  PROVIDER MISSPELLED/INCOMPLETE ........ 2
  DATE(S) INCORRECT ........................ 3
  WRONG EVENT TYPE ........................ 4
  WRONG PROVIDER ......................... 5
  WRONG OME ITEM GROUP ................... 6
  EVENT NOT FOR THIS PERSON .............. 7
  EVENT ENTERED IN ERROR ................. 8

WANT TO REVIEW (PERSON)'S EVENTS OR
ADD EVENT FOR ANY RU MEMBER .......... 9 {ED09}

[Code One]

| DISPLAY 'the hospital...(ADMIT DATE)' IF EVENT TYPE IS HS. | DISPLAY 'when...emergency...(VISIT DATE)' IF EVENT TYPE IS ER. |
| 'when...outpatient...(VISIT DATE)' IF EVENT TYPE IS OP. | 'when...medical...(VISIT DATE)' IF EVENT TYPE IS MV. |
| 'when...dental...(VISIT DATE)' IF EVENT TYPE IS DN. | 'the {OME ITEM GROUP NAME}...(START DATE)' IF EVENT TYPE IS OM. |
| 'the...home...(MONTH)' IF EVENT TYPE IS HH. |
IF CODED '2' (PROVIDER MISSPELLED/INCOMPLETE) AND EVENT TYPE IS OM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT AVAILABLE FOR OM EVENTS. PRESS ENTER TO CONTINUE.'

IF CODED '2' (PROVIDER MISSPELLED/INCOMPLETE) AND EVENT TYPE IS NOT OM, CONTINUE WITH ED03

IF CODED '3' (DATE(S) INCORRECT), '4' (WRONG EVENT TYPE), OR '5' (WRONG PROVIDER) AND EVENT TYPE IS HH, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT AVAILABLE FOR HH EVENTS. IF CORRECTION NECESSARY, DELETE AND RE-ADD THIS HH EVENT. PRESS ENTER TO CONTINUE.'

IF CODED '3' (DATE(S) INCORRECT), '4' (WRONG EVENT TYPE), OR '5' (WRONG PROVIDER) AND EVENT TYPE IS OM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT AVAILABLE FOR OM EVENTS. IF CORRECTION NECESSARY, DELETE AND RE-ADD THIS OM EVENT. PRESS ENTER TO CONTINUE.'

IF CODED '3' (DATE(S)) INCORRECT AND EVENT TYPE IS NOT HH OR OM, GO TO ED04

IF CODED '4' (WRONG EVENT TYPE) AND EVENT TYPE IS NOT HH OR OM, GO TO ED07

IF CODED '5' (WRONG PROVIDER) AND EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY THE FOLLOWING MESSAGE: 'CHANGE OF PROVIDER DISALLOWED. RECORD ALREADY LINKED TO OTHER EVENTS.'

IF CODED '5' (WRONG PROVIDER), AND EVENT TYPE IS NOT HH OR OM, AND EVENT IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE, GO TO BOX_02
IF CODED ‘6’ (WRONG OME ITEM GROUP) AND EVENT TYPE IS NOT OM, DISPLAY THE FOLLOWING MESSAGE: ‘THIS CODE ONLY AVAILABLE FOR OM EVENTS. ENTER NEW CODE. PRESS ENTER TO CONTINUE.’

IF CODED ‘6’ (WRONG OME ITEM GROUP) AND EVENT TYPE IS OM, AND OM GROUP TYPE IS ‘REGULAR’ (EV02A=1 OR NOT ASKED), GO TO ED06

IF CODED ‘6’ (WRONG OME ITEM GROUP) AND EVENT TYPE IS OM, AND OM GROUP TYPE IS ‘ADDITIONAL’ (EV02A=2), GO TO ED06A

IF CODED ‘7’ (EVENT NOT FOR THIS PERSON) AND SINGLE-PERSON RU, DISPLAY THE FOLLOWING MESSAGE: ‘THIS CODE NOT AVAILABLE FOR SINGLE-PERSON RU. ENTER NEW CODE.’

IF CODED ‘7’ (EVENT NOT FOR THIS PERSON) AND EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY THE FOLLOWING MESSAGE: ‘TRANSFER DISALLOWED. RECORD ALREADY LINKED TO OTHER EVENTS.’

IF CODED ‘7’ (EVENT NOT FOR THIS PERSON), AND MULTI-PERSON RU, AND EVENT IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE, GO TO ED05

IF CODED ‘8’ (EVENT ENTERED IN ERROR), AND EVENT IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE, FLAG EVENT FOR DELETION AND GO TO END_LP02

IF CODED ‘8’ (EVENT ENTERED IN ERROR) AND EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY THE FOLLOWING MESSAGE: ‘DELETION DISALLOWED. RECORD ALREADY LINKED TO OTHER EVENTS.’
ED03
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EV} {E VN-DT}

INTERVIEWER: RE-TYPE THE ENTIRE PROVIDER NAME TO CORRECT.

[Enter Person-Type-Provider-85]
[Enter Facility-Provider-45]

----------------------------------------------------
| DISPLAY PERSON-TYPE-PROVIDER AND FACILITY-PROVIDER | AS APPLICABLE FOR THE PROVIDER(S) ASSOCIATED WITH | THIS EVENT-PROVIDER PAIR. THAT IS, DISPLAY AND | ALLOW CORRECTIONS TO THE PERSON-TYPE-PROVIDER IF | PV01 WAS CODED '1' (PERSON). DISPLAY AND ALLOW | CORRECTIONS TO THE FACILITY-PROVIDER IF PV01 WAS | CODED '2' (FACILITY), OR IF PV03 WAS CODED '3' | (ADD NEW/DIFFERENT FACILITY FOR PROVIDER), OR IF | PV05 WAS CODED '1' (YES) FOR THIS EVENT-PROVIDER | PAIR FOR THIS PERSON. |
----------------------------------------------------

----------------------------------------------------
| WRITE CORRECTION TO RU-MEDICAL-PROVIDERS-ROSTER. |
----------------------------------------------------

----------------------------------------------------
| GO TO END LP02 |
----------------------------------------------------
ED04

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EV} {EVN-DT}

INTERVIEWER: RE-TYPE THE ENTIRE EVENT DATE(S) TO CORRECT.

[Enter Month,Day,Year-2] - [Enter Month,Day,Year-2]

-----------------------------------------------------
| REFUSED AND DON'T KNOW ARE ALLOWED IN THE DAY AND YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD. |
-----------------------------------------------------

-----------------------------------------------------
| COLLECT DISCHARGE DATE ONLY IF EVENT TYPE IS HS. |
-----------------------------------------------------

-----------------------------------------------------
| WRITE CORRECTION TO PERSON'S-MEDICAL-EVENTS-ROSTER. |
-----------------------------------------------------

-----------------------------------------------------
| GO TO END_LP02 |
-----------------------------------------------------
ED05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EV} {EVN-DT}

INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-35] .........................
[2. First Name,[Middle Name],Last Name-35] .........................
[3. First Name,[Middle Name],Last Name-35] .........................

[Code One]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-MEMBERS-ROSTER.                        |
----------------------------------------------------

----------------------------------------------------
| FLAG EVENT FOR DELETION FROM PERSON’S-MEDICAL- |
| EVENTS-ROSTER FOR PERSON ORIGINALY ASSOCIATED |
| WITH EVENT AND ADD EVENT TO PERSON’S-MEDICAL- |
| EVENTS-ROSTER FOR PERSON SELECTED IN ED05.     |
----------------------------------------------------

----------------------------------------------------
| GO TO END_LP02                                    |
----------------------------------------------------

BOX_02
=====

----------------------------------------------------
| ASK THE PROVIDER ROSTER (PV) SECTION FOR THIS |
| EVENT                                         |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF PROVIDER ROSTER (PV) SECTION, |
| CONTINUE WITH BOX_03                            |
----------------------------------------------------
WRITE PROVIDER CORRECTION TO PERSON’S-EVENT-PROVIDER-PAIRS-ROSTER.

GO TO END_LP02

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EV}

INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

GLASSES OR CONTACT LENSES ............ 1
INSULIN ................................ 2
OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3

[Code One]

IF CODED ‘2’ (INSULIN), ADD ‘INSULIN’ TO PERSON’S-PRESCRIBED-MEDICINES-ROSTER.

IF CODED ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES), ADD ‘OTHER DIABETIC EQUIP/SUPPLIES’ TO PERSON’S-PRESCRIBED-MEDICINES-ROSTER.

CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP SELECTED IN ED06.

GO TO END_LP02
INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

| AMBULANCE SERVICES ..................... | 1 [BOX_ED06A] |
| ORTHOPEDIC ITEMS ....................... | 2 [BOX_ED06A] |
| HEARING DEVICES ......................... | 3 [BOX_ED06A] |
| PROSTHESES ................................ | 4 [BOX_ED06A] |
| BATHROOM AIDS .......................... | 5 [BOX_ED06A] |
| MEDICAL EQUIPMENT ....................... | 6 [BOX_ED06A] |
| DISPOSABLE SUPPLIES ..................... | 7 [BOX_ED06A] |
| ALTERATIONS/MODIFICATIONS .............. | 8 [BOX_ED06A] |
| OTHER ................................... | 91 [Code One] |

ENTER OTHER GROUPING OF OTHER MEDICAL EXPENSES:

[Enter Other Specify] ....................
REF ................................... -7
DK .................................... -8

CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP SELECTED IN ED06A OR ENTERED IN ED06AOV.

GO TO END_LP02
ED07
====

INTERVIEWER: SELECT CORRECT EVENT TYPE.

HOSPITAL STAY .......................... HS
HOSPITAL EMERGENCY ROOM ............... ER {END_LP02}
HOSPITAL OUTPATIENT DEPARTMENT ........ OP {END_LP02}
MEDICAL PROVIDER VISIT ............... MV {END_LP02}
DENTAL CARE ........................... DN {END_LP02}

[Code One]

PRESS F1 FOR DEFINITIONS OF EVENT TYPES.

-----------------------------------------------------
| CHANGE THE EVENT TYPE ORIGINALLY ASSOCIATED WITH   |
| THE EVENT BEING ASKED ABOUT TO THE EVENT TYPE      |
| SELECTED IN ED07. IF EVENT TYPE WAS HOSPITAL      |
| STAY, THE NEW EVENT DATE WILL BE THE ADMIT DATE    |
| COLLECTED FOR THE HOSPITAL STAY.                   |

-----------------------------------------------------

-----------------------------------------------------

ED08
====

INTERVIEWER: RE-TYPE ENTIRE EVENT DATE(S) TO CORRECT.

[Enter Month,Day,Year-2] - [Enter Month,Day,Year-2]

-----------------------------------------------------
| WRITE CORRECTION TO PERSON’S-MEDICAL-EVENTS-ROSTER.|

-----------------------------------------------------
| GO TO END_LP02

-----------------------------------------------------
| REFUSED AND DON’T KNOW ARE ALLOWED IN THE DAY AND |
| YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD. |

10-11
ED09
=====

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (EV) (EVN-DT)
(OME Item Group: (Name of OME Item Group......))

INTERVIEWER: SO FAR, THE FOLLOWING EVENTS HAVE BEEN RECORDED FOR (PERSON):

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.


| CAPI DISPLAYS A CHECK MARK IN THE 'UTIL' COLUMN IF THE EVENT BEING ASKED ABOUT HAS COMPLETED THE APPROPRIATE UTILIZATION SECTION. |
MEPS FAMES Panel 1 Round 3 Event Driver (ED) Section
January 31, 1997

----------------------------------------------------
| CAPI DISPLAYS A CHECK MARK IN THE 'C/P' COLUMN IF |
| THE EVENT BEING ASKED ABOUT HAS COMPLETED THE    |
| CHARGE/PAYMENT (CP) SECTION.                      |
----------------------------------------------------

----------------------------------------------------
| CONTINUE WITH ED09OV1                             |
----------------------------------------------------

ED09OV1
=======

ADD AN EVENT?

YES .................................... 1
NO ..................................... 2 {END_LP02}

----------------------------------------------------
| ED09OV1 IS DISPLAYED BENEATH THE GRID ON ED09     |
| WHENEVER ED09 IS DISPLAYED.                       |
----------------------------------------------------

BOX_04
======

----------------------------------------------------
| ASK THE EVENT ROSTER (EV) SECTION FOR THIS EVENT  |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF EVENT ROSTER (EV) SECTION,      |
| CONTINUE WITH END_LP02                            |
----------------------------------------------------

----------------------------------------------------
| NOTE: CAPI CONTINUES THE LOOP FOR THE EVENT      |
| THAT WAS IN PROCESS WHEN ANOTHER EVENT WAS ADDED.|
| ADDED EVENTS ARE PROCESSED IN THE ED SECTION     |
| AFTER EVENTS THAT WERE RECORDED IN THE PROVIDER  |
| PROBES (PP) SECTION.                             |
----------------------------------------------------

10-13
END_LP02
======

----------------------------------------------------
| IF ED02 IS CODED '1' (INFORMATION OK), CONTINUE   |
| WITH END_LP01                                     |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CYCLE ON THE SAME EVENT TO COLLECT ANY |
| ADDITIONAL CORRECTION.                            |
----------------------------------------------------

END_LP01
======

-----------------------------------------------------
| ASK APPROPRIATE UTILIZATION SECTION FOR THIS EVENT. |
| WHEN UTILIZATION IS COMPLETED FOR THIS EVENT,      |
| CYCLE ON NEXT EVENT IN PERSON’S-MEDICAL-EVENTS-   |
| ROSTER THAT MEETS THE CONDITIONS STATED IN THE     |
| LOOP DEFINITION.                                  |
-----------------------------------------------------

-----------------------------------------------------
| IF NO MORE EVENTS MEET THE STATED CONDITIONS, END  |
| LOOP_01 AND CONTINUE WITH BOX_05                   |
-----------------------------------------------------

BOX_05
=====

-----------------------------------------------------
| GO TO THE NEXT QUESTIONNAIRE SECTION                |
-----------------------------------------------------
Employment (EM) Section Subsection A

BOX_01
======

----------------------------------------------------
| IF PERSON HAS ONE OF THE SAME CURRENT JOBS IN THIS|
| ROUND AS IN THE PREVIOUS ROUND, THAT IS IF:       |
|                                                    |
| - CURRENT ROUND IS NOT ROUND 1, AND               |
| - PERSON WAS = OR > 16 OR IN AGE CATEGORIES 4-9   |
|   DURING THE PREVIOUS ROUND, AND                  |
| - RJ01 IS CODED ‘1’ (YES) OR RJ06 IS CODED ‘1’,   |
|   GO TO EM51                                       |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH EM01                     |
----------------------------------------------------

EM01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

Now I have some questions about work experience for {PERSON}.

{During our last interview on {PREV RD INTV DATE}, we recorded that {PERSON} did not work at any job for pay.}

(Do/Does) {PERSON} currently have a job for pay or own a business {that we have not yet talked about}?

PROBE:  Do not count work around the house. Include work in a family farm or business, even if unpaid.

YES ...................................  1 {EM04}
NO ....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.
At any time since (START DATE), did (PERSON) have {a/any other} job for pay or own a business {that we have not yet talked about}?

PROBE: Do not count work around the house. Include work in a family farm or business, even if unpaid.

YES ................................... 1 {EM26}
NO .................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

(Do/Does) (PERSON) have a job or business (PERSON) can return to {that we have not yet talked about}?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

<table>
<thead>
<tr>
<th>IF CODED '1' (YES), GO TO EM05</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED '2' (NO), '-7' (REF), or '-8' (DK)</td>
</tr>
<tr>
<td>AND PERSON WAS ASKED EMPLOYMENT SECTION LAST</td>
</tr>
<tr>
<td>ROUND, GO TO BOX_19A</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>IF CODED '2' (NO), '-7' (REF), or '-8' (DK)</td>
</tr>
<tr>
<td>AND PERSON WAS NOT ASKED EMPLOYMENT SECTION</td>
</tr>
<tr>
<td>LAST ROUND, GO TO EM65</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
</tbody>
</table>
EM04

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

(Do/Does) (PERSON) currently work at more than one job or business?

YES .................................................................... 1 {EM11}
NO ............................................................. 2
REF ............................................................ -7
DK ............................................................... -8

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

EM05

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

(Are/Is) (PERSON) self-employed, or (do/does) (PERSON) work for someone else at that job?

SELF-EMPLOYED ........................................ 1
FOR SOMEONE ELSE ................................. 2
REF .......................................................... -7
DK ............................................................ -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'
|------------------------------------------------------------------|
| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'.
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IF THERE ARE NO ESTABLISHMENTS FLAGGED AS 'EMPLOYER' ON RU-ESTABLISHMENTS-ROSTER, GO TO EM08</td>
</tr>
</tbody>
</table>

25-21
| IF THERE IS ONE OR MORE ESTABLISHMENT FLAGGED AS 'EMPLOYER' ON RU-ESTABLISHMENTS-ROSTER, CONTINUE WITH EM06 |

EM06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

What is the name of the employer where (PERSON) work/works)/(PERSON)'s business?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM06_02. STREET</th>
<th>EM06_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

-----------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |

-----------------------------
| NOTE THE FOLLOWING ESTABLISHMENT ROSTER BEHAVIOR SPECIFICATIONS APPLY TO EVERY ESTABLISHMENT ROSTER THROUGHOUT EM-A. |

25-22
ROSTER BEHAVIOR SPECIFICATIONS:
1. INTERVIEWER MAY SELECT ANY ESTABLISHMENT ALREADY LISTED OR SELECT NONE OF THE ABOVE.
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CAN NOT ADD AT THIS SCREEN. ESTABLISHMENTS ARE 'ADDED' BY USING NONE OF THE ABOVE.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E., CTRL/D).

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.

IF 'NONE OF THE ABOVE' IS SELECTED, GO TO EM08

OTHERWISE, CONTINUE WITH EM07

EM07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY..........., ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ........ 1 {BOX_02}
ADD NEW ADDRESS FOR EMPLOYER ........  2
ABOVE ADDRESS/TELEPHONE NEEDS
   CORRECTION ............................ 3 {EM09}
SELECTED WRONG EMPLOYER/ADDRESS ......  4
REF ................................. -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]
IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), CAPI REDISPLAYS EM06 SO THAT INTERVIEWER CAN SELECT ANOTHER EMPLOYER.

EM08

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

What is the name of the employer where (PERSON) (work/works)/(PERSON)’s business)?

What is the new address where (PERSON) (work/works) for that job/of (PERSON)’s business)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKS.

| ESTABLISHMENT (EM08_01): [__________] |
| 1ST_STR_ADDRESS (EM08_02): [__________] |
| 2ND_STR_ADDRESS (EM08_03): [__________] |
| CITY (EM08_04): [__________] |
| STATE (EM08_05): [__________] |
| ZIP CODE (EM08_06): [__________] |
| TELEPHONE (EM08_07): [__________] |

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

IF EM07 WAS CODED ‘2’ (ADD NEW ADDRESS FOR EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER.

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.

GO TO BOX_02
EM09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}

CORRECT ADDRESS OR TELEPHONE FOR:  (EMPLOYER)

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  [1ST_STR_ADDRESS]
               [2ND_STR_ADDRESS]
               [CITY]
               [STATE]
               [ZIP CODE]
               [TELEPHONE]

1ST_STR_ADDRESS (EM09_01):  [_____________]
2ND_STR_ADDRESS (EM09_02):  [_____________]
CITY (EM09_03):  [__________]
STATE (EM09_04):  [__________]
ZIP CODE (EM09_05):  [__________]
TELEPHONE (EM09_06):  [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

-----------------------------------------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER. |
-----------------------------------------------------------------------

BOX_02
=====

-----------------------------------------------------------------------
| FLAG JOB SUBTYPE AS 'CURRENT MAIN'.                                |
-----------------------------------------------------------------------
-----------------------------------------------------------------------
| FLAG JOB AS 'NOT RETIRED FROM'.                                   |
-----------------------------------------------------------------------
EM10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}

When did (PERSON) start working at that job?

[Enter Year-2] .........................
REF .................................... -7 {EM38}
DK ...................................... -8 {EM38}

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM10OV1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM10OV2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_03</th>
</tr>
</thead>
</table>

EM10OV1
=======

[Enter Month-2, Day-2] ............... {BOX_03}
REF .................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

EM10OV2
=======

[Enter Month-2] .....................
REF .................................... -7
DK .................................... -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON'S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

BOX_03

IF JOB START DATE < OR = (I.E., ON OR BEFORE) REFERENCE PERIOD START DATE, GO TO EM51

IF JOB START DATE > (I.E., AFTER) REFERENCE PERIOD START DATE, GO TO EM38
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

Please think about (PERSON)'s main job or business. (Are/Is) (PERSON) self-employed, or (do/does) (PERSON) work for someone else at that job?

SELF-EMPLOYED ......................... 1
FOR SOMEONE ELSE ...................... 2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

<table>
<thead>
<tr>
<th>IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED '2' (FOR SOMEONE ELSE) '7' (REFUSED), OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'.</td>
</tr>
</tbody>
</table>

| IF THERE ARE NO ESTABLISHMENTS FLAGGED AS 'EMPLOYER' ON THE RU-ESTABLISHMENTS-ROSTER, |
| GO TO EM14 |
| OTHERWISE, CONTINUE WITH EM12 |

BOX_04

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BOX_04</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
EM12
====

(PERSON'S FIRST MIDDLE AND LAST NAME) {STR-DT}

What is the name of (PERSON)'s main job/business?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM12_02. STREET</th>
<th>EM12_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

--- ROSTER DEFINITION: THIS ROSTER DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. ---

--- DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER. ---

--- IF 'NONE OF THE ABOVE' IS SELECTED, GO TO EM14 ---

--- OTHERWISE, CONTINUE WITH EM13 ---
EM13
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {STR-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY....... ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT .......... 1 {BOX_05}
ADD NEW ADDRESS FOR EMPLOYER ............ 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ............................. 3 {EM15}
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

[Code One]

----------------------------------------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM12 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                    |
----------------------------------------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)  (STR-DT)

What is the name of (PERSON)'s main job/business?)

What is the [new] address [where (PERSON) works/works) for that job/of (PERSON)'s business]?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKS.

ESTABLISHMENT (EM14_01): [__________]
1ST_STR_ADDRESS (EM14_02): [__________]
2ND_STR_ADDRESS (EM14_03): [__________]
   CITY (EM14_04): [__________]
   STATE (EM14_05): [__________]
   ZIP CODE (EM14_06): [__________]
   TELEPHONE (EM14_07): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| IF EM13 WAS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |

| GO TO BOX_05 |

25-31
EM15
=====

(Person's first middle and last name) (Employer being asked about...) (STR-DT)

Correct address or telephone for: (Employer)

To verify current information or to leave a field blank, press enter. To correct or enter information, type entire field.

Current Info: [1ST_STR_ADDRESS]
              [2ND_STR_ADDRESS]
              [CITY]
              [STATE]
              [ZIP_CODE]
              [TELEPHONE]

1ST_STR_ADDRESS (EM15_01): [__________]
2ND_STR_ADDRESS (EM15_02): [__________]
CITY (EM15_03): [__________]
STATE (EM15_04): [__________]
ZIP_CODE (EM15_05): [__________]
TELEPHONE (EM15_06): [__________]

Press F1 for list of state abbreviations.

------------------------------------------------------------------------------------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER. |
------------------------------------------------------------------------------------------------------------------

BOX_05
=====

------------------------------------------------------------------------------------------------------------------
| FLAG JOB SUBTYPE AS 'CURRENT MAIN'. |
------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------
| FLAG JOB AS 'NOT RETIRED FROM'. |
------------------------------------------------------------------------------------------------------------------
EM16
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {STR-DT}

When did (PERSON) start working at that job?

[Enter Year-2] .........................
REF ..................................... -7
DK ...................................... -8

----------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM16OV1 |
----------------------------------------

----------------------------------------
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM16OV2 |
----------------------------------------

----------------------------------------
| OTHERWISE, GO TO EM17 |
----------------------------------------

EM16OV1
=======

[Enter Month-2, Day-2]................. {EM17}
REF ..................................... -7 {EM17}
DK ...................................... -8 {EM17}

EM16OV2
=======

[Enter Month-2] .........................
REF ..................................... -7
DK ...................................... -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED ‘04’, ‘06’, ‘09’, ‘11’;
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED ‘02’ AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED ‘02’ AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.
EM17
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

You mentioned that (PERSON) (have/has) another job now. **At any time since (START DATE)**, did (PERSON) have health insurance through this other job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

YES ...................................  1
NO ....................................  2
REF ......................................... -7
DK ......................................... -8

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'. |
EM18

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

(Are/Is) (PERSON) self-employed, or (do/does) (PERSON) work for someone else at this job?

SELF-EMPLOYED ......................... 1
FOR SOMEONE ELSE ...................... 2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

<table>
<thead>
<tr>
<th>IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'.</th>
</tr>
</thead>
</table>
What is the name of {the employer where (PERSON) (work/works) for that job/(PERSON)'s business}?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM19_02. STREET</th>
<th>EM19_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

---
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |
---
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER. |
---
| IF: |
| EM17 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| AND |
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), |
| GO TO EM21 |
IF:
| EM17 IS CODED ‘1’ (YES) 
| AND 
| ‘NONE OF THE ABOVE’ IS SELECTED, 
| GO TO EM22

IF:
| EM17 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) 
| AND 
| ‘NONE OF THE ABOVE’ IS SELECTED, 
| GO TO EM23

IF:
| EM17 IS CODED ‘1’ (YES) 
| AND 
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), 
| GO TO EM24

OTHERWISE (I.E., ADDRESS SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM20
EM20

{PERSON'S FIRST MIDDLE AND LAST NAME} (EMPLOYER BEING ASKED ABOUT...) (STR-DT)

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY........, ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT .......... 1 (BOX_06)
ADD NEW ADDRESS FOR EMPLOYER .......... 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ....................... 3 (EM24)
SELECTED WRONG EMPLOYER/ADDRESS ......... 4
REF  .................................... -7 (BOX_06)
DK  ....................................... -8 (BOX_06)

[Code One]

-----------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM17 IS CODED '1' (YES), GO TO EM22 |
-----------------------------------------------

-----------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM17 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW), GO TO EM23 |
-----------------------------------------------

-----------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM19 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER. |
-----------------------------------------------
EM21
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} (STR-DT)

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT CITY....... ST}

PARTIAL ADDRESS CORRECT ................ 1 {BOX_06}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM23}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ................................... -7 {BOX_06}
DK .................................... -8 {BOX_06}

[Code One]

------------------------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM19 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                              |
------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} (STR-DT)

CORRECT ADDRESS FOR: (EMPLOYER)

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  [ESTABLISHMENT]
               [1ST_STR_ADDRESS]
               [CITY]
               [STATE]

1ST_STR_ADDRESS (EM21A_01):  [_____________]
CITY (EM21A_02):  [_____________]
STATE (EM21A_03):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| WRITE ADDRESS CORRECTIONS TO THE                    |
| RU-ESTABLISHMENTS-ROSTER.                           |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_06                                        |
----------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)  {STR-DT}

What is the (new) address (where (PERSON) (work/works) for that job/of (PERSON)’s business)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKS.

ESTABLISHMENT (EM22_01): [_____________]
1ST_STR_ADDRESS (EM22_02): [_____________]
2ND_STR_ADDRESS (EM22_03): [_____________]
   CITY (EM22_04): [_____________]
   STATE (EM22_05): [_____________]
   ZIP CODE (EM22_06): [_____________]
   TELEPHONE (EM22_07): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| IF EM20 WAS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |
| GO TO BOX_06 |

25-42
What is the {new} address {where (PERSON) (work/works) for that job/of (PERSON)’s business}?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKS.

| ESTABLISHMENT (EM23_01): [__________] |
| 1ST_STR_ADDRESS (EM23_02): [__________] |
| CITY (EM23_03): [__________] |
| STATE (EM23_04): [__________] |

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
EM24
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {STR-DT}

{CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).}

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]

1ST_STR_ADDRESS (EM24_01): [__________]
2ND_STR_ADDRESS (EM24_02): [__________]
CITY (EM24_03): [__________]
STATE (EM24_04): [__________]
ZIP CODE (EM24_05): [__________]
TELEPHONE (EM24_06): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE    |
| RU-ESTABLISHMENTS-ROSTER.                         |
----------------------------------------------------

BOX_06
=====

---------------------------------------------------------------------
| FLAG JOB SUBTYPE AS 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| FLAG JOB AS 'NOT RETIRED FROM'.                                   |
---------------------------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (STR-DT)

When did (PERSON) start working at that job?

[Enter Year-2].........................
REF ................................... -7
DK .................................... -8

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM25OV1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM25OV2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_07</th>
</tr>
</thead>
</table>

EM25OV1
========

[Enter Month-2, Day-2] ............... (BOX_07)
REF ................................... -7 (BOX_07)
DK .................................... -8 (BOX_07)

EM25OV2
========

[Enter Month-2].........................
REF ................................... -7
DK .................................... -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

IF JOB START DATE OF CURRENT MAIN JOB (EM16) < OR = (I.E., ON OR BEFORE) REFERENCE PERIOD START DATE, GO TO EM51

IF JOB START DATE OF CURRENT MAIN JOB (EM16) > (I.E., AFTER) REFERENCE PERIOD START DATE, OR IF EM16 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), GO TO EM38
Please think about the employer or business where (PERSON) worked most recently.

IF PERSON HAD MORE THAN ONE EMPLOYER, PROBE: Please think about (PERSON)'s main job at the time.

At any time since (START DATE), did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

YES..................................... 1
NO...................................... 2
REF ...................................... -7
DK ...................................... -8

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

SELF-EMPLOYED........................... 1
FOR SOMEONE ELSE......................... 2
REF ..................................... -7
DK ..................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

--------------------------------------------
<p>| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS |</p>
<table>
<thead>
<tr>
<th>'SELF-EMPLOYED'.</th>
</tr>
</thead>
</table>

--------------------------------------------
<p>| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT |</p>
<table>
<thead>
<tr>
<th>SELF-EMPLOYED'.</th>
</tr>
</thead>
</table>
What is the name of {the employer where (PERSON) worked most recently/(PERSON)'s business}?

IF MORE THAN ONE EMPLOYER MENTIONED, PROBE: What was (PERSON)'s main job at the time?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.
IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM28_02. STREET</th>
<th>EM28_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

-------------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL | EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |
-------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON | THIS ROSTER. |
-------------------------------------------------------------------------------------
| IF:                                             | IF:                                             |
| IF:                                             | IF:                                             |
| IF:                                             | IF:                                             |
| IF:                                             | IF:                                             |
| IF:                                             | IF:                                             |
| IF:                                             | IF:                                             |
| IF:                                             | IF:                                             |

IF:
EM26 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)
AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), GO TO EM30

IF:
EM26 IS CODED ‘1’ (YES)
AND
’NONE OF THE ABOVE’ IS SELECTED, GO TO EM31

IF:
EM26 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)
AND
’NONE OF THE ABOVE’ IS SELECTED, GO TO EM32

IF:
EM26 IS CODED ‘1’ (YES)
AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), GO TO EM33

OTHERWISE (I.E., ADDRESS SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM29

25-50
EM29
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY....... ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ........... 1 {BOX_08}
ADD NEW ADDRESS FOR EMPLOYER ............ 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION .................................. 3 {EM33}
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ........................................... -7 {BOX_08}
DK .......................................... -8 {BOX_08}

[Code One]

----------------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM26 IS CODED '1' (YES), GO TO EM31 |
----------------------------------------------------

----------------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM26 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW), GO TO EM32 |
----------------------------------------------------

----------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM28 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER. |
----------------------------------------------------
EM30
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {STR-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT CITY......., ST}

PARTIAL ADDRESS CORRECT ............... 1 {BOX_08}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM32}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ....... 4
REF ........................................ -7 {BOX_08}
DK ............................................. -8 {BOX_08}

[Code One]

----------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM28 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                          |

----------------------------------------------------
EM30A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {STR-DT}

CORRECT ADDRESS FOR:  (EMPLOYER)

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  [ESTABLISHMENT]
[1ST_STR_ADDRESS]
[CITY]
[STATE]

1ST_STR_ADDRESS (EM30A_01):  [___________]
CITY (EM30A_02):  [___________]
STATE (EM30A_03):  [___________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---------------------------------------------------------------------
| WRITE ADDRESS CORRECTIONS TO THE                                    |
| RU-ESTABLISHMENTS-ROSTER.                                         |
---------------------------------------------------------------------

---------------------------------------------------------------------
| GO TO BOX_08                                                      |
---------------------------------------------------------------------
What is the (new) address (where (PERSON) worked for that job/ of (PERSON)’s business)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (EM31_01): [__________]
1ST_STR_ADDRESS (EM31_02): [__________]
2ND_STR_ADDRESS (EM31_03): [__________]
   CITY (EM31_04): [__________]
   STATE (EM31_05): [__________]
   ZIP CODE (EM31_06): [__________]
   TELEPHONE (EM31_07): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

<table>
<thead>
<tr>
<th>IF EM29 WAS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GO TO BOX_08</th>
</tr>
</thead>
</table>

25-54
EM32
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

What is the {new} address {where (PERSON) worked for that job/ of (PERSON)’s business}?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (EM32_01): [__________]
1ST_STR_ADDRESS (EM32_02): [__________]
   CITY (EM32_03): [__________]
   STATE (EM32_04): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| IF EM29 WAS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) OR IF EM30 WAS CODED '2' (ADD NEW PARTIAL ADDRESS FOR EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |

| GO TO BOX_08 |

25-55
EM33
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {STR-DT}

{CORRECT ADDRESS OR TELEPHONE FOR:  (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).}

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  

1ST_STR_ADDRESS (EM33_01):  [_____________
2ND_STR_ADDRESS (EM33_02):  [_____________
      [CITY]
      [STATE]
      [ZIP CODE]
      [TELEPHONE]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

--------------------------------------------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER. |
--------------------------------------------------------------------------

BOX_08
=====

--------------------------------------------------------------------------
| FLAG JOB SUBTYPE AS 'FORMER MAIN WITHIN REFERENCE PERIOD'. |
--------------------------------------------------------------------------
When did (PERSON) start working at that job?

[Enter Year-2] ........................
REF ................................... -7
DK .................................... -8

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM34OV1</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM34OV2</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO EM35</td>
</tr>
</tbody>
</table>

EM34OV1

[Enter Month-2, Day-2] ..................... (EM35)
REF .................................... -7 (EM35)
DK .................................... -8 (EM35)

EM34OV2

[Enter Month-2] ........................
REF .................................... -7
DK .................................... -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THAN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.
When did (PERSON) stop working at that job?

[Enter Year-2] ........................
REF ................................. -7 {EM36}
DK ................................. -8 {EM36}

| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM35OV1 |
---------------------------------------------------------------------

| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM35OV2 |
---------------------------------------------------------------------

| OTHERWISE, GO TO BOX_09 |
---------------------------------------------------------------------

EM35OV1

[Enter Month, Day-2] .................  (BOX_09)
REF ................................... -7 (BOX_09)
DK .................................... -8 (BOX_09)

EM35OV2

[Enter Month-2] ......................
REF ................................... -7
DK .................................... -8

| EDIT: COMPLETE DATE AT EM35 MUST BE = OR > |
| COMPLETE DATE AT EM34 |
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED ‘04’, ‘06’, ‘09’, ‘11’;
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED ‘02’ AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED ‘02’ AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB END DATE MUST BE = OR > THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

BOX_09

IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM37

IF JOB END DATE = OR > (I.E., ON OR AFTER) THE REFERENCE PERIOD START DATE, GO TO BOX_10

IF MONTH FIELD OF JOB END DATE IS MISSING (THAT IS, EM35OV1 OR EM35OV2 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW)) AND IF THE YEAR OF JOB END DATE (EM35) IS REFERENCE YEAR, CONTINUE WITH EM36
EM36
====

{PERSON'S FIRST, MIDDLE, AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}

Can you just tell me if (PERSON) **stopped** working at that job before or after (START DATE)?

BEFORE (START DATE) .................... 1
ON OR AFTER (START DATE) ............... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

[Code One]

EM37
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}

INTERVIEWER: RESPONDENT REPORTED IN EM02 THAT (PERSON) HAD A JOB/BUSINESS SINCE (START DATE), BUT IS NOW REPORTING THAT THE JOB ENDED BEFORE (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS BEFORE THE BEGINNING OF THE REFERENCE PERIOD, JUMPBACK (CTRL/J) TO SCREEN EM02 AND CODE AS '2' (NO).

IF DATE STOPPED WORKING IS AFTER THE REFERENCE PERIOD START DATE, JUMPBACK (CTRL/J) TO SCREEN EM35 AND RE-ENTER THE CORRECT JOB END DATE.
IF JOB START DATE OF FORMER MAIN JOB = (I.E., ON) REFERENCE PERIOD START DATE, GO TO EM51

OTHERWISE (I.E., JOB START DATE AFTER (>)) REFERENCE PERIOD START DATE), CONTINUE WITH EM38

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

{Other than {EMPLOYER FROM EM19/EM22/EM23..}, did/Did} (PERSON) have a job between (START DATE) and the time the job with {EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31/EM32} started [other than what we have already discussed]?

DO NOT INCLUDE CURRENT JOBS.

YES ...................... 1
NO .......................... 2 {EM51}
REF .......................... -7 {EM51}
DK .......................... -8 {EM51}

NOTE: IN ROUNDS 1 AND 2 THE PHRASE, “[other than what we have already discussed]” WAS NOT PART OF THE QUESTION TEXT.
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

Please think about the employer or business where (PERSON) worked before (EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31/EM32).

IF PERSON HAD MORE THAN ONE EMPLOYER, PROBE: Please think about (PERSON)'s main job at the time.

At any time since (START DATE), did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

YES ........................................ 1
NO ........................................... 2
REF ........................................... -7
DK .......................................... -8

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

-------------------------------------------------------------------------------------------------------------------------------------
| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'. |
-------------------------------------------------------------------------------------------------------------------------------------
(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

   SELF-EMPLOYED ......................... 1
   FOR SOMEONE ELSE ..................... 2
   REF ................................... -7
   DK .................................... -8

   [Code One]

   PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

   -----------------------------------------------
   | IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS   |
   | 'SELF-EMPLOYED'.                             |
   -----------------------------------------------

   -----------------------------------------------
   | IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), |
   | OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-   |
   | EMPLOYED'.                                    |
   -----------------------------------------------
What is the name of {the employer where (PERSON) worked before (EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31/EM32}/(PERSON)’s business)?

IF MORE THAN ONE EMPLOYER MENTIONED, PROBE: What was (PERSON)’s main job at the time?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM41_02. STREET</th>
<th>EM41_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSTER DEFINITION: THIS ITEM DISPLAYS ALL</td>
</tr>
<tr>
<td>EMPLOYERS IN RU-ESTABLISHMENTS-ROSTER.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON</td>
</tr>
<tr>
<td>THIS ROSTER.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>IF:</td>
</tr>
<tr>
<td>EM39 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),</td>
</tr>
<tr>
<td>GO TO EM43</td>
</tr>
</tbody>
</table>

| IF: |
| EM39 IS CODED '1' (YES) |
| AND |
| 'NONE OF THE ABOVE' IS SELECTED, |
| GO TO EM44 |

| IF: |
| EM39 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| AND |
| 'NONE OF THE ABOVE' IS SELECTED, |
| GO TO EM45 |

| IF: |
| EM39 IS CODED '1' (YES) |
| AND |
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), GO TO EM46 |

| OTHERWISE (I.E., ADDRESS SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM42 |
EM42

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}

Is the address of (EMPLOYER) ... 

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY ......., ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT .......... 1 {BOX_11}
ADD NEW ADDRESS FOR EMPLOYER ........... 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ............................. 3 {EM46}
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ................................... -7 {BOX_11}
DK .................................... -8 {BOX_11}

[Code One]

________________________________________________________________________
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND | EM39 IS CODED '1' (YES), GO TO EM44 |
| ______________________________________________________________________|

________________________________________________________________________
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND | EM39 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO EM45 |
| ______________________________________________________________________|

________________________________________________________________________
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), | CAPI REDISPLAYS EM41 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER. | ______________________________________________________________________|
EM43
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT CITY.......; ST}

PARTIAL ADDRESS CORRECT ............... 1 {BOX_11}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM45}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ................................... -7 {BOX_11}
DK ..................................... -8 {BOX_11}

[Code One]

----------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM41 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                        |
----------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (STR-DT)

CORRECT ADDRESS FOR:  (EMPLOYER)

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER.  TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  [ESTABLISHMENT]
               [1ST_STR_ADDRESS]
               [CITY]
               [STATE]

1ST_STR_ADDRESS (EM43A_01):  [_____________
CITY (EM43A_02):  [_____________
STATE (EM43A_03):  [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

------------------------------------------------------------------
| WRITE ADDRESS CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER.       |
------------------------------------------------------------------

------------------------------------------------------------------
| GO TO BOX_11                                                      |
------------------------------------------------------------------


{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} (STR-DT)

What is the {new} address {where (PERSON) worked for that job/of (PERSON)’s business}?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

  ESTABLISHMENT (EM44_01): [_________]  
  1ST_STR_ADDRESS (EM44_02): [_________]  
  2ND_STR_ADDRESS (EM44_03): [_________]  
  CITY (EM44_04): [_________]  
  STATE (EM44_05): [_________]  
  ZIP CODE (EM44_06): [_________]  
  TELEPHONE (EM44_07): [_________]  

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

What is the (new) address (where (PERSON) worked for that job/of (PERSON)’s business)?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

| ESTABLISHMENT (EM45_01): | [__________] |
| 1ST_STR_ADDRESS (EM45_02): | [__________] |
| CITY (EM45_03): | [__________] |
| STATE (EM45_04): | [__________] |

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

-----------------------------------------------------------------------------------------------------
| IF EM42 IS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) OR IF EM43 IS CODED '2' (ADD NEW PARTIAL ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |
-----------------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |
-----------------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------------
| GO TO BOX 11 |
-----------------------------------------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}

{CORRECT ADDRESS OR TELEPHONE FOR:  (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).}

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  [1ST_STR_ADDRESS]
               [2ND_STR_ADDRESS]
               [CITY]
               [STATE]
               [ZIP CODE]
               [TELEPHONE]

1ST_STR_ADDRESS (EM46_01):  [___________]
2ND_STR_ADDRESS (EM46_02):  [___________]
   CITY (EM46_03):  [___________]
   STATE (EM46_04):  [___________]
   ZIP CODE (EM46_05):  [___________]
   TELEPHONE (EM46_06):  [___________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
<p>|  WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU-| |</p>
<table>
<thead>
<tr>
<th>ESTABLISHMENTS-ROSTER.</th>
</tr>
</thead>
</table>

BOX_11
======

----------------------------------------------------
<p>|  FLAG JOB SUBTYPE AS 'FORMER MAIN WITHIN REFERENCE |</p>
<table>
<thead>
<tr>
<th>PERIOD'.</th>
</tr>
</thead>
</table>

25-72
When did (PERSON) start working at that job?

[Enter Year-2] ........................
REF ................................... -7
DK .................................... -8

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM47OV1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM47OV2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EM48</th>
</tr>
</thead>
</table>

EM47OV1

[Enter Month-2, Day-2] ............... (EM48)
REF ................................... -7 (EM48)
DK .................................... -8 (EM48)

EM47OV2

[Enter Month-2] ......................
REF ................................... -7
DK .................................... -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON'S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THAN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.
When did (PERSON) stop working at that job?

[Enter Year-2] ........................
REF ................................. -7 {EM49}
DK ................................. -8 {EM49}

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM48OV1</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM48OV2</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_12</td>
</tr>
</tbody>
</table>

| Edit: Complete date at EM48 must be = or >  |
| Complete date at EM47.                      |
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB END DATE MUST BE = OR > THAN THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

BOX_12

IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM50

IF JOB END DATE IS = OR > (I.E., ON OR AFTER) REFERENCE PERIOD START DATE, GO TO EM51

IF MONTH OF JOB END DATE IS MISSING (THAT IS, EM48OV1 OR EM48OV2 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW)) AND IF THE YEAR OF JOB END DATE (EM48) IS REFERENCE YEAR, CONTINUE WITH EM49
Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?

BEFORE (START DATE) .................... 1
ON OR AFTER (START DATE) ............... 2 {EM51}
REF ................................... -7 {EM51}
DK .................................... -8 {EM51}

[Code One]

INTERVIEWER: RESPONDENT REPORTED IN EM38 THAT (PERSON) HAD A JOB/BUSINESS BETWEEN (START DATE) AND ANOTHER EMPLOYER, BUT IS NOW REPORTING THAT THIS JOB ENDED BEFORE (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS BEFORE THE BEGINNING OF THE REFERENCE PERIOD, JUMPBACK (CTRL/J) TO SCREEN EM38 AND CODE AS '2' (NO).

IF DATE STOPPED WORKING IS AFTER THE REFERENCE PERIOD START DATE, JUMPBACK (CTRL/J) TO SCREEN EM48 AND RE-ENTER THE CORRECT JOB END DATE.
EM51
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

Since (START DATE), (have/has) (PERSON) had any other jobs we
haven't talked about such as a job held at the same time as a
job you've already mentioned?

YES ........................................... 1
NO ............................................. 2 {BOX_17}
REF ........................................... -7 {BOX_17}
DK ............................................. -8 {BOX_17}

LOOP_01
=======

----------------------------------------------------
| FOR EACH OF THE FOLLOWING:                        |
| MISCELLANEOUS JOB                                 |
| ASK EM52-END_LP01                                 |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_01 ENUMERATES OTHER         |
| MISCELLANEOUS JOBS FOR PERSON. THE RESPONSE TO    |
| EM64 DETERMINES WHETHER THE LOOP CYCLES AGAIN.    |
| IF EM64 IS CODED ‘1’ (YES), THE LOOP CYCLES TO    |
| COLLECT THE NEXT MISCELLANEOUS JOB. IF EM64 IS    |
| CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T    |
| KNOW), THE LOOP ENDS.                             |
----------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

Please think about the {next most recent} employer or business where (PERSON) worked.

At any time since (START DATE), did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

YES .............................. 1
NO ............................... 2
REF ............................... -7
DK ............................... -8

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

-----------------------------------------------
| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH |
| INSURANCE'.
-----------------------------------------------

25-79
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

| SELF-EMPLOYED ......................... 1 |
| FOR SOMEONE ELSE ...................... 2 |
| REF ................................... -7 |
| DK .................................... -8 |

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'. |
| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'. |
EM54
====

(PERSON'S FIRST MIDDLE AND LAST NAME)  {STR-DT}

What is the name of (the {next most recent} employer where (PERSON) worked at that job/(PERSON)'s {next most recent} business)?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM54_02. STREET</th>
<th>EM54_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

---
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL | EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |
---

---
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON | THIS ROSTER. |
---

---
| IF: | EM52 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) | AND | EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), | GO TO EM56 |
---

25-81
IF: EM52 IS CODED ‘1’ (YES) AND ‘NONE OF THE ABOVE’ IS SELECTED, GO TO EM57

IF: EM52 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND ‘NONE OF THE ABOVE’ IS SELECTED, GO TO EM58

IF: EM52 IS CODED ‘1’ (YES) AND EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), GO TO EM59

OTHERWISE (I.E., ADDRESS SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM55

25-82
EM55
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {STR-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY....... , ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT .......... 1 {EM60}
ADD NEW ADDRESS FOR EMPLOYER .......... 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION ............................. 3 {EM59}
SELECTED WRONG employed/address ........ 4
REF ................................... -7 {EM60}
DK .................................... -8 {EM60}

[Code One]

----------------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND   |
| EM52 IS CODED '1' (YES), GO TO EM57               |
----------------------------------------------------

----------------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND   |
| EM52 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'   |
| (DON'T KNOW), GO TO EM58                          |
----------------------------------------------------

----------------------------------------------------
| IF CODED '4' (SELECTED WRONG employed/address),   |
| CAPI REDISPLAYS EM54 SO THAT THE INTERVIEWER CAN  |
| SELECT ANOTHER EMPLOYER.                          |
----------------------------------------------------

25-83
EM56
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {STR-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT CITY......, ST}

PARTIAL ADDRESS CORRECT ................. 1 {EM60}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM58}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ........................................ -7 {EM60}
DK .......................................... -8 {EM60}

[Code One]

-----------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM54 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                        |
-----------------------------------------------
EM56A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {STR-DT}

CORRECT ADDRESS FOR: (EMPLOYER)

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [ESTABLISHMENT]
[1ST_STR_ADDRESS]
[CITY]
[STATE]

1ST_STR_ADDRESS (EM56A_01): [____________]
CITY (EM56A_02): [____________]
STATE (EM56A_03): [____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

-----------------------------------------------
| WRITE ADDRESS CORRECTIONS TO THE             |
| RU-ESTABLISHMENTS-ROSTER.                    |
-----------------------------------------------

-----------------------------------------------
| GO TO EM60                                  |
-----------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

What is the {new} address {where (PERSON) (work/works) for that job/of (PERSON)’s business}?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKS.

ESTABLISHMENT (EM57_01): [__________]
1ST_STR_ADDRESS (EM57_02): [__________]
2ND_STR_ADDRESS (EM57_03): [__________]
CITY (EM57_04): [__________]
STATE (EM57_05): [__________]
ZIP CODE (EM57_06): [__________]
TELEPHONE (EM57_07): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---------------------------------------------------------------------
| IF EM55 WAS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| GO TO EM60 |
---------------------------------------------------------------------
What is the {new} address {where (PERSON) (work/works) for that job/of (PERSON)’s business}?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKS.

ESTABLISHMENT (EM58_01): [___________]
1ST_STR_ADDRESS (EM58_02): [___________]
    CITY (EM58_03): [_____________]
    STATE (EM58_04): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| IF EM55 WAS CODED ‘2’ (ADD NEW ADDRESS FOR EMPLOYER) OR IF EM56 WAS CODED ‘2’ (ADD NEW PARTIAL ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |

| GO TO EM60 |
MEPS FAMES Panel 1 Round 3 Employment (EM) Section Subsection A
January 31, 1997

EM59
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {STR-DT}

{CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).}

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [1ST_STR_ADDRESS]
               [2ND_STR_ADDRESS]
               [CITY]
               [STATE]
               [ZIP CODE]
               [TELEPHONE]

1ST_STR_ADDRESS (EM59_01): [_____________]
2ND_STR_ADDRESS (EM59_02): [_____________]
CITY (EM59_03): [_____________]
STATE (EM59_04): [_____________]
ZIP CODE (EM59_05): [_____________]
TELEPHONE (EM59_06): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE     |
| RE-ESTABLISHMENTS-ROSTER.                          |
----------------------------------------------------
When did (PERSON) start working at that job?

[Enter Year-2] .........................
REF ................................. -7
DK ................................. -8

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM60OV1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM60OV2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EM61</th>
</tr>
</thead>
</table>

EM60OV1

[Enter Month-2, Day-2] ...............  (EM61)
REF ................................ -7  (EM61)
DK ................................ -8  (EM61)

EM60OV2

[Enter Month-2] ....................
REF ................................ -7
DK ................................ -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB START DATE MUST BE = OR > THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.
When did (PERSON) stop working at that job?

IF STILL AT JOB, ENTER '0' IN FIRST ENTRY FIELD.

[Enter Year-2] .........................
REF .................................... -7 (EM62)
DK ..................................... -8 (EM62)
STILL AT JOB ..........................  0 (BOX_14)

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM61OV1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM61OV2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_13</th>
</tr>
</thead>
</table>

EM61OV1

[Enter Month-2, Day-2] ............... (BOX_13)
REF .................................... -7 (BOX_13)
DK ..................................... -8 (BOX_13)

EM61OV2

[Enter Month-2] .....................
REF .................................... -7
DK ..................................... -8

| EDIT: COMPLETE DATE AT EM61 MUST BE = OR > |
| COMPLETE DATE AT EM60. |
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB END DATE MUST BE = OR > THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM63

IF JOB END DATE = ON > (I.E., ON OR AFTER) THE REFERENCE PERIOD START DATE, GO TO BOX_14

IF MONTH OF JOB END DATE IS MISSING (THAT IS, EM61OV1 OR EM61OV2 IS CODED '-7' (REFUSED) OR '-8' (DON’T KNOW)) AND IF THE YEAR OF JOB END DATE (EM61) IS REFERENCE YEAR, CONTINUE WITH EM62
Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?

BEFORE (START DATE) ..................... 1
ON OR AFTER (START DATE) .............. 2
REF ...................................... -7
DK ...................................... -8

[Code One]

INTERVIEWER: RESPONDENT REPORTED IN EM51 THAT (PERSON) HAD SOME OTHER JOB(S)/BUSINESS(ES) SINCE (START DATE), BUT IS NOW REPORTING THAT ONE OF THESE JOBS ENDED BEFORE (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS BEFORE THE BEGINNING OF THE REFERENCE PERIOD, CODE 'DELETE JOB' BELOW.

IF DATE STOPPED WORKING IS AFTER THE REFERENCE PERIOD START DATE, CODE 'NEED TO CORRECT DATE' BELOW.

DELETE JOB ............................. 1
NEED TO CORRECT DATE ................. 2

[Code One]

| IF CODED '2' (NEED TO CORRECT DATE), DISPLAY THE FOLLOWING MESSAGE: 'USE (CTRL/J) TO BACK UP TO QUESTION EM61.' |
IF EM61 (JOB END DATE) IS CODED '0' (STILL AT JOB), FLAG JOB SUBTYPE AS 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND FLAG JOB AS 'NOT RETIRED FROM'.

-----------------------------------------------
IF A DATE IS ENTERED AT EM61 (JOB END DATE), OR EM62 IS CODED '2' (ON OR AFTER START DATE), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG JOB SUBTYPE AS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'.

EM64
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

Since (START DATE), (have/has) (PERSON) had another job we haven't talked about {such as a job held at the same time as a job you've already mentioned)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

END_LP01
======

IF EM64 IS CODED '1' (YES), CYCLE TO COLLECT NEXT MISCELLANEOUS JOB.

-----------------------------------------------
IF EM64 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_01 AND GO TO BOX_17

-----------------------------------------------
EM65
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

(Have/Has) (PERSON) **ever** worked at a job for pay?

YES ........................................ 1
NO .......................................... 2 {BOX_20}
REF ......................................... -7 {BOX_20}
DK ........................................... -8 {BOX_20}

EM66
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

I'd like to know a little bit about the last job held by (PERSON). When did (PERSON) last stop working at a job for pay?

[Enter Year-2] ..........................
REF ......................................... -7 {EM67}
DK ........................................... -8 {EM67}

| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM66OV1 |

| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM66OV2 |

| OTHERWISE, GO TO BOX_15 |

EM66OV1
-------

[Enter Month-2, Day-2] .................  {BOX_15}
REF ......................................... -7 {BOX_15}
DK ........................................... -8 {BOX_15}
[Enter Month-2] ....................
REF ................................... -7
DK ................................. -8

EDIT/RANGE CHECK:
ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).
MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB END DATE MUST BE = OR > THE PERSON’S DATE OF BIRTH + 12 YEARS AND < THE REFERENCE PERIOD START DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < THE REFERENCE PERIOD START DATE FOR THIS PERSON.
| IF JOB END DATE = OR > (I.E., ON OR AFTER) THE | REFERENCE PERIOD START DATE, GO TO EM68 |
|------------------------------------------------|

<p>| IF JOB END DATE &lt; (I.E., PRIOR TO) THE REFERENCE |</p>
<table>
<thead>
<tr>
<th>PERIOD START DATE, GO TO EM69</th>
</tr>
</thead>
</table>

<p>| IF MONTH OF JOB END DATE IS MISSING (THAT IS, |
| EM66OV1 OR EM66OV2 IS CODED ‘-7’ (REFUSED) OR ‘-8’ |
| (DON’T KNOW)) AND IF THE YEAR OF JOB END DATE |</p>
<table>
<thead>
<tr>
<th>(EM66) IS REFERENCE YEAR, CONTINUE WITH EM67</th>
</tr>
</thead>
</table>

**EM67**

(PERSON’S FIRST MIDDLE AND LAST NAME) (STR-DT)

Can you just tell me if (PERSON) **stopped** working at that job before or after (START DATE)?

BEFORE (START DATE) ...................... 1 {EM69}
ON OR AFTER (START DATE) .............. 2
REF ...................................... -7 {EM69}
DK ....................................... -8 {EM69}

[Code One]
EM68
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

INTERVIEWER: RESPONDENT REPORTED IN EM02 THAT (PERSON) HAS NOT HAD A JOB/BUSINESS SINCE (START DATE), BUT IS NOW REPORTING THAT THE LAST JOB HELD ENDED AFTER (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS AFTER THE BEGINNING OF THE REFERENCE PERIOD, JUMPBACK (CTRL/J) TO SCREEN EM02 AND CODE AS '1' (YES).

IF DATE STOPPED WORKING IS BEFORE THE REFERENCE PERIOD START DATE, JUMPBACK (CTRL/J) TO SCREEN EM66 AND RE-ENTER THE CORRECT JOB END DATE.

EM69
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

At any time since (START DATE), did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------------------------------------
| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'. |
----------------------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

(Were/Was) (PERSON) self-employed at that job, or did (PERSON) work for someone else?

| SELF-EMPLOYED ......................... 1 |
| FOR SOMEONE ELSE ..................... 2 |
| REF ...................................... -7 |
| DK ...................................... -8 |

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'. |
| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'. |
What is the name of (the place where (PERSON) worked/ (PERSON)'s business)?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM71_02. STREET</th>
<th>EM71_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30 [Display Truncated Street Address] [Display Truncated City]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Employer Name-30 [Display Truncated Street Address] [Display Truncated City]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Employer Name-30 [Display Truncated Street Address] [Display Truncated City]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |

---

| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER. |

---

| IF: |
| EM69 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) |
| AND |
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), |
| GO TO EM73 |

---

25-100
| IF: |
| EM69 IS CODED '1' (YES) |
| AND |
| 'NONE OF THE ABOVE' IS SELECTED, |
| GO TO EM74 |

| IF: |
| EM69 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| AND |
| 'NONE OF THE ABOVE' IS SELECTED, |
| GO TO EM75 |

| IF: |
| EM69 IS CODED '1' (YES) |
| AND |
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), |
| GO TO EM76 |

| OTHERWISE (I.E., ADDRESS SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM72 |
EM72
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {STR-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY........, ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ........... 1 {BOX_16}
ADD NEW ADDRESS FOR EMPLOYER ............ 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION .................... 3 {EM76}
SELECTED WRONG EMPLOYER/ADDRESS ......... 4
REF .................................... -7 {BOX_16}
DK ..................................... -8 {BOX_16}

[Code One]

----------------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND  |
| EM69 IS CODED '1' (YES), GO TO EM74               |
----------------------------------------------------

----------------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND  |
| EM69 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'  |
| (DON'T KNOW), GO TO EM75                          |
----------------------------------------------------

----------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS),  |
| CAPI REDISPLAYS EM71 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                          |
----------------------------------------------------

25-102
Is the address of (EMPLOYER) ...

PARTIAL ADDRESS CORRECT .................. 1 {BOX_16}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM75}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ........................................... -7 {BOX_16}
DK .......................................... -8 {BOX_16}

[Code One]
EM73A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}

CORRECT ADDRESS FOR:  (EMPLOYER)

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  [ESTABLISHMENT]
               [1ST_STR_ADDRESS]
               [CITY]
               [STATE]

1ST_STR_ADDRESS (EM73A_01):  [_____________
CITY (EM73A_02):  [_____________
STATE (EM73A_03):  [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

------------------------------------------------------------------
| WRITE ADDRESS CORRECTIONS TO THE
| RU-ESTABLISHMENTS-ROSTER.
------------------------------------------------------------------

------------------------------------------------------------------
| GO TO BOX_16
------------------------------------------------------------------
What is the (new) address (where (PERSON) worked for that job/of (PERSON)'s business)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

- **ESTABLISHMENT (EM74_01):** [__________]
- **1ST_STR_ADDRESS (EM74_02):** [__________]
- **2ND_STR_ADDRESS (EM74_03):** [__________]
- **CITY (EM74_04):** [__________]
- **STATE (EM74_05):** [__________]
- **ZIP CODE (EM74_06):** [__________]
- **TELEPHONE (EM74_07):** [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
What is the new address where (PERSON) worked for that job of (PERSON)'s business?

Enter (name and) partial address and verify spelling. If establishment has more than one location, record location where person worked.

Establishment (EM75_01): [__________]
1st_str_address (EM75_02): [__________]
City (EM75_03): [__________]
State (EM75_04): [__________]

Press F1 for list of state abbreviations.

If EM72 is coded '2' (add new address for employer) or if EM73 is coded '2' (add new partial address for employer), employer is displayed in establishment field. Also, employer is displayed in the context header.

Write establishment to the RU-ESTABLISHMENTS-ROSTER, and flag establishment as 'employer'.

Go to box 16
(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (STR-DT)

(CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).)

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [1ST_STR_ADDRESS]
               [2ND_STR_ADDRESS]
               [CITY]
               [STATE]
               [ZIP CODE]
               [TELEPHONE]

1ST_STR_ADDRESS (EM76_01): [___________]
2ND_STR_ADDRESS (EM76_02): [___________]
CITY (EM76_03): [___________]
STATE (EM76_04): [___________]
ZIP CODE (EM76_05): [___________]
TELEPHONE (EM76_06): [___________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE     |
| RU-ESTABLISHMENTS-ROSTER.                          |
----------------------------------------------------

BOX_16

----------------------------------------------------
| FLAG JOB SUBTYPE AS 'LAST JOB OUTSIDE REFERENCE   |
| PERIOD'.                                          |
----------------------------------------------------
| IF PERSON IS < 55 YEARS OLD OR IN AGE CATEGORIES | 4-7, GO TO BOX_19A |

| OTHERWISE, CONTINUE WITH EM77 |

EM77

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

(I have recorded that (PERSON) (have/has) retired from (READ JOB(S) BELOW):}

(TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.)

{ESTABLISHMENT PERSON RETIRED FROM..}
{ESTABLISHMENT PERSON RETIRED FROM..}
{ESTABLISHMENT PERSON RETIRED FROM..}

(Have/Has) (PERSON) ever retired from {a/any other} job or business?

YES .................................... 1
NO ..................................... 2 {BOX_19A}
REF ................................... -7 {BOX_19A}
DK .................................... -8 {BOX_19A}

PRESS F1 FOR DEFINITION OF RETIRED.

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL JOBS IN PERSON’S-JOBS-ROSTER THAT ARE FLAGGED AS ‘RETIRED FROM’ DURING ANY ROUND. |

25-108
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

Some people retire from more than one job during their life. How many times (have/has) (PERSON) retired {since (START DATE)}?

[Enter Number of Times] ...............  
REF ...................................... -7  
DK ....................................... -8  

PRESS F1 FOR DEFINITION OF RETIRED.

-----------------------------------------------
<p>| IF ONLY JOB SUBTYPES FLAGGED AS 'CURRENT MAIN' OR |
| 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE     |</p>
<table>
<thead>
<tr>
<th>PERIOD' IN PERSON'S-JOBS-ROSTER, GO TO LOOP_02</th>
</tr>
</thead>
<tbody>
<tr>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, CONTINUE WITH EM79</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
</tbody>
</table>
Were any of the following jobs a job from which you retired? (READ JOBS BELOW):

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

YES .................................... 1
NO ..................................... 2 {LOOP_02}
REF ................................... -7 {LOOP_02}
DK .................................... -8 {LOOP_02}

NOTE: IN ROUNDS 1 AND 2, QUESTION WAS WORDED, “Were any of the following jobs retirement jobs? (READ JOBS BELOW):”

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL JOBS IN PERSON’S-JOBS-ROSTER EXCEPT JOBS WITH JOB SUBTYPES FLAGGED AS ‘CURRENT MAIN’ OR ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’. FOR EACH JOB, DISPLAY THE ASSOCIATED START AND END DATES.
Which job did (PERSON) retire from?

PROBE: Any others?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL JOBS IN PERSON'S-JOBS-ROSTER EXCEPT JOBS WITH JOB SUBTYPES FLAGGED AS 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'. FOR EACH JOB, DISPLAY THE ASSOCIATED START AND END DATES.

FLAG ALL SELECTED JOBS AS 'RETIRED FROM'.

FLAG ALL JOBS NOT SELECTED AS 'NOT RETIRED FROM'.

EDIT: THE TOTAL NUMBER OF JOBS SELECTED AT EM80 MUST BE < OR = NUMBER OF TIMES RETIRED AT EM78. IF ESC USED AND NUMBER OF JOBS SELECTED AT EM80 > TIMES RETIRED AT EM78, DISPLAY THE FOLLOWING MESSAGE: 'NUMBER OF RETIRED JOBS EXCEEDS TIMES RETIRED. VERIFY AND RESELECT JOBS.'

IF THE TOTAL NUMBER OF JOBS SELECTED AT EM80 EQUALS THE NUMBER OF TIMES RETIRED AT EM78, GO TO BOX_19A

OTHERWISE, CONTINUE WITH LOOP_02
LOOP_02
=======

FOR EACH OF THE FOLLOWING:

RETIREMENT JOB NOT YET ACCOUNTED FOR

ASK EM81-END_LP02

LOOP DEFINITION: LOOP_02 ENUMERATES AND COLLECTS INFORMATION ABOUT JOBS PERSON RETIRED FROM THAT HAVE NOT YET BEEN ACCOUNTED FOR. THE NUMBER OF JOBS RETIRED FROM BUT NOT YET ACCOUNTED FOR (THE NUMBER ENTERED AT EM78 MINUS THE NUMBER OF JOBS SELECTED AT EM80, IF ANY) DETERMINES THE NUMBER OF LOOP CYCLES. ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) RESPONSES AT EM78 WILL BE TREATED AS A ‘1’ (ONE JOB RETIRED FROM).

EM81
=====

(PERSON'S FIRST MIDDLE LAST NAME) {STR-DT}

Please think about the {first/next} employer or business (PERSON) retired from.

At any time since (START DATE), did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

YES ................................... 1
NO .................................... 2
REF .................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'.

25-112
EM82
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

SELF-EMPLOYED........................... 1
FOR SOMEONE ELSE........................ 2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

-----------------------------------------
<p>| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS |</p>
<table>
<thead>
<tr>
<th>'SELF-EMPLOYED'.</th>
</tr>
</thead>
</table>

-----------------------------------------
| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF- |
| EMPLOYED'.                                       |
|-----------------------------------------
EM83
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

What is the name of the (first/next) (employer/business) (PERSON) retired from?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM83_02. STREET</th>
<th>EM83_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |
----------------------------------------------------

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.

IF:
| EM81 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| AND |
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), |
| GO TO EM85 |
| IF: | EM81 IS CODED '1' (YES) |
|     AND | 'NONE OF THE ABOVE' IS SELECTED, |
|         GO TO EM86 |
| IF: | EM81 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
|     AND | 'NONE OF THE ABOVE' IS SELECTED, |
|         GO TO EM87 |
| IF: | EM81 IS CODED '1' (YES) |
|     AND | EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS |
|     INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY |
|     THE INFORMATION FOR JOBS NOT PROVIDING HEALTH |
|     INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS |
|     COLLECTED), |
|         GO TO EM88 |
| OTHERWISE (I.E., ADDRESS SELECTED AND COMPLETED |
|     ADDRESS INFORMATION ALREADY RECORDED), CONTINUE |
|     WITH EM84 |
EM84
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY........, ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT .......... 1 {BOX_19}
ADD NEW ADDRESS FOR EMPLOYER ........... 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION .................................. 3 {EM88}
SELECTED WRONG EMPLOYER/ADDRESS ....... 4
REF ................................... -7 {BOX_19}
DK .................................... -8 {BOX_19}

[Code One]

<table>
<thead>
<tr>
<th>IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND EM81 IS CODED '1' (YES), GO TO EM86</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND EM81 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO EM87</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), CAPI REDISPLAYS EM83 SO THAT THE INTERVIEWER CAN SELECT ANOTHER EMPLOYER.</th>
</tr>
</thead>
</table>
EM85
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} (STR-DT)

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT CITY......., ST}

PARTIAL ADDRESS CORRECT .................. 1 {BOX_19}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM87}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ..................................... -7 {BOX_19}
DK ........................................ -8 {BOX_19}

[Code One]

----------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM83 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                         |
----------------------------------------------------
EM85A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {STR-DT}

CORRECT ADDRESS FOR:  (EMPLOYER)

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS
ENTER.  TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  [ESTABLISHMENT]
               [1ST_STR_ADDRESS]
               [CITY]
               [STATE]

1ST_STR_ADDRESS (EM85A_01):  [_____________]
CITY (EM85A_02):  [_____________]
STATE (EM85A_03):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---------------------------------------------------------------------
| WRITE ADDRESS CORRECTIONS TO THE                                 |
| RU-ESTABLISHMENTS-ROSTER.                                        |
---------------------------------------------------------------------

---------------------------------------------------------------------
| GO TO BOX_19                                                    |
---------------------------------------------------------------------
EM86
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

What is the {new} address {where (PERSON) worked for that
job/of (PERSON)‘s business}?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION
WHERE PERSON WORKED.

ESTABLISHMENT (EM86_01): [_________]  
1ST_STR_ADDRESS (EM86_02): [_________]  
2ND_STR_ADDRESS (EM86_03): [_________]  
CITY (EM86_04): [_________]  
STATE (EM86_05): [_________]  
ZIP CODE (EM86_06): [_________]  
TELEPHONE (EM86_07): [_________]  

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---------------------------------------------------------------------
| IF EM84 WAS CODED '2' (ADD NEW ADDRESS FOR |
| EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT |
| FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT |
| HEADER.                                           |
---------------------------------------------------------------------

---------------------------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
| ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| GO TO BOX 19 |
---------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME} (STR-DT)

What is the (new) address (where (PERSON) worked for that job/ of (PERSON)’s business)?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (EM87_01): [__________]
1ST_STR_ADDRESS (EM87_02): [__________]
   CITY (EM87_03): [__________]
   STATE (EM87_04): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

IF EM84 WAS CODED ‘2’ (ADD NEW ADDRESS FOR EMPLOYER) OR EM85 WAS CODED ‘2’ (ADD NEW PARTIAL ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER.

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.

GO TO BOX_19
EM88
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {STR-DT}

{CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).}

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  [1ST_STR_ADDRESS]
               [2ND_STR_ADDRESS]
               [CITY]
               [STATE]
               [ZIP CODE]
               [TELEPHONE]

1ST_STR_ADDRESS (EM88_01):  [_____________]
2ND_STR_ADDRESS (EM88_02):  [_____________]
CITY (EM88_03):  [_____________]
STATE (EM88_04):  [_____________]
ZIP CODE (EM88_05):  [_____________]
TELEPHONE (EM88_06):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---------------------------------------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE                     |
| RU-ESTABLISHMENTS-ROSTER.                                          |
---------------------------------------------------------------------

BOX_19
=====

---------------------------------------------------------------------
| FLAG JOB SUBTYPE AS 'RETIREMENT JOB'.                              |
---------------------------------------------------------------------

---------------------------------------------------------------------
| FLAG JOB AS 'RETIRED FROM'.                                       |
---------------------------------------------------------------------

25-121
When did (PERSON) retire from that job?

[Enter Year-2] .........................
REF ...................................... -7
DK ...................................... -8

PRESS F1 FOR DEFINITION OF RETIRED.

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM89OV1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM89OV2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP02</th>
</tr>
</thead>
</table>

EM89OV1

[Enter Month-2, Day-2] ...............  {END_LP02}
REF ...................................  -7 {END_LP02}
DK ...................................  -8 {END_LP02}

EM89OV2

[Enter Month-2] .......................  
REF ...................................  -7
DK ...................................  -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB END DATE MUST BE = OR > THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

END_LP02

---

IF ALL RETIREMENT JOBS ARE NOT YET ACCOUNTED FOR (THAT IS, IF EM78 > 1, AND THE NUMBER OF CYCLES OF LOOP < NUMBER OF RETIRED JOBS AT EM78 MINUS THE NUMBER OF JOBS SELECTED AT EM80), CYCLE TO COLLECT NEXT JOB RETIRED FROM.

---

WHEN ALL RETIREMENT JOBS ARE ACCOUNTED FOR (THAT IS, ALL 'TIMES RETIRED' CODED AT EM78 ARE ACCOUNTED FOR), OR IF EM78 IS CODED '1', '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_02 AND CONTINUE WITH BOX_19A
BOX_19A
======

| IF: |
| NOT ROUND 1 |
| AND |
| NO JOB WITH JOB SUBTYPE FLAGGED AS ‘CURRENT MAIN’ |
| AND PERSON IS STILL AT THAT JOB, RJ01=1 |
| AND |
| AT LEAST ONE JOB WITH JOB SUBTYPE FLAGGED AS |
| ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE |
| PERIOD’ THAT HAS NOT ENDED (I.E., RJ01 IS CODED |
| ‘1’ OR RJ06 IS CODED ‘1’ OR EM61 IS CODED ‘0’) |
| CONTINUE WITH BOX_19B |

BOX_19B
======

| IF ONLY ONE JOB WITH JOB SUBTYPE FLAGGED AS |
| ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ |
| CAPI AUTOMATICALLY CODES THAT JOB AT EM89A. THEN |
| GO TO BOX_20 |

| OTHERWISE, CONTINUE WITH EM89A |
We’ve recorded that (PERSON) currently works at (READ EMPLOYER NAMES BELOW). Which is (PERSON)’s main job or business?

TO TURN CHECKMARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

---

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL JOBS IN PERSON’S-JOBS-ROSTER THAT MEET THE FOLLOWING CONDITIONS:
- JOB SUBTYPE FLAGGED AS ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’
- PERSON STILL WORKS AT JOB

---

ROSTER BEHAVIOR SPECIFICATIONS:

1. ONLY ONE EMPLOYER MAY BE SELECTED.
2. DO NOT ALLOW CORRECTIONS, ADDITIONS, OR DELETIONS TO ANY JOBS ON THE ROSTER.
3. IF ESC USED AND NO JOB SELECTED, DISPLAY THE FOLLOWING ERROR MESSAGE: ‘MUST SELECT ONE EMPLOYER. PRESS ENTER TO CONTINUE.’
4. IF ESC USED AND MORE THAN ONE JOB SELECTED, DISPLAY THE FOLLOWING ERROR MESSAGE: ‘ONLY ONE EMPLOYER MAY BE SELECTED. VERIFY AND RE-ENTER. PRESS ENTER TO CONTINUE.’
5. FOR EACH JOB, DISPLAY THE ASSOCIATED START AND END DATES.

---

REPLACE JOB SUBTYPE ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ WITH THE NEW JOB SUBTYPE ‘CURRENT MAIN’ FOR THE JOB SELECTED IN EM89A.
NOTE: SINCE THIS JOB SUBTYPE IS SWITCHING TO A 'CURRENT MAIN' JOB, THIS JOB WILL BE ASKED ABOUT IN LOOP_03 DURING THE CURRENT ROUND.

CONTINUE WITH EMPLOYMENT B SUBSECTION (EM-B)
Employment (EM) Section Subsection B

BOX_21
=======
----------------------------------------------------
| IF EM65 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW) FOR THE CURRENT ROUND, GO TO BOX_36  |
----------------------------------------------------
----------------------------------------------------
| IF NOT ROUND 1                                    |
| AND                                               |
| EM65 WAS CODED '2' (NO), '-7' (REFUSED), OR '-8'  |
| (DON'T KNOW) IN A PREVIOUS ROUND                   |
| AND                                               |
| THERE ARE NO JOBS ON PERSON’S-JOBS-ROSTER, GO TO  |
| BOX_36                                            |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_22                    |
----------------------------------------------------

BOX_22
=======
----------------------------------------------------
| IF:                                               |
| JOB CREATED DURING THE CURRENT ROUND,             |
| OR                                                |
| JOB SUBTYPE SWITCHED FROM ‘CURRENT MISCELLANEOUS   |
| JOB WITHIN REFERENCE PERIOD’ TO                    |
| - ‘CURRENT MAIN’ OR                               |
| - ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE      |
|   PERIOD’ AND IS FLAGGED AS ‘RETIRED FROM’         |
|   DURING THE CURRENT ROUND,                       |
| OR                                                |
| JOB SUBTYPE WAS ‘FORMER MISCELLANEOUS JOB WITHIN   |
| REFERENCE PERIOD’ DURING THE PREVIOUS ROUND AND    |
| IS FLAGGED AS ‘RETIRED FROM’ DURING THE CURRENT    |
| ROUND,                                            |
| CONTINUE WITH LOOP_03                             |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, GO TO BOX_31                           |
----------------------------------------------------

25-127
LOOP_03
=======

| FOR EACH ELEMENT IN PERSON’S-JOBS-ROSTER, |
| ASK EM90 - END_LP03                  |

-----------------------------

| LOOP DEFINITION: LOOP_03 COLLECTS DETAILED |
| INFORMATION ABOUT EACH JOB REPORTED FOR PERSON. |
| THIS LOOP CYCLES ON JOBS WHICH MEET THE FOLLOWING |
| CONDITIONS:                                    |
|                                               |
| - JOB CREATED DURING THE CURRENT ROUND        |
| - JOB SUBTYPE SWITCHED FROM ‘CURRENT MISCELLANEOUS’ |
|   JOB WITHIN REFERENCE PERIOD’ TO             |
|   ‘CURRENT MAIN’ OR                          |
| - ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE |
|   PERIOD’ AND IS FLAGGED AS ‘RETRIED FROM’    |
|   DURING THE CURRENT ROUND,                  |
| - JOB SUBTYPE WAS ‘FORMER MISCELLANEOUS JOB WITHIN |
|   REFERENCE PERIOD’ DURING THE PREVIOUS ROUND AND |
|   IS FLAGGED AS ‘RETIRED FROM’ DURING THE CURRENT |
|   ROUND                                       |

-----------------------------

EM90
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}
{JOB-ED}

I'd like to talk about (PERSON)'s {job at (EMPLOYER)/business, that is (EMPLOYER)}.

PRESS ENTER TO CONTINUE.

-----------------------------

| DISPLAY ‘JOB AT (EMPLOYER)’ IF JOB IS NOT FLAGGED |
| AS SELF-EMPLOYED. DISPLAY ‘BUSINESS, THAT IS |
| (EMPLOYER)’ IF JOB IS FLAGGED AS SELF-EMPLOYED. |
BOX_23
======

---

<table>
<thead>
<tr>
<th>IF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOB SUBTYPE IS 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD',</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND JOB IS FLAGGED AS 'NOT RETIRED FROM',</td>
</tr>
<tr>
<td>GO TO BOX_27</td>
</tr>
</tbody>
</table>

---

| IF JOB IS FLAGGED AS 'NOT SELF-EMPLOYED', |
| AND IF: |
| JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' |
| (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'), |
| OR |
| JOB SUBTYPE IS 'RETIREMENT JOB', |
| OR |
| JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND JOB IS FLAGGED AS 'RETIRED FROM', |
| GO TO EM96 |

---

| IF JOB IS FLAGGED AS 'SELF-EMPLOYED', |
| AND IF: |
| JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' |
| (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'), |
| OR |
| JOB SUBTYPE IS 'RETIREMENT JOB', |
| OR |
| JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND JOB IS FLAGGED AS 'RETIRED FROM', |
| GO TO EM98 |

---
<p>| IF JOB IS FLAGGED AS 'SELF-EMPLOYED', |
| AND IF: |
| JOB SUBTYPE IS 'CURRENT MAIN', |
| OR |
| JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE |
| PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED |
| FROM' OR 'NOT RETIRED FROM'), |</p>
<table>
<thead>
<tr>
<th>GO TO EM94</th>
</tr>
</thead>
</table>

<p>| IF JOB IS FLAGGED AS 'NOT SELF-EMPLOYED', |
| AND IF: |
| JOB SUBTYPE IS 'CURRENT MAIN', |
| OR |
| JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE |
| PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED |
| FROM' OR 'NOT RETIRED FROM'), |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH EM91</th>
</tr>
</thead>
</table>

EM91
====

(PERSON'S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}
{JOB-ED}

How many persons are employed by (EMPLOYER) in a usual week at the location where (PERSON) {(work/works)/worked)?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON'T KNOW' (SHIFT/8).

[Enter Number of Employees] ............  {EM93}
REF ................................... -7
DK .................................... -8

----------------------------------------
| FLAG JOB AS 'FIRM-SIZE-GREATER-THAN-1'. |
----------------------------------------

25-130
**EM92**

(PERSON'S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED ABOUT...}  (JOB-ST)
(JOB-ED)

About how many persons are employed there? Would you say:

- Less than 10, ......................... 1
- 10 to 25, ............................. 2
- 26 to 49, ............................. 3
- 50 to 100, ............................ 4
- 101 to 500, ........................... 5
- 501 to 1,000, .......................... 6
- 1,001 to 5,000, ........................ 7
- 5,001 or more? ....................... 8

REF .................................. -7
DK .................................... -8

[Code One]

**EM93**

(PERSON'S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED ABOUT...}  (JOB-ST)
(JOB-ED)

Does (EMPLOYER) have facilities in more than one location?

- YES .................................... 1 {EM96}
- NO ...................................... 2 {EM96}
- REF ..................................... -7 {EM96}
- DK ..................................... -8 {EM96}

PRESS F1 FOR DEFINITION OF MORE THAN ONE LOCATION.
EM94
=====

(Person's First Middle and Last Name) {Employer Being Asked About....} {Job-ST} {Job-ED}

(Is/Was) (Person)'s business incorporated?

YES ........................................ 1 {EM98}
NO .......................................... 2
REF ......................................... -7 {EM98}
DK .......................................... -8

PRESS F1 FOR DEFINITION OF INCORPORATED.

EM95
=====

(Person's First Middle and Last Name) {Employer Being Asked About....} {Job-ST} {Job-ED}

(Is/Was) this business a sole proprietorship or a partnership?

SOLE PROPRIETORSHIP .................... 1 {EM98}
PARTNERSHIP ............................. 2 {EM98}
REF ......................................... -7 {EM98}
DK .......................................... -8 {EM98}

[Code One]

PRESS F1 FOR DEFINITION OF SOLE PROPRIETORSHIP/PARTNERSHIP.
EM96

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {JOB-ST}
{JOB-ED}

{(Are/Is)/(Were/Was)} (PERSON) an employee of:

A private company, individual or organization, ......................... 1 {EM98}
The Federal government, ...................... 2
State government, ......................... 3 {EM99}
Local government, ......................... 4 {EM99}
The Armed Forces, or ....................... 5 {EM99}
Foreign (non U.S.) government .......... 6 {EM98}
REF ................................... -7 {EM98}
DK .................................... -8 {EM98}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EM97

{PERSON'S FIRST MIDDLE LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {JOB-ST}
{JOB-ED}

{(Do/Does)/Did} (PERSON) work for the United States Postal Service?

YES ..................................... 1 {EM99}
NO ..................................... 2 {EM99}
REF ................................... -7 {EM99}
DK .................................... -8 {EM99}
What kind of business or industry {is/was} that?

PROBE: What do they make or do?

RECORD VERBATIM.

[Enter Text] ...........................
REF ................................... -7
DK .................................... -8

---------------------------------------------------------------------
| NOTE: ALLOW MULTIPLE LINES FOR ENTRY. |
MEPS FAMES Panel 1 Round 3 Employment (EM) Section Subsection B
January 31, 1997

EM100
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}
{JOB-ED}

What {(do/does)did} (PERSON) actually do at that job? What
{are/were} some of (PERSON)’s most important activities or
duties?
RECORD VERBATIM.

[Enter Text] ...........................
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| NOTE: ALLOW MULTIPLE LINES FOR ENTRY.            |
----------------------------------------------------

----------------------------------------------------
| IF JOB SUBTYPE IS 'CURRENT MAIN', GO TO EM104     |
----------------------------------------------------

----------------------------------------------------
| IF JOB IS FLAGGED AS 'SELF-EMPLOYED',            |
| AND IF:                                         |
| JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE     |
| PERIOD' AND IS FLAGGED AS 'NOT RETIRED FROM',    |
| OR                                              |
| JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD'|
| AND IS FLAGGED AS 'NOT RETIRED FROM',           |
| GO TO EM102                                     |
----------------------------------------------------

----------------------------------------------------
| IF:                                             |
| JOB SUBTYPE IS 'RETIREMENT JOB',                |
| OR                                             |
| JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE    |
| PERIOD' AND IS FLAGGED AS 'RETIRED FROM',       |
| OR                                             |
| JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD'|
| AND IS FLAGGED AS 'RETIRED FROM'               |
| OR                                             |
| JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN |
| REFERENCE PERIOD' AND FLAGGED AS 'RETIRED FROM',|
| GO TO BOX_24                                   |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH EM101                   |
----------------------------------------------------

25-135
EM101
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}
{JOB-ED}

What is the **main** reason that (PERSON) no longer (have/has) this job?

- JOB ENDED .............................. 1 {BOX_24}
- RETIRED ................................ 2 {BOX_24}
- ILLNESS OR INJURY ...................... 3 {BOX_24}
- LAID OFF ............................... 4 {BOX_24}
- QUIT TO HAVE A BABY .................... 5 {BOX_24}
- QUIT TO GO TO SCHOOL ................. 6 {BOX_24}
- QUIT TO TAKE CARE OF HOME OR FAMILY ... 7 {BOX_24}
- QUIT BECAUSE WANTED TIME OFF ........... 8 {BOX_24}
- QUIT TO TAKE OTHER JOB ............... 9 {BOX_24}
- OTHER .................................... 91
- REF ....................................... -7 {BOX_24}
- DK ....................................... -8 {BOX_24}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EM101OV
======

ENTER OTHER:

[Enter Other Specify] .................
- REF ....................................... -7
- DK ....................................... -8
BOX_24

IF:
  JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'),
  OR
  JOB SUBTYPE IS 'RETIREMENT JOB',
  OR
  JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND IS FLAGGED AS 'RETIRED FROM',
  GO TO BOX_28

----------------------------------------------------

IF:
  JOB SUBTYPE IS 'FORMER MAIN JOB WITHIN REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'),
  AND
  EM101 IS CODED '3' (ILLNESS OR INJURY) OR '4' (LAID OFF),
  GO TO EM103

----------------------------------------------------

OTHERWISE, GO TO EM104

----------------------------------------------------
What is the main reason that (PERSON) no longer (have/has) this business?

- BUSINESS DISSOLVED OR SOLD .............. 1 {BOX_25}
- RETIRED ..................................... 2 {BOX_25}
- ILLNESS OR INJURY ......................... 3 {BOX_25}
- STOPPED/LEFT BUSINESS TO HAVE A BABY ... 4 {BOX_25}
- STOPPED/LEFT BUSINESS TO GO TO SCHOOL .. 5 {BOX_25}
- STOPPED/LEFT BUSINESS TO TAKE CARE OF HOME OR FAMILY ....................... 6 {BOX_25}
- STOPPED/LEFT BUSINESS BECAUSE WANTED TIME OFF ............................. 7 {BOX_25}
- STOPPED/LEFT BUSINESS TO TAKE OTHER JOB ....................................... 8 {BOX_25}
- OTHER ........................................ 91
- REF ......................................... -7 {BOX_25}
- DK .......................................... -8 {BOX_25}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

[Enter Other Specify] ......................
- REF ......................................... -7
- DK .......................................... -8
| IF JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'), GO TO BOX_28

----------------------------------------
| IF: |
| JOB SUBTYPE IS 'FORMER MAIN JOB WITHIN REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'), |
| AND |
| EM102 IS CODED '3' (ILLNESS OR INJURY), |
| CONTINUE WITH EM103
----------------------------------------
| OTHERWISE, GO TO EM104
----------------------------------------

EM103
=====  

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (JOB-ST)  (JOB-ED)

(Do/Does) (PERSON) expect to be recalled or return to (EMPLOYER) within the next 30 days?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
EM104
=====

(Person's first middle and last name) (Employer being asked about....) (Job-st) (Job-ed)

For the next questions, please remember that we are talking about the period between (start date of reference period) and (end date of reference period).

Often the actual number of hours people work is different from the number of hours on which their salaries are based. How many hours per week (do/does/did) (person) usually work at (employer)? Include all the hours (person) usually {spends/spent} working on this job, except for any unpaid travel to and from the job.

[Enter Hours Per Week] ..................  {EM105A}
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ACTUAL HOURS WORKED PER WEEK.

---------------------------------------------------------------------
| NOTE: ALLOW ONLY WHOLE HOURS, NO FRACTIONS.                      |
---------------------------------------------------------------------

EM105
=====

(Person's first middle and last name) (Employer being asked about....) (Job-st) (Job-ed)

(Do/Does)/Did (person) work at least 35 hours a week at this job?

YES .................................... 1
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8
On most days, at what time of day {(do/does)/did} (PERSON) begin and end work at (EMPLOYER)?

NOTE: 12 NOON IS PM. 12 MIDNIGHT IS AM.

CODE ‘95’ IF PERSON’S WORK SCHEDULE IS CONSISTENTLY VARIED.

BEGIN WORK TIME:

[Enter HH:MM-AM/PM] ...................
HOURS VARY ......................... 95
REF .................................... -7
DK ...................................... -8

----------------------------------------
| ALLOW CODE ‘95’ (HOURS VARY) AS ENTRY IN FIRST | |
| FIELD ONLY.                                      | |
----------------------------------------
|

----------------------------------------
| IF CODED ‘95’ IN FIRST FIELD, GO TO EM105B     |
----------------------------------------
|

----------------------------------------
| OTHERWISE, ALLOW CODING OF REMAINING FIELDS.   |
----------------------------------------
END WORK TIME:

[Enter HH:MM-AM/PM] ...................
REF ............................. -7
DK ............................... -8

PRESS F1 FOR DEFINITION OF MOST DAYS.

--- NOTE: THE RESPONSE OPTION ‘95’ (HOURS VARY) WAS NOT AVAILABLE IN ROUNDS 1 AND 2. ---

---

(person’s first middle and last name) (employer being asked about) (job-st) (job-ed)

(Do/Does)/Did) (person) usually work on a rotating shift at (employer); that is, a shift that (changes/changed) periodically from days to evenings or nights?

PROBE: Please do not include flextime hours within a day, evening, or night schedule.

YES .................................... 1
NO ..................................... 2
REF ............................. -7
DK ............................... -8

PRESS F1 FOR DEFINITION OF ROTATING SHIFT.

---

IF JOB IS FLAGGED AS 'SELF-EMPLOYED', GO TO BOX_28

---

OTHERWISE, CONTINUE WITH BOX_26A

---
ASK THE EMPLOYMENT WAGE (EW) SECTION

AT COMPLETION OF EMPLOYMENT WAGE (EW) SECTION, CONTINUE WITH BOX_26B

IF EW050V1 IS CODED ‘2’ (PER DAY) OR EW24AOV1, EW24BOV1, OR EW24COV1 IS CODED ‘2’ (PER DAY) FOR THIS JOB, CONTINUE WITH EM106

OTHERWISE, GO TO EM107

PERSON’S FIRST MIDDLE AND LAST NAME EMPLOYER BEING ASKED ABOUT...
JOB-ST
JOB-ED

Approximately how many hours per day (do/does/did) (PERSON) work?

[Enter Hours per Day] .......... REF ................................... -7
DK .................................... -8
On this job, {(do/does)/did} (PERSON) have paid time off if (PERSON) {(are/is)/(were/was)} sick?

YES .................................... 1
NO ..................................... 2 {EM109}
REF ................................... -7 {EM109}
DK .................................... -8 {EM109}

{Can/Could} (PERSON) {take/have taken} paid sick leave if (PERSON) {(have/has)/had} to visit a doctor?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

On this job, {(do/does)/did} (PERSON) get paid vacation?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
EM110
======

(Person's first middle and last name) (Employer being asked about....) (Job-St) (Job-Ed)

Not including Social Security or Railroad Retirement, (are/is)/(were/was) (person) covered by a pension or retirement plan or (do/does)/did (person) have a 401K plan on this job?

YES .................................... 1 {BOX_28}
NO ..................................... 2 {BOX_28}
REF ................................... -7 {BOX_28}
DK .................................... -8 {BOX_28}

Press F1 for definitions of pension/retirement plan.

BOX_27
======

------------------------------------------------------------------------------------------------------------------------
| IF JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN| REFERENCE PERIOD' AND JOB DOES NOT PROVIDE HEALTH | INSURANCE (EM52 IS CODED '2' (NO)), GO TO EM114 |
------------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------------
| IF JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN| REFERENCE PERIOD' AND JOB IS FLAGGED AS 'PROVIDES | HEALTH INSURANCE' (EM52 IS CODED '1'(YES)), GO TO EM115 |
------------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------------
| IF JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN| REFERENCE PERIOD' AND EM52 IS CODED '-7' (REFUSED)| OR '-8' (DON'T KNOW), GO TO EM116 |
------------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------------
| OTHERWISE (I.E., JOB SUBTYPE IS 'CURRENT | MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'), CONTINUE WITH EM111 |
------------------------------------------------------------------------------------------------------------------------
Since \{START DATE OF REFERENCE PERIOD\}, how many hours 
(do/does) \(PERSON\) work at this job during a typical week?

[Enter Hours Per Week] .................
REF .................................... -7
DK ........................................ -8

PRESS F1 FOR DEFINITION OF ACTUAL HOURS WORKED PER WEEK.

----------------------------------------
| ALLOW CODE '95' (HOURS VARY) AS ENTRY IN FIRST |
| FIELD ONLY.                                     |
----------------------------------------

----------------------------------------
| IF CODED '95' IN FIRST FIELD, GO TO EM111B |
----------------------------------------

----------------------------------------
| OTHERWISE, ALLOW CODING OF REMAINING FIELDS. |
----------------------------------------
(PERSON’S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  
{JOB-ED}

On most days, at what time of day (do/does) (PERSON) begin and end work at (EMPLOYER)?

NOTE:  12 NOON IS PM.  12 MIDNIGHT IS AM.

CODE ‘95’ IF PERSON’S WORK SCHEDULE IS CONSISTENTLY VARIED.

BEGIN WORK TIME:

[Enter HH:MM-AM/PM] ...................
HOURS VARY ............................ 95
REF ................................... -7
DK .................................... -8

-----------------------------------------------
<p>| ALLOW CODE ‘95’ (HOURS VARY) AS ENTRY IN FIRST |</p>
<table>
<thead>
<tr>
<th>FIELD ONLY.</th>
</tr>
</thead>
</table>

-----------------------------------------------
<table>
<thead>
<tr>
<th>IF CODED ‘95’ IN FIRST FIELD, GO TO EM111B</th>
</tr>
</thead>
</table>

-----------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, ALLOW CODING OF REMAINING FIELDS.</th>
</tr>
</thead>
</table>

EM111AOV

END WORK TIME:

[Enter HH:MM-AM/PM] ....................
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF MOST DAYS.

--------------------------------------------------------
<p>| NOTE: THE RESPONSE OPTION ‘95’ (HOURS VARY) WAS NOT |</p>
<table>
<thead>
<tr>
<th>AVAILABLE IN ROUNDS 1 AND 2.</th>
</tr>
</thead>
</table>
EM111B
======

(Person’s first middle and last name) (Employer being asked about) (Job-st) (Job-ed)

(Do/Does) (Person) usually work on a rotating shift at (Employer); that is, a shift that changes periodically from days to evenings or nights?

Probe: Please do not include flextime hours within a day, evening, or night schedule.

Yes .................................... 1
No ..................................... 2
Ref ...................................... -7
Dk ...................................... -8

Press F1 for definition of rotating shift.

EM112
=====

(Person’s first middle and last name) (Employer being asked about) (Job-st) (Job-ed)

Since (start date of reference period), what is (Person)’s usual weekly income before deductions for taxes or anything else from (Person)’s job with (Employer)?

[Enter $ per week] ....................
Ref ...................................... -7
Dk ...................................... -8
| IF EM96 IS CODED '5' (THE ARMED FORCES), GO TO BOX_30 |

| IF EM96 IS NOT CODED '5' AND JOB SUBTYPE IS NOT 'CURRENT MAIN' AND JOB IS FLAGGED AS 'PROVIDES HEALTH INSURANCE', GO TO EM115 |

| IF EM96 IS NOT CODED '5' AND JOB SUBTYPE IS NOT 'CURRENT MAIN' AND 'PROVIDES HEALTH INSURANCE' STATUS FLAG IS '-7' (REFUSED) OR '-8' (DON'T KNOW), GO TO EM116 |

| IF EM96 IS NOT CODED '5' AND JOB SUBTYPE IS 'CURRENT MAIN', CONTINUE WITH EM113 |
EM113
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED ABOUT...}  {JOB-ST}
(JOB-ED)

At any time since {START DATE OF REFERENCE PERIOD}, did (PERSON) have health insurance through this {job/business}?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

YES .................................... 1 {EM115}
NO ..................................... 2
REF .................................... -7 {EM116}
DK .................................... -8 {EM116}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

--------------------------------------------------------------------------
| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'. |
--------------------------------------------------------------------------
EM114
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED ABOUT....}  (JOB-ST)
(JOB-ED)

[Earlier I recorded that (PERSON) did not have health insurance through (EMPLOYER). Since {START OF REFERENCE PERIOD}]

(Were/Was) (PERSON) offered health insurance through this {job/business}?

YES .................................... 1
NO ..................................... 2 {EM116}
REF ................................... -7 {EM116}
DK .................................... -8 {EM116}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

-----------------------------------------------
| NOTE: IN ROUNDS 1 AND 2, THE FIRST PARAGRAPH OF THE |
| QUESTION WAS WORDED, "[Earlier I recorded the since |
| {START OF REFERENCE PERIOD} (PERSON) did not have |
| health insurance through (EMPLOYER).]" |
-----------------------------------------------

EM115
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED ABOUT....}  (JOB-ST)
(JOB-ED)

(Even though (PERSON) chose not to take health insurance, did/Did) (PERSON) have a choice of different health insurance plans that provided hospital and physician benefits or was only one health insurance plan offered through this {job/business}?

YES, MORE THAN ONE PLAN ............... 1
NO, ONLY ONE PLAN ..................... 2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF CHOICE OF HEALTH INSURANCE PLANS.
EM116
====

(Person's first middle and last name) (Employer being asked about...) (job-st)
(job-ed)

(Do/Does)/Did) (Person) belong to a labor union at (Employer)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

Press F1 for definition of labor union.

If coded '1' (Yes) and job is flagged as 'Provides health insurance', continue with EM117

Otherwise, go to box_30
(PERSON'S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  
{JOB-ED}

Does the health insurance provided through this {job/business} come from (PERSON)'s {employer/business} or union?

EMPLOYER ............................... 1 {BOX_30}
UNION .................................. 2
BOTH EMPLOYER AND UNION ............. 3
REF ................................... -7 {BOX_30}
DK .................................... -8 {BOX_30}

[Code One]

PRESS F1 FOR DEFINITION OF LABOR UNION.

-----------------------------------------------
| IF CODED '2' (UNION) OR '3' (BOTH EMPLOYER AND |
| UNION) AND |
| THERE ARE NO ESTABLISHMENTS FLAGGED AS 'UNION' ON |
| RU-ESTABLISHMENTS-ROSTER, GO TO EM120 |
-----------------------------------------------

-----------------------------------------------
| IF CODED '2' (UNION) OR '3' (BOTH EMPLOYER AND |
| UNION) AND |
| THERE IS ONE OR MORE ESTABLISHMENTS FLAGGED AS |
| 'UNION' ON RU-ESTABLISHMENTS-ROSTER, CONTINUE |
| WITH EM118 |
-----------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)  {STR-DT}

What is the name of the union providing the health insurance?

SELECT UNION NAME BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF UNION IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW UNION.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. NAME OF UNION</th>
<th>EM118_02. STREET</th>
<th>EM118_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Union Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Union Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Union Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS ALL UNIONS IN THE RU-ESTABLISHMENTS-ROSTER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF 'NONE OF THE ABOVE' IS SELECTED, GO TO EM120</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH EM119</th>
</tr>
</thead>
</table>

25-154
EM119
=====

(Person's First Middle and Last Name) {STR-DT}

Is the address of: {Name of Union selected in EM118...} ...

(Establishment St. Address Line1)
(Establishment St. Address Line2)
(Establishment City........, St, Zip..)
(Est. Tel #)

| Address and Telephone correct .......... 1 {BOX_30} |
| Add new address for union ............. 2 |
| Above address/telephone needs correction .................. 3 {EM121} |
| Selected wrong union/address ........... 4 |
| Ref ................................... -7 {BOX_30} |
| DK .................................... -8 {BOX_30} |

[Code One]

---------------------------------------------------------------------
| If coded '4' (Selected wrong union/address), |
| CAPI redisplays EM118 so that the interviewer can |
| select another union. |

---------------------------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)  {STR-DT}

What is the name of the union providing the health insurance?
What is/was the new address of (PERSON)'s union?

ENTER COMPLETE (NAME AND ADDRESS) AND VERIFY SPELLING. IF UNION HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON HAD MEMBERSHIP.

ESTABLISHMENT (EM120_01): [___________]
1ST STR_ADDRESS (EM120_02): [___________]
2ND_STR_ADDRESS (EM120_03): [___________]
CITY (EM120_04): [___________]
STATE (EM120_05): [___________]
ZIP CODE (EM120_06): [___________]
TELEPHONE (EM120_07): [___________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| DISPLAY 'What is the name of the union providing | |
| the health insurance?' IF NO ESTABLISHMENTS |
| FLAGGED AS 'UNION' ON RU-ESTABLISHMENTS-ROSTER |
| (THAT IS, EM118 WAS NOT ASKED).                |
----------------------------------------------------

-----------------------------------------------------
| IF EM119 IS CODED '2' (ADD NEW ADDRESS FOR UNION), | |
| THE UNION NAME (EM120_01) IS DISPLAYED IN THE |
| ESTABLISHMENT FIELD. ALSO, UNION IS DISPLAYED IN |
| THE CONTEXT HEADER.                                |
-----------------------------------------------------

-----------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER|
-----------------------------------------------------

-----------------------------------------------------
| GO TO BOX_29                                        |
-----------------------------------------------------
EM121
======

(PERSON'S FIRST MIDDLE AND LAST NAME)  {STR-DT}

CORRECT ADDRESS OR TELEPHONE FOR:  (NAME OF UNION BELOW)

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  [ESTABLISHMENT NAME]
              [1ST_STR_ADDRESS]
              [2ND_STR_ADDRESS]
              [CITY]
              [STATE]
              [ZIP CODE]
              [TELEPHONE]

1ST_STR_ADDRESS (EM121_01):  [_____________]
2ND_STR_ADDRESS (EM121_02):  [_____________]
CITY (EM121_03):  [_____________]
STATE (EM121_04):  [_____________]
ZIP_CODE (EM121_05):  [_____________]
TELEPHONE (EM121_06):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| WRITE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER |
-----------------------------------------------

| GO TO BOX_30 |
-----------------------------------------------

BOX_29
======

| FLAG ESTABLISHMENT AS 'UNION'. |
----------------------------------

25-157
<table>
<thead>
<tr>
<th>IF JOB FLAGGED AS 'NOT SELF-EMPLOYED', GO TO END_LP03</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF JOB FLAGGED AS 'SELF-EMPLOYED' AND MORE THAN 1 RU MEMBER (OTHER THAN THE PERSON BEING ASKED ABOUT) IS = OR &gt; 16 YEARS OF AGE OR IN AGE CATEGORIES 4-9, CONTINUE WITH EM122</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EM124</th>
</tr>
</thead>
</table>

EM122
=====

(PERSON'S FIRST MIDDLE AND LAST NAME) {EMPLOYER BEING ASKED ABOUT....} {JOB-ST} {JOB-ED}

(Does/Did) any other member of the household {now} work regularly at (PERSON)'s business?

YES .................................... 1
NO ..................................... 2 {EM124}
REF .................................... -7 {EM124}
DK .................................... -8 {EM124}

EM123
=====

(PERSON'S FIRST MIDDLE AND LAST NAME) {EMPLOYER BEING ASKED ABOUT....} {JOB-ST} {JOB-ED}

How many other household members {now work/worked} regularly at this business?

[Enter Number of HH Members] ............
REF .................................... -7
DK .................................... -8
What was the total number of employees who worked at the business (last week/just before (PERSON) stopped working at that business)? Be sure to include the owner (and all other household members you just told me about).

[Enter Number of Employees] ............
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| IF '1' ENTERED FOR THE NUMBER OF EMPLOYEES, FLAG |
| JOB AS 'FIRM-SIZE-1'.
|----------------------------------------------------

----------------------------------------------------
| IF A NUMBER > 1 ENTERED FOR THE NUMBER OF          |
| EMPLOYEES OR CODED '-7' (REFUSED) OR '-8' (DON'T  |
| KNOW), FLAG JOB AS 'FIRM-SIZE-GREATER-THAN-1'.
|----------------------------------------------------

END_LP03

----------------------------------------------------
| CYCLE ON NEXT JOB IN PERSON’S-JOBS-ROSTER THAT    |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
|----------------------------------------------------

----------------------------------------------------
| IF NO OTHER JOBS MEET THE STATED CONDITIONS, END  |
| LOOP_03 AND CONTINUE WITH BOX_31
|----------------------------------------------------
BOX_31
======

----------------------------------------------------
| IF PERSON HAS HAD NO JOBS DURING REFERENCE PERIOD, |
| CONTINUE WITH EM125                               |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO EM128                            |
----------------------------------------------------

EM125
=====

(Person's first middle and last name) {STR-DT}

Did (PERSON) spend any time looking for work since (START DATE)?

YES ........................................... 1
NO .......................................... 2
REF .......................................... -7
DK .......................................... -8

PRESS F1 FOR DEFINITION OF LOOKING FOR WORK.
What is the main reason (PERSON) did not work since (START DATE)?

- COULD NOT FIND WORK ..................... 1 {EM127}
- RETIRED .................................. 2 {EM127}
- UNABLE TO WORK BECAUSE ILL/DISABLED .... 3 {EM127}
- ON TEMPORARY LAYOFF ........................ 4 {EM127}
- MATERNITY/PATERNITY LEAVE .................. 5 {EM127}
- GOING TO SCHOOL ............................ 6 {EM127}
- TAKING CARE OF HOME OR FAMILY .......... 7 {EM127}
- WAITING TO START NEW JOB ................. 8 {EM127}
- OTHER ...................................... 91
- REF ......................................... -7 {BOX_34}
- DK .......................................... -8 {BOX_34}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

[Enter Other Specify] ......................
- REF ......................................... -7
- DK .......................................... -8
Were there any other reasons?

CODE ALL THAT APPLY.

- NO OTHER REASONS ....................... 0
- COULD NOT FIND WORK .................... 1
- RETIRED ................................ 2
- UNABLE TO WORK BECAUSE ILL/DISABLED .... 3
- ON TEMPORARY LAYOFF ..................... 4
- MATERNITY/PATERNITY LEAVE ............. 5
- GOING TO SCHOOL ........................ 6
- TAKING CARE OF HOME OR FAMILY ........ 7
- WANTED SOME TIME OFF .................... 8
- WAITING TO START NEW JOB ............. 9
- OTHER ................................. 91
- REF ................................... -7
- DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

<table>
<thead>
<tr>
<th>IF CODED ‘91’ (OTHER) ALONE OR IN COMBINATION</th>
<th>WITH OTHER CODES, CONTINUE WITH EM127OV</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_34</th>
</tr>
</thead>
</table>

ENTER OTHER:

- [Enter Other Specify] .......................... {BOX_34}
- REF ........................................ -7 {BOX_34}
- DK ......................................... -8 {BOX_34}
Please think about all the time (PERSON) have/has worked since (START DATE), including paid vacation, sick leave, or other paid leave. How many weeks did (PERSON) work for pay either full or part time?

NUMBER OF WEEKS IN REFERENCE PERIOD:  {NUMBER OF WEEKS}

IF WORKED THE WHOLE TIME, ENTER '96' FOR NUMBER OF WEEKS.

[Enter Number of Weeks] .................

REF ................................... 7 {EM134}
DK .................................... 8 {EM134}
THE WHOLE TIME ..................... 96 {BOX_34}

PRESS F1 FOR DEFINITIONS OF WEEKS WORKED/WORK FOR PAY.

----------------------------------------------------
<p>| IN NUMBER OF WEEKS REPORTED IN EM128 &lt; NUMBER OF |
| WEEKS IN PERSON’S REFERENCE PERIOD,              |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH EM129</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_34</th>
</tr>
</thead>
</table>

<p>| EDIT: NUMBER OF WEEKS ENTERED CANNOT BE GREATER  |</p>
<table>
<thead>
<tr>
<th>THAN NUMBER OF WEEKS IN REFERENCE PERIOD.</th>
</tr>
</thead>
</table>

Did (PERSON) spend any time looking for work since (START DATE)?

YES ......................................... 1
NO ......................................... 2
REF ......................................... 7
DK ......................................... 8

PRESS F1 FOR DEFINITION OF LOOKING FOR WORK.
EM130
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

Did the (# WEEKS NOT WORKED) weeks since (START DATE) when (PERSON) did not work for pay occur all at one time or was there more than one period of time when (PERSON) did not work?

ALL AT ONE TIME ......................... 1 {LOOP_04}
MORE THAN ONE PERIOD ................. 2
REF ........................................ -7 {LOOP_04}
DK ........................................ -8 {LOOP_04}

[Code One]

EM131
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

How many different periods of time was (PERSON) not working since (START DATE)?

[Enter Number of Periods] ..............
REF ........................................ -7
DK ........................................ -8
LOOP_04
========

<table>
<thead>
<tr>
<th>FOR EACH OF THE FOLLOWING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERIOD OF TIME NOT WORKED #1</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #2</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #3</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #4</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #5</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #6</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #7</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #8</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #9</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #10</td>
</tr>
</tbody>
</table>
| ASK EM132-END_LP04

LOOP DEFINITION: LOOP_04 COLLECTS INFORMATION ON PERIODS OF UNEMPLOYMENT. THE RESPONSE TO EM130 OR EM131 DETERMINES THE NUMBER OF LOOP CYCLES. IF EM130 IS CODED ‘1’ (ALL AT ONE TIME), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) OR IF EM131 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CYCLE ONLY ONE TIME. OTHERWISE, CYCLE THE NUMBER OF TIMES ENTERED AT EM131.

OMITTED.
What was the **main** reason (PERSON) did not work during **that time/the most recent period/the time before that**?

- COULD NOT FIND WORK .......................... 1 {EM133}
- RETIRED ........................................ 2 {EM133}
- UNABLE TO WORK BECAUSE ILL/DISABLED .... 3 {EM133}
- ON TEMPORARY LAYOFF .......................... 4 {EM133}
- MATERNITY/PATERNITY LEAVE .................... 5 {EM133}
- GOING TO SCHOOL ............................... 6 {EM133}
- TAKING CARE OF HOME OR FAMILY ............ 7 {EM133}
- WANTED SOME TIME OFF .......................... 8 {EM133}
- WAITING TO START NEW JOB .................... 9 {EM133}
- OTHER ........................................... 91
- REF .............................................. -7 {END_LP04}
- DK ................................................ -8 {END_LP04}

[Code One]  
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

**ENTER OTHER:**

- [Enter Other Specify] ....................... 
- REF .............................................. -7
- DK ................................................ -8
(PERSON'S FIRST MIDDLE AND LAST NAME)  {STR-DT}

PERIOD OF TIME NOT WORKED {NN} OF {NN}

Were there any other reasons?

CODE ALL THAT APPLY.

NO OTHER REASONS ............... 0
COULD NOT FIND WORK .............. 1
RETIRED .................................. 2
UNABLE TO WORK BECAUSE ILL/DISABLED .... 3
ON TEMPORARY LAYOFF ............... 4
MATERNITY/PATERNITY LEAVE ........... 5
GOING TO SCHOOL ..................... 6
TAKING CARE OF HOME OR FAMILY ...... 7
WANTED SOME TIME OFF .............. 8
WAITING TO START NEW JOB .......... 9
OTHER .................................... 91
REF ...................................... -7
DK ....................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---------------------------------------------------------------------------------------------------------------
| IF CODED '91' (OTHER) ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH EM133OV                      |
---------------------------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------------------------
| OTHERWISE, GO TO END_LP04                                                                           |
---------------------------------------------------------------------------------------------------------------

EM133OV

ENTER OTHER:

[Enter Other Specify] ..................
REF ...................................... -7
DK ....................................... -8
END_LP04

-----------------------------
| IF ALL PERIODS OF UNEMPLOYMENT ARE NOT YET |
| ACCOUNTED FOR (THAT IS, THE NUMBER OF LOOP CYCLES |
| IS < THE NUMBER ENTERED AT EM131), CYCLE ON NEXT |
| PERIOD OF UNEMPLOYMENT. |
-----------------------------

-----------------------------
| WHEN ALL PERIODS OF UNEMPLOYMENT ARE ACCOUNTED FOR, |
| END LOOP_04 AND CONTINUE WITH EM134 |
-----------------------------

EM134

--------

(PERSON'S FIRST MIDDLE AND LAST NAME) {STR-DT}

(In addition to the times we have just talked about since/Since) (START DATE), was there any time when (PERSON) was on unpaid leave from {a job/all jobs} for a period of time of one week or more?

YES .................................... 1
NO ..................................... 2 {BOX_34}
REF ................................... -7 {BOX_34}
DK .................................... -8 {BOX_34}

PRESS F1 FOR DEFINITION OF UNPAID LEAVE.

-----------------------------
| DISPLAY 'A JOB' IF ONE JOB DURING REFERENCE PERIOD. |
| DISPLAY 'ALL JOBS' IF MORE THAN ONE JOB DURING |
| THE REFERENCE PERIOD. |
-----------------------------
EM135
=====

(Person's First Middle and Last Name)   {STR-DT}

How many weeks was that?

NUMBER OF WEEKS IN REFERENCE PERIOD:   {NUMBER OF WEEKS}

IF UNPAID LEAVE THE WHOLE TIME, ENTER '96' FOR NUMBER OF WEEKS.

[Enter Number of Weeks] ..............
REF .................................. -7 {LOOP_05}
DK .................................... -8 {LOOP_05}
THE WHOLE TIME ........................ 96 {LOOP_05}

-----------------------------------------------------------------------------------
| IF NUMBER OF WEEKS REPORTED IN EM135 < NUMBER OF WEEKS IN PERSON'S REFERENCE PERIOD, |
| CONTINUE WITH EM136                                                               |
-----------------------------------------------------------------------------------

-----------------------------------------------------------------------------------
| OTHERWISE, GO TO LOOP_05                                                        |
-----------------------------------------------------------------------------------

-----------------------------------------------------------------------------------
| EDIT: NUMBER OF WEEKS ENTERED MUST BE EQUAL TO OR GREATER THAN NUMBER OF WEEKS IN |
| REFERENCE PERIOD.                                                              |
-----------------------------------------------------------------------------------

EM136
=====

(Person's First Middle and Last Name)   {STR-DT}

Did the (# WEEKS UNPAID LEAVE) weeks since (START DATE) when (PERSON) had unpaid leave occur all at one time or was there more than one period of time when (PERSON) had unpaid leave?

ALL AT ONE TIME .......................... 1 {LOOP_05}
MORE THAN ONE PERIOD ........................ 2
REF ........................................ -7 {LOOP_05}
DK .......................................... -8 {LOOP_05}

[Code One]
EM137
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

How many different periods of time did (PERSON) have unpaid leave since (START DATE)?

[Enter Number of Periods] ..............
REF ................................. -7
DK .................................... -8

LOOP_05
=====

---------------------------------------------------------------------------------------------------
| FOR EACH OF THE FOLLOWING: | |
| | |
| PERIOD OF UNPAID LEAVE #1 | |
| PERIOD OF UNPAID LEAVE #2 | |
| PERIOD OF UNPAID LEAVE #3 | |
| PERIOD OF UNPAID LEAVE #4 | |
| PERIOD OF UNPAID LEAVE #5 | |
| PERIOD OF UNPAID LEAVE #6 | |
| PERIOD OF UNPAID LEAVE #7 | |
| PERIOD OF UNPAID LEAVE #8 | |
| PERIOD OF UNPAID LEAVE #9 | |
| PERIOD OF UNPAID LEAVE #10 | |
| | |
| ASK EM138-END_LP05 | |
---------------------------------------------------------------------------------------------------

LOOP DEFINITION: LOOP_05 COLLECTS INFORMATION ON PERIODS OF UNPAID LEAVE FROM ALL CURRENT JOBS. THE RESPONSE TO EM135, EM136 OR 137 DETERMINES THE NUMBER OF LOOP CYCLES. IF EM135 IS CODED ‘96’ (THE WHOLE TIME), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) OR IF EM136 IS CODED ‘1’ (ALL AT ONE TIME), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) OR IF EM137 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CYCLE ONLY ONE TIME. OTHERWISE, CYCLE THE NUMBER OF TIMES ENTERED AT EM137.

---------------------------------------------------------------------------------------------------

25-170
What was the main reason (PERSON) had unpaid leave {that time/the most recent time/the time before that}? 

UNABLE TO WORK BECAUSE ILL/DISABLED .... 1 {EM139}  
ON TEMPORARY LAYOFF .................. 2 {EM139}  
MATERNITY/PATERNITY LEAVE ............ 3 {EM139}  
GOING TO SCHOOL ....................... 4 {EM139}  
TAKING CARE OF HOME OR FAMILY ....... 5 {EM139}  
WANTED SOME TIME OFF ................. 6 {EM139}  
OTHER .................................. 91  
REF .................................... -7 {END_LP05}  
DK ..................................... -8 {END_LP05}  

[Code One]  
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.  

ENTER OTHER:  
[Enter Other Specify] .................  
REF .................................... -7  
DK ..................................... -8
(PERSON'S FIRST MIDDLE AND LAST NAME)  {STR-DT}

PERIOD OF UNPAID LEAVE (NN) OF {NN}

Were there any other reasons?

CODE ALL THAT APPLY.

NO OTHER REASONS ....................... 0
UNABLE TO WORK BECAUSE ILL/DISABLED .... 1
ON TEMPORARY LAYOFF ..................... 2
MATERNITY/PATERNITY LEAVE .............. 3
GOING TO SCHOOL ........................ 4
TAKING CARE OF HOME OR FAMILY .......... 5
WANTED SOME TIME OFF .................... 6
OTHER .................................. 91
REF ................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

-----------------------------------------------------------------------------------------------
<p>| IF CODED '91' (OTHER) ALONE OR IN COMBINATION WITH |</p>
<table>
<thead>
<tr>
<th>OTHER CODES, CONTINUE WITH EM139OV</th>
</tr>
</thead>
</table>

-----------------------------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP05</th>
</tr>
</thead>
</table>

EM139OV

========

ENTER OTHER:

[Enter Other Specify] ......................
REF ................................... -7
DK .................................... -8
END_LP05

--------

| IF ALL PERIODS OF UNPAID LEAVE ARE NOT YET  |
| ACCOUNTED FOR (THAT IS, THE NUMBER OF LOOP CYCLES |
| IS < THE NUMBER ENTERED AT EM137), CYCLE ON NEXT |
| PERIOD OF UNPAID LEAVE.                     |

--------

| WHEN ALL PERIODS OF UNPAID LEAVE ARE ACCOUNTED FOR, |
| END LOOP_05 AND CONTINUE WITH BOX_34              |

--------

BOX_34

--------

| IF: |
| ROUND 1 |
| OR |
| PERSON ADDED TO RU THIS ROUND |
| OR |
| PERSON NOT ADDED TO RU THIS ROUND BUT TURNED 16 |
| DURING THE CURRENT ROUND (CHECK REAL DATE OF BIRTH |
| ONLY), |
| CONTINUE WITH BOX_35 |

--------

| IF: |
| PERSON WAS NOT ADDED TO RU THIS ROUND |
| AND |
| PERSON WAS = OR > 16 YEARS OF AGE OR IN AGE |
| CATEGORIES 4-9 DURING THE PREVIOUS ROUND, |
| GO TO BOX_36 |

--------
| IF: | |
| PERSON'S AGE = > 65 (OR AGE CATEGORY 9) | |
| OR | |
| PERSON'S AGE < = 21 (OR AGE CATEGORY 4), | |
| GO TO BOX_36 | |

| OTHERWISE, CONTINUE WITH EM140 |

EM140

(PERSON'S FIRST MIDDLE AND LAST NAME) {STR-DT}

Since (PERSON) (were/was) 21 years old, (have/has) (PERSON) ever been without a job for more than one year for any reason?

YES .................................... 1
NO ..................................... 2 {BOX_36}
REF ................................... -7 {BOX_36}
DK .................................... -8 {BOX_36}

PRESS F1 FOR DEFINITION OF WITHOUT A JOB.
EM141
=====

(PERSON'S FIRST MIDDLE AND LAST NAME) {STR-DT}

Please think about all of the years (PERSON) have/has been out of work since (PERSON) were/was 21 years old.

For what reasons were/was (PERSON) without a job for more than a year?

CODE ALL THAT APPLY.

- COULD NOT FIND WORK .................. 1
- RETIRED ................................ 2
- UNABLE TO WORK BECAUSE ILL/DISABLED .... 3
- ON TEMPORARY LAYOFF .................... 4
- MATERNITY/PATERNITY LEAVE .............. 5
- GOING TO SCHOOL ........................ 6
- TAKING CARE OF HOME OR FAMILY ........ 7
- WANTED SOME TIME OFF ................... 8
- WAITING TO START NEW JOB ............... 9
- OTHER .................................... 91
- REF ..................................... -7
- DK ...................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

------------------------------------------
| IF CODED '91' (OTHER) ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH EM141OV      |
------------------------------------------

------------------------------------------
| OTHERWISE, GO TO EM142                    |
------------------------------------------

EM141OV
=====

ENTER OTHER:

[Enter Other Specify] ....................
- REF ..................................... -7
- DK ..................................... -8
(PERSON'S FIRST MIDDLE AND LAST NAME)  {STR-DT}

Since (PERSON) (were/was) 21 years old, what is the total number of years (PERSON) (were/was) without a job because of all the reasons you've just told me?

[Enter Number of Years] ............
REF .................................. -7
DK .................................... -8


CONTINUE WITH END_LP00 (IN OVERALL STRUCTURE OF EMPLOYMENT)
Overall Structure of Employment

BOX_01A
 ======

----------------------------------------------------
| NOTE: REFUSED (-7) AND DON’T KNOW (-8) ARE        |
| DISALLOWED ON ALL FIELDS IN THE EMPLOYMENT        |
| SECTIONS THAT COLLECT ESTABLISHMENT NAME.         |
----------------------------------------------------

LOOP_00
 ======

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK    |
| BOX_01 - END_LP00                                 |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_00 COLLECTS INFORMATION     |
| ABOUT EMPLOYMENT FOR ALL RU MEMBERS WHO ARE 16 OR |
| OLDER. THIS LOOP CYCLSES ON RU MEMBERS WHO MEET   |
| BOTH OF THE FOLLOWING CONDITIONS:                 |
|                                                  |
| - PERSON IS = OR > 16 YEARS, OR IN AGE CATEGORIES |
| 4-9                                               |
| AND                                               |
| - PERSON IS AN RU MEMBER DURING THE CURRENT ROUND |
----------------------------------------------------

BOX_01
 ======

----------------------------------------------------
| ASK REVIEW OF EMPLOYMENT (RJ) SECTION             |
----------------------------------------------------
END_LP00

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,    |
| END LOOP_00 AND CONTINUE WITH THE HEALTH           |
| INSURANCE (HX) SECTION                             |
----------------------------------------------------
Did (PERSON) see a medical doctor during this particular visit?

YES ............................................. 1
NO ............................................... 2
REF ............................................... -7
DK ................................................. -8

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.
ER02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

SHOW CARD ER-1.

Please look at this card and tell me which category best describes the care (PERSON) received during the visit to (PROVIDER) emergency room on (VISIT DATE)?

DIAGNOSIS OR TREATMENT ............... 1
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 2
PSYCHOTHERAPY OR MENTAL HEALTH
COUNSELING .......................... 3
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 4
IMMUNIZATIONS OR SHOTS ................. 5
MATERNITY CARE (PRE/POSTNATAL) ....... 6
OTHER .................................. 91
REF .................................. -7
DK .................................. -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| IF CODED '6' (MATERNITY CARE (PRE/POSTNATAL)), |
| CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE |
| FOLLOWING MESSAGE: 'CODE UNAVAILABLE FOR MALES. |
| VERIFY AND RE-ENTER.'                               |
----------------------------------------------------

ER03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

Was this visit related to any specific health condition or were any conditions discovered during this visit?

YES .................................... 1
NO .................................... 2
REF ................................. -7
DK .................................. -8

12-2
What conditions were discovered or led (PERSON) to make this visit? PROBE: Any other condition? IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?

IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Medical Condition] .................
[2. Medical Condition] .................
[3. Medical Condition] .................
OTHER SPECIFY: (________) ........... 91

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S | |
| MEDICAL-CONDITIONS-ROSTER. | |
----------------------------------------------------

<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR SPECIFICATIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY</td>
</tr>
<tr>
<td>LISTED ON THE ROSTER. DOING SO SHOULD NOT</td>
</tr>
<tr>
<td>IMPACT THE ROUND FLAG OF THE CONDITION.</td>
</tr>
<tr>
<td>2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF</td>
</tr>
<tr>
<td>CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO</td>
</tr>
<tr>
<td>LIMIT TO THE NUMBER OF CONDITIONS). AS</td>
</tr>
<tr>
<td>CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED</td>
</tr>
<tr>
<td>WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE</td>
</tr>
<tr>
<td>FIRST CREATED. THIS ROUND FLAG WILL BE USED</td>
</tr>
<tr>
<td>LATER IN THE INTERVIEW TO DETERMINE WHICH</td>
</tr>
<tr>
<td>QUESTIONS SHOULD BE ASKED.</td>
</tr>
<tr>
<td>3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION</td>
</tr>
<tr>
<td>THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS</td>
</tr>
<tr>
<td>USED. THAT IS, AS LONG AS THE INTERVIEWER HAS</td>
</tr>
<tr>
<td>NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO</td>
</tr>
<tr>
<td>DELETE A CONDITION ENTERED IN ERROR. IF DELETE</td>
</tr>
<tr>
<td>IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED</td>
</tr>
<tr>
<td>(I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY</td>
</tr>
<tr>
<td>THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED</td>
</tr>
<tr>
<td>ONLY WHEN CONDITION IS FIRST ENTERED.’</td>
</tr>
</tbody>
</table>

12-3
Looking at this card, which of these services, if any, did (PERSON) have during this visit?

CODE ‘95’ IF NO SERVICES WERE RECEIVED. CODE ALL THAT APPLY.

- LABORATORY TESTS ................. 1
- SONOGRAM OR ULTRASOUND .......... 2
- X-RAYS ........................... 3
- MAMMOGRAM ........................ 4
- MRI OR CATSCAN .................... 5
- EKG OR ECG ........................ 6
- EEG ............................... 7
- VACCINATION ....................... 8
- ANESTHESIA ........................ 9
- OTHER DIAGNOSTIC TEST ............ 10
- NO SERVICES RECEIVED .......... 95
- REF .................................. -7
- DK ................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

---
| ALLOW CODE ‘4’ (MAMMOGRAM) ONLY IF PERSON IS FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4 THROUGH 9). |
---

---
| ALLOW CODE ‘95’ (NO SERVICES RECEIVED), ‘-7’ (REFUSED), AND ‘-8’ (DON’T KNOW) AS ENTRIES IN THE FIRST ENTRY FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE ‘95’ WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN. |
---
EDIT: IF CODED '95' (NO SERVICES RECEIVED), NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.'

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

CODE '1' = 'LAB'
CODE '2' = 'ULTRA'
CODE '3' = 'XRAY'
CODE '4' = 'MAMMO'
CODE '5' = 'MRI'
CODE '6' = 'EKG'
CODE '7' = 'EEG'
CODE '8' = 'VACIN'
CODE '9' = 'ANEST'
CODE '10' = 'OTHER'
CODE '95' = 'NONE'

NOTE: 'OTHER DIAGNOSTIC TESTS' AND 'NO SERVICES RECEIVED' ARE NOT DISPLAYED ON SHOW CARD.

<table>
<thead>
<tr>
<th>ER06</th>
</tr>
</thead>
</table>

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

Was a surgical procedure performed on (PERSON) during this visit?

YES .................................... 1
NO ..................................... 2 {ER08}
REF ................................... -7 {ER08}
DK .................................... -8 {ER08}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.
What was the name of the main surgical procedure?

CLEANING OR MEDICAL TREATMENT OF WOUND, INFECTION, OR BURN ............ 1
STITCHES (WOUND SUTURE) ................ 2
SURGICAL SETTING OF BROKEN BONE (FRACTURE REDUCTION) ................. 3
OTHER ..................................... 91
REF ....................................... -7
DK ......................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

During this visit, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES ....................................... 1
NO ......................................... 2
REF ....................................... -7
DK ......................................... -8

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.
Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescribed medicines from this visit that were filled?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Prescribed Medicine] ...............
[2. Prescribed Medicine] ...............
[3. Prescribed Medicine] ...............
OTHER SPECIFY: (__________) ........... 91

-----------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-PRESCRIBED-MEDICINES-ROSTER. |
-----------------------------

-----------------------------
| ROSTER BEHAVIOR SPECIFICATIONS: |
| 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER. |
| 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES). |
| 3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.’ |
-----------------------------

12-7
Now I would like to ask about the physicians and surgeons who treated (PERSON) during this emergency room visit. (Have/Has) (PERSON) seen any of these doctors or surgeons at a place of practice outside of (PROVIDER)?

YES .............................................. 1
NO .............................................. 2 {BOX_03}
REF ............................................. -7 {BOX_03}
DK .............................................. -8 {BOX_03}

-----------------------------------------------
| NOTE: IN ROUNDS 1 AND 2, THE SECOND SENTENCE OF THE |
| QUESTION WAS WORDED, “Do any of these doctors or |
| surgeons have a place of practice outside of |
| (PROVIDER) where (PERSON) (was/were) seen as a |
| patient?”
| -----------------------------------------------

Please give me the names of the medical places or private doctor's office where (PERSON) saw each of these doctors or surgeons outside of (PROVIDER).

PRESS ENTER TO CONTINUE.
LOOP_01
=======

| FOR EACH OF THE FOLLOWING: |
| PROVIDER 1                  |
| PROVIDER 2                  |
| PROVIDER 3                  |
| PROVIDER 4                  |
| ASK BOX_01 - END_LP01       |

LOOP DEFINITION: LOOP_01 COLLECTS NAMES AND INFORMATION ABOUT EACH SEPARATELY BILLING PROVIDER. THE RESPONSE TO ER12 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF ER12 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT SEPARATELY BILLING PROVIDER. IF ER12 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_01
======

ASK THE PROVIDER ROSTER (PV) SECTION

AT THE COMPLETION OF THE PROVIDER ROSTER (PV) SECTION, CONTINUE WITH BOX_02
FOR EACH PROVIDER ADDED OR SELECTED, ADD A PAIR TO THE PERSON’S-EVENT-PROVIDER-PAIRS-ROSTER.

FLAG EACH PROVIDER ADDED OR SELECTED AS A ‘SEPARATELY BILLING DOCTOR’ RELATED TO THE EMERGENCY ROOM EVENT BEING ASKED ABOUT.

---

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

Was there anyone else?

PROBE: Were there any other doctors or surgeons who treated (PERSON) during the emergency room visit and who (PERSON) (have/has) seen at a place of practice outside of (PROVIDER)?

YES ........................................ 1
NO ........................................... 2
REF ........................................ -7
DK .......................................... -8

---

NOTE: IN ROUNDS 1 AND 2 THE PROBE PART OF THE QUESTION WAS WORDED, “…and who have a place of practice outside of (PROVIDER) where (PERSON) (was/were) seen as a patient?”

12-10
END_LP01

----------------------------------------------------
| IF ER12 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
| SEPARATELY BILLING PROVIDER.                      |
----------------------------------------------------

----------------------------------------------------
| IF ER12 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW), END LOOP_01 AND CONTINUE WITH BOX_03 |
----------------------------------------------------

BOX_03

----------------------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS       |
| EMERGENCY ROOM EVENT IS NOT COMPLETED, ASK THE    |
| CHARGE/PAYMENT (CP) SECTION                       |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION    |
----------------------------------------------------
Event Roster (EV) Section

BOX_01
=====

----------------------------------------------------
| IF COMING FROM WITHIN PERSON LOOP IN PROVIDER     |
| PROBES, CODE EV01 AUTOMATICALLY BY CAPI WITH THE  |
| CORRECT PERSON NAME AND GO TO EV02                |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH EV01                     |
----------------------------------------------------

EV01
=====

INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65] ...

[Code One]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE         |
| RU-MEMBERS-ROSTER.                               |
----------------------------------------------------
EV02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER: WHAT TYPE OF EVENT IS IT?

HOSPITAL STAY ......................... HS
HOSPITAL EMERGENCY ROOM ............ ER
HOSPITAL OUTPATIENT DEPARTMENT ...... OP
MEDICAL PROVIDER VISIT ............... MV
DENTAL CARE ........................... DN
HOME HEALTH ........................... HH {EV06}
OTHER MEDICAL EXPENSES ............. OM
INSTITUTIONAL/LONG TERM CARE STAY ..... IC

PRESS F1 FOR DEFINITION OF EVENT TYPES.

[Code One]

| IF ROUNDS 3 OR 5 AND EV02 IS CODED 'OM', GO TO EV02A |
------------------------------------------------------------------------------------------------------------------

| IF ROUNDS 1, 2, OR 4 AND EV02 IS CODED 'OM', GO TO EV03 |
------------------------------------------------------------------------------------------------------------------

BOX_02
====

| ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT |
------------------------------------------------------------------------------------------------------------------

| AT COMPLETION OF THE PV SECTION, GO TO BOX_03 |
------------------------------------------------------------------------------------------------------------------
INTERVIEWER: SELECT GROUP TYPE OF OTHER MEDICAL EXPENSE (OM)

EVENT YOU NEED TO ADD:

NOTE: ONLY ONE OM GROUP TYPE MAY BE ADDED AT THIS SCREEN.

- **REGULAR** (GLASSES OR CONTACTS, INSULIN,
  OTHER DIABETIC SUPPLIES) .............. 1 {EV03}

- **ADDITIONAL** (E.G., AMBULANCE SERVICIES,
  ORTHOPEDIC ITEMS, HEARING DEVICES,
  MEDICAL EQUIPMENT, ETC.) .............. 2 {EV03A}

[Code One]

IF KNOWN, SELECT CORRECT OME ITEM GROUP.

OTHERWISE, ASK: Did (PERSON) obtain glasses or contact
lenses, insulin, or other diabetic equipment or supplies
since (START DATE)?

- GLASSES OR CONTACT LENSES .............. 1
- INSULIN ................................ 2
- OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3

[Code All That Apply]

<p>| IF CODED ‘2’ (INSULIN), ADD ‘INSULIN’ TO |</p>
<table>
<thead>
<tr>
<th>PERSON’S-PRESCRIBED-MEDICINES-ROSTER.</th>
</tr>
</thead>
</table>

<p>| IF CODED ‘3’ (OTHER DIABETIC EQUIPMENT OR |
| SUPPLIES), ADD ‘OTHER DIABETIC EQUIP/SUPPLIES’ |</p>
<table>
<thead>
<tr>
<th>TO PERSON’S-PRESCRIBED-MEDICINES-ROSTER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GO TO BOX_06</th>
</tr>
</thead>
</table>

8-3
EV03A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EV}   JAN 01
DEC 31

SHOW CARD PP-4A OR PP-12

IF KNOWN, SELECT CORRECT ADDITIONAL OME ITEM GROUP

OTHERWISE, ASK: Looking at this card, what type of other medical expenses did (PERSON) obtain, purchase or rent during the calendar year 1996?

AMBULANCE SERVICES ....................... 1
ORTHOPEDIC ITEMS ......................... 2
HEARING DEVICES ......................... 3
PROSTHESSES .............................. 4
BATHROOM AIDS ........................... 5
MEDICAL EQUIPMENT ...................... 6
DISPOSABLE SUPPLIES .................. 7
ALTERATIONS/MODIFICATIONS .......... 8
OTHER ................................... 91

[Code All That Apply]

| IF CODED '91' (OTHER) ALONE OR IN COMBINATION WITH |
| ANY OTHER CODES, CONTINUE WITH EV03AOV |

| OTHERWISE, GO TO BOX_06 |

ENTER OTHER GROUPING OF OTHER MEDICAL EXPENSES:

[Enter Other Specify] ............... {BOX_06}
REF .................................. -7 {BOX_06}
DK ................................... -8 {BOX_06}

<table>
<thead>
<tr>
<th>IF EVENT TYPE IS HS OR IC, CONTINUE WITH EV04</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EV05</th>
</tr>
</thead>
</table>
MEPS FAMES Panel 1 Round 3 Event Roster (EV) Section
January 31, 1997

EV04
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......} {EV} {STR-DT}
{END-DT}

IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER
PAIR WITH THE EVENT TYPE (EV).

IF DATES NOT KNOWN, ASK: When (were/was) (PERSON) admitted to
and discharged from (PROVIDER)? Please tell me the dates of
all stays between (START DATE) and (END DATE).

IF NECESSARY, PROBE: On what date did (PERSON) enter
(PROVIDER)? On what date did (PERSON) leave (PROVIDER)?

IF STILL IN (PROVIDER), ENTER 95 IN MONTH FOR DISCHARGE DATE.

PROBE: Any other stays?

TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

MEPS FAMES Panel 1 Round 3 Event Roster (EV) Section
January 31, 1997

---
| REF AND DK ARE ALLOWED IN THE DAY AND YEAR FIELDS |
| BUT ARE DISALLOWED IN THE MONTH FIELD.           |
---

---
| GO TO BOX_06                                      |
---

---

EV05
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}  {STR-DT}
{END-DT}

IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER PAIR WITH THE EVENT TYPE (EV).

IF DATES NOT KNOWN, ASK:  When did (PERSON) visit (PROVIDER)? Please tell me all the dates between (START DATE) and (END DATE).

PROBE:  Any other dates?

TO ADD, PRESS CTRL/A.  TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[Enter Month,Day,Year-2] ...............  
[Enter Month,Day,Year-2] ...............  
[Enter Month,Day,Year-2] ...............  

---

| ROSTER DEFINITION:  THIS ITEM USES PERSON’S- |
| MEDICAL-EVENTS-ROSTER TO COLLECT ALL EVENTS |
| (DATES) THAT ARE THE SAME EVENT TYPE AND SAME |
| PROVIDER AS THE EVENT BEING ASKED ABOUT.    |
---
PERSON’S EVENT ROSTER BEHAVIOR SPECIFICATIONS:

1. This roster will appear blank when displayed. Interviewer can add any number of events at the roster questions (i.e., no limit to the number of events).

2. Interviewer can delete an event that was entered on the screen where delete is used. That is, as long as the interviewer has not left the screen, she should be able to delete an event entered in error.

---

REF and DK are allowed in the day and year fields but are disallowed in the month field.

---

GO TO BOX_06
Thinking about the health care (PERSON) received at home, was the person who provided the care a friend or neighbor, a relative, a volunteer, or some type of provider who was paid? Please do not include health care received from friends or relatives living here.

PROBE: Do you have a brochure, folder, binder of papers, telephone listing, or anything which might help?

NOTE: SELECT ONLY ONE TYPE OF PROVIDER AT THIS TIME.

FRIEND/NEIGHBOR ......................... 1 [EV08]
RELATIVE ................................. 2 [EV07]
VOLUNTEER .............................. 3 [EV08]
OTHER-PAID ............................. 4
VOLUNTEERED: MEAL DELIVERY SERVICE .... 5 [BOX_06]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
Did this person work for a home health agency, hospital, or nursing home or did they work for themselves?

PROBE: Do you have a brochure, folder, binder of papers, telephone listing, or anything which might help?

WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME ......................... 1 (BOX_04)
WORKED FOR SELF ......................... 2 (BOX_04)
REF ................................... -7 (BOX_04)
DK .................................... -8 (BOX_04)

[Code One]

What is the relationship of the relative who provided home care services to (PERSON)?

IF MORE THAN ONE DAUGHTER/DAUGHTER-IN-LAW/SON/SON-IN-LAW, CODE ONLY ONE AT THIS TIME AND TREAT EACH AS A SEPARATE HOME HEALTH EVENT.

INCLUDE ALL OTHER TYPES OF RELATIVES AS ONE GROUP AND CODE ‘OTHER-RELATIVE’ ONLY ONE TIME.

DAUGHTER ............................... 1 (BOX_04)
DAUGHTER-IN-LAW ........................ 2 (BOX_04)
SON .................................... 3 (BOX_04)
SON-IN-LAW ............................. 4 (BOX_04)
OTHER RELATIVE ......................... 5

[Code One]
CODE RELATIONSHIPS OF ALL DIFFERENT TYPES OF RELATIVES WHO PROVIDED HOME CARE SERVICES SINCE (START DATE) TO (PERSON).

MOTHER ........................................ 1
FATHER ...................................... 2
SISTER ....................................... 3
BROTHER .................................... 4
GRANDPARENT ............................... 5
GRANDCHILD ............................... 6
AUNT/UNCLE ............................... 7
NIECE/NEPHEW ............................. 8
COUSIN ...................................... 9
OTHER ...................................... 91
REF ......................................... -7
DK ........................................... -8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

---------------------------------------------------------------------
| IF EV07OV1 IS CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH |
| EV07OV2 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO EV08 |
---------------------------------------------------------------------

EV07OV2

ENTER OTHER:

[Enter Other Specify] .................
REF ....................................... -7
DK ....................................... -8
How many different {friends or neighbors/volunteers/relatives, other than daughters, daughters-in-law, sons, and sons-in-law} provided home care services for (PERSON) since (START DATE)?

[Enter Number-2] .......................  
REF ...................................  -7  
DK ....................................  -8  

[Code One]

<table>
<thead>
<tr>
<th>DISPLAY 'friends or neighbors' IF EV06 IS CODED '1' (FRIEND/NEIGHBOR). DISPLAY 'volunteers' IF EV06 IS CODED '3' (VOLUNTEER). DISPLAY 'relatives, other than daughters, daughters-in-law, sons, and sons-in-law' IF EV07 IS CODED '5' (OTHER-RELATIVE).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF EV06 IS CODED '1' (FRIEND/NEIGHBOR):</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ADD 'FRIEND/NEIGHBOR' TO THE RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-PROVIDER NAME COLUMN. NO ADDRESS INFORMATION IS NECESSARY.</td>
</tr>
<tr>
<td>- FLAG PROVIDER AS 'INFORMAL'.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IF EV06 IS CODED '3' (VOLUNTEER):</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ADD 'VOLUNTEER' TO THE RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-PROVIDER NAME COLUMN. NO ADDRESS INFORMATION IS NECESSARY.</td>
</tr>
<tr>
<td>- FLAG PROVIDER AS 'INFORMAL'.</td>
</tr>
</tbody>
</table>
IF EV07 IS CODED ‘5’ (OTHER RELATIVE):

- ADD ‘OTHER RELATIVE’ TO THE RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE- PROVIDER NAME COLUMN. NO ADDRESS INFORMATION IS NECESSARY.

- FLAG PROVIDER AS ‘INFORMAL’.

GO TO BOX_05

BOX_04

ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT

AT COMPLETION OF THE PV SECTION, CONTINUE WITH BOX_05
BOX_05

------------------------------------------------------
| IF EV06 IS CODED '1' (FRIEND/NEIGHBOR) OR '3'     |
| (VOLUNTEER) AND ROUND 1, GO TO EV12               |
------------------------------------------------------

------------------------------------------------------
| IF EV06 IS CODED '1' (FRIEND/NEIGHBOR) OR '3'     |
| (VOLUNTEER) AND NOT ROUND 1, GO TO EV13           |
------------------------------------------------------

------------------------------------------------------
| IF EV06 IS CODED '2' (RELATIVE), FLAG PROVIDER    |
| JUST COLLECTED IN PV SECTION AS ‘INFORMAL’ AND    |
| THEN GO TO EV13                                   |
------------------------------------------------------

------------------------------------------------------
| IF EV06A IS CODED '2' (WORKED FOR SELF), '-7'     |
| (REFUSED), OR '-8' (DON’T KNOW), FLAG PROVIDER    |
| JUST COLLECTED IN PV SECTION AS ‘PAID INDEPENDENT’|
| AND THEN GO TO EV10                               |
------------------------------------------------------

------------------------------------------------------
| IF EV06A IS CODED '1' (WORKED FOR AGENCY,         |
| HOSPITAL, OR NURSING HOME), FLAG PROVIDER JUST    |
| COLLECTED IN PV SECTION AS ‘AGENCY’ AND THEN      |
| CONTINUE WITH EV09                                |
------------------------------------------------------
EV09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}  {STR-DT}  
{END-DT}

How many people from (PROVIDER) provided home care services for (PERSON)?

[Enter Number-2] ......................
REF ................................. -7
DK ................................. -8

[Code One]
--------------------------------- | IF ROUND 1, GO TO EV12
--------------------------------- | OTHERWise, GO TO EV13
---------------------------------
Is (PROVIDER) a companion, a professional homemaker, a home health or nurse’s aide, a health professional, or something else?

PROBE: Health professionals include people like nurses, social workers, therapists of any type.

COMPANION .............................. 1
DOMESTIC WORKER/HOUSE CLEANER .......... 2
HEALTH PROFESSIONAL .................... 3
HOMEMAKER .............................. 4
HOME HEALTH AIDE .......................... 5
NURSE’S AIDE ............................. 6
PERSONAL CARE ATTENDANT ................. 7
OTHER ......................................... 91
REF ........................................... -7
DK ............................................ -8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.
EV100V
=====

ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK .................................... -8

<table>
<thead>
<tr>
<th>IF ROUND 1, GO TO EV12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EV13</th>
</tr>
</thead>
</table>
What type of health professional is (PROVIDER)?

<table>
<thead>
<tr>
<th>Professional</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIETITIAN/NUTRITIONIST</td>
<td>1</td>
</tr>
<tr>
<td>HOME HEALTH AIDE</td>
<td>2</td>
</tr>
<tr>
<td>HOSPICE WORKER</td>
<td>3</td>
</tr>
<tr>
<td>I.V./INFUSION THERAPIST</td>
<td>4</td>
</tr>
<tr>
<td>MEDICAL DOCTOR</td>
<td>5</td>
</tr>
<tr>
<td>NURSE/NURSE PRACTITIONER</td>
<td>6</td>
</tr>
<tr>
<td>NURSE'S AIDE</td>
<td>7</td>
</tr>
<tr>
<td>OCCUPATIONAL THERAPIST</td>
<td>8</td>
</tr>
<tr>
<td>PERSONAL CARE ATTENDANT</td>
<td>9</td>
</tr>
<tr>
<td>PHYSICAL THERAPIST</td>
<td>10</td>
</tr>
<tr>
<td>RESPIRATORY THERAPIST</td>
<td>11</td>
</tr>
<tr>
<td>SOCIAL WORKER</td>
<td>12</td>
</tr>
<tr>
<td>SPEECH THERAPIST</td>
<td>13</td>
</tr>
<tr>
<td>OTHER</td>
<td>91</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]
EV110V
======

ENTER OTHER:

[Enter Other Specify] .................
REF ...................................... -7
DK ....................................... -8

---------------------------------------------------------------------
| IF ROUND 1, CONTINUE WITH EV12 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO EV13 |
---------------------------------------------------------------------

EV12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.....} {EV} {STR-DT}
{END-DT}

Did {someone from} (PROVIDER) ever provide home care services for (PERSON) before January 1, 1996?

YES ....................................... 1
NO ....................................... 2
REF ...................................... -7
DK ....................................... -8

[Code One]

---------------------------------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS A FACILITY. |
| OTHERWISE, USE A NULL DISPLAY. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| NOTE: EV12 SHOULD ONLY BE ASKED IF ROUND 1. IT |
| WAS, HOWEVER, ASKED IN ROUND 2, BUT NOT IN ROUND 3 |
| AND BEYOND. |
---------------------------------------------------------------------
MEPS FAMES Panel 1 Round 3 Event Roster (EV) Section
January 31, 1997

EV13
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}  {STR-DT}  {END-DT}

{Last time we recorded that (PERSON) received home care services from (PROVIDER) during some part of {PRV RD INTV MTH}. Did (PERSON) continue to receive home care services from (PROVIDER) during the rest of {PRV RD INTV MTH}?

Did {someone from} (PROVIDER) provide home care services for (PERSON) during the month of (MONTH)?

How about in (MONTH)?

Yes   No    REF    DK

| EV13_01 |                | 1 | 2 | -7 | -8 |
| EV13_02 |                | 1 | 2 | -7 | -8 |
| EV13_03 |                | 1 | 2 | -7 | -8 |
| EV13_04 |                | 1 | 2 | -7 | -8 |

8-20
EV13 SCREEN DISPLAY SPECIFICATIONS:

1. The number and names of the months listed are determined by the number of months between the month of the start date and the month of the end date for this person. For example, if the start date is January 1 and the end date is April 10 for this person’s reference period, ‘January’, ‘February’, ‘March’, and ‘April’ are displayed. That is, the months are all the months of the person’s reference period.

2. ‘-7’ (Refused) and ‘-8’ (Don’t know) are allowed for EV13_01, EV13_02, EV13_03, and EV13_04. However, they will be treated as a ‘no’ when creating events.

Display first paragraph if a home health event for the month of the previous round’s interview date for this person-provider pair was created during the previous round (however, it would not have been asked about). Otherwise, use a null display.

Display the month of the previous round’s interview date for '{prv rd intv mth}'.

Display ‘someone from’ if provider is a facility. Otherwise, use a null display.

Edit: All months during the reference period cannot be coded ‘2’ (No), ‘-7’ (Refused), or ‘-8’ (Don’t know). If all are, display the following message: ‘MUST RECEIVE HOME CARE DURING AT LEAST ONE MONTH.’

Message: If current interview month is coded ‘1’ (Yes), display the following message: ‘Home health utilization sec for (int month) will not be asked until next round.’
EACH MONTH CODED '1' (YES) BECOMES A SEPARATE HOME HEALTH EVENT FOR THIS PERSON-PROVIDER PAIR. HOWEVER, IF THE CURRENT INTERVIEW MONTH IS CODED '1' (YES), IT WILL NOT BE ASKED ABOUT UNTIL THE NEXT ROUND. IF THE MONTH OF THE PREVIOUS ROUND’S INTERVIEW DATE IS CODED '1' (YES), IT IS ONLY ASKED ABOUT ONE TIME. THAT IS, IT IS NOT A SEPARATE EVENT FOR BOTH THE PREVIOUS ROUND AND THIS ROUND, IT IS ONLY ONE EVENT.

NOTE: A SEAM MONTH WILL BE ASKED ONLY ONE HOME HEALTH UTILIZATION SECTION WHENEVER IT RECEIVES (OR RECEIVED) A CODE OF '1' (YES) IN EITHER THE CURRENT ROUND OR THE PREVIOUS ROUND.

----------------------------------------------------
BOX_06
=====

----------------------------------------------------
RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN PP OR ED.

----------------------------------------------------
Employment Wage (EW) Section

EW01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}
{JOB-ED}

At (EMPLOYER), {(are/is)/(were/was)} (PERSON) salaried, paid by the hour, or paid some other way?

IF SALARIED AND RECEIVES TIPS, BONUS, OR COMMISSION, CODE 1.
IF PAID BY THE HOUR AND RECEIVES TIPS, BONUS, OR COMMISSION, CODE 2.

SALARIED ............................... 1 {EW11}
PAID BY THE HOUR ....................... 2 {EW18}
PAID SOME OTHER WAY ............... 3
REF ................................. -7 {EW08}
DK .................................... -8 {EW07}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
MEPS FAMES Panel 1 Round 3 Employment Wage (EW) Section
January 31, 1997

EW02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}
{JOB-ED}

How {(are/is)/(were/was)} (PERSON) paid?

BY THE DAY ............................. 1 {EW03}
PICEWORK ............................... 2 {EW05}
COMMISSION ............................. 3 {EW23}
BONUS ................................. 4 {EW23}
BY THE JOB/MILE ........................ 5 {EW05}
OTHER ................................. 91
REF ................................. -7 {EW08}
DK ................................. -8 {EW07}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EW02OV
====

ENTER OTHER:

[Enter Other Specify] .................... {EW05}
REF ............................... -7 {EW05}
DK ............................... -8 {EW05}
What is/was (PERSON)'s daily wage rate?

[Enter $ Per Day] .................
REF ................................... -7 {EW08}
DK .................................... -8 {EW07}

How many hours (do/does/did) (PERSON) usually work per day?

[Enter Hours]......................... {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}
{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {JOB-ST}  {JOB-ED}

How much {(do/does)/did} (PERSON) usually make this way?

AMOUNT:

[Enter $ Amount]  .......................
REF  ..................................... -7  {EW08}
DK  ....................................... -8  {EW07}

PER PERIOD:

PER HOUR  ...............................  1  {EW06}
PER DAY  .................................  2  {EW06}
PER WEEK  ...............................  3  {EW06}
PER TWO-WEEK PERIOD  ....................  4  {EW06}
PER MONTH  ................................  5  {EW06}
PER YEAR  ...............................  6  {EW06}
OTHER  .................................  91
REF  ................................. -7  {EW06}
DK  ....................................... -8  {EW06}

[Code One]
If (PERSON) worked an extra hour, how much would (PERSON) earn for that hour?

[Enter $ Per Hour] .....................   {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}

I would just like to get a rough idea of how much (PERSON) {{(earn/earns)/earned} at this job? Approximately how much {{(do/does)/did} (PERSON) make per hour?

[Enter $ Per Hour] .....................   {EW23}
REF ................................... -7 {EW23}
DK .................................... -8

Could you just tell me if (PERSON) {{(make/makes)/made} more or less than $10 an hour at this job?

$10 OR MORE ............................ 1
LESS THAN $10 .......................... 2 {EW10}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}

[Code One]
EW09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}
{JOB-ED}

More or less than $15 an hour?

$15 OR MORE ................................. 1 {EW23}
LESS THAN $15 .............................. 2 {EW23}
REF ..................................... -7 {EW23}
DK ....................................... -8 {EW23}

[Code One]

EW10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}
{JOB-ED}

More or less than {$4.25/$4.75} an hour?

{$4.25/$4.75} OR MORE .......................... 1 {EW23}
LESS THAN {$4.25/$4.75} ..................... 2 {EW23}
REF ..................................... -7 {EW23}
DK ....................................... -8 {EW23}

[Code One]

-------------------------------------------------
| IF ROUND 1 OR ROUND 2, DISPLAY \$4.25\'.       |
| OTHERWISE, DISPLAY \$4.75\'.                    |
-------------------------------------------------
EW11
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {JOB-ST} {JOB-ED}

How much {is/was} (PERSON)'s salary before taxes, not including tips, commissions, or bonuses?

AMOUNT:

[Enter $ Amount] .........................
REF .................................  -7 [EW14]
DK .................................  -8 [EW13]

EW11OV1
========

PER PERIOD:

PER YEAR .........................  1 [EW12]
PER MONTH .........................  2 [EW17]
PER TWO-WEEK PERIOD ...............  3 [EW17]
PER WEEK ...........................  4 [EW17]
OTHER ............................... 91
REF .................................  -7 [EW14]
DK .................................  -8 [EW13]

[Code One]

EW11OV2
========

ENTER OTHER:

[Enter Other Specify] .....................  [EW17]
REF .................................  -7 [EW17]
DK .................................  -8 [EW17]

BOX 01
======

OMITTED
EW12
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

On how many weeks of work per year {is/was} this salary based?

[Enter Number of Weeks] ...............   {EW17}
REF ................................... -7 {EW17}
DK .................................... -8 {EW17}

EW13
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

I would just like to get a rough idea of how much {PERSON} {(earn/earns)/earned} at this job. Approximately how much {(do/does)/did} {(PERSON) make per hour?

[Enter $ Per Hour] .....................   {EW17}
REF ................................... -7 {EW17}
DK .................................... -8

EW14
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

Could you just tell me if {PERSON} {(make/makes)/made} more or less than $10 an hour at this job?

$10 OR MORE ............................. 1
LESS THAN $10 .......................... 2 {EW16}
REF ................................... -7 {EW17}
DK .................................... -8 {EW17}

[Code One]
EW15
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}
{JOB-ED}

More or less than $15 an hour?

$15 OR MORE ............................ 1 {EW17}
LESS THAN $15 .......................... 2 {EW17}
REF ................................... -7 {EW17}
DK .................................... -8 {EW17}

[Code One]

EW16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}
{JOB-ED}

More or less than {$4.25/$4.75} an hour?

{$4.25/$4.75} OR MORE .................... 1
LESS THAN {$4.25/$4.75} .................. 2
REF ....................................... -7
DK ......................................... -8

[Code One]

---------------------------------------------
| IF ROUND 1 OR ROUND 2, DISPLAY \$4.25'.   |
| OTHERWISE, DISPLAY \$4.75'.               |
---------------------------------------------
Often, the number of hours people work is different from the number of hours on which their salaries are based. On how many hours per week is/was (PERSON)'s salary based?

[Enter Hours Per Week] .................   {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}

PRESS F1 FOR DEFINITION OF HOURS WORKED PER WEEK.

----------------------------------------------------
<table>
<thead>
<tr>
<th>NOTE: ALLOW ONLY WHOLE HOURS, NO FRACTIONS.</th>
</tr>
</thead>
</table>

What is/was (PERSON)'s hourly wage rate for (PERSON)'s regular work time, not including tips, commissions, or bonuses at (EMPLOYER)?

[Enter $ Per Hour]  ....................
REF ................................... -7 {EW20}
DK .................................... -8 {EW20}
What {is/was} (PERSON)'s hourly rate for overtime?

- DOES NOT WORK OVERTIME ................. 1 [EW23]
- STRAIGHT TIME .......................... 2 [EW23]
- TIME AND A HALF ........................ 3 [EW23]
- COMP TIME .............................. 4 [EW23]
- EXACT AMOUNT ........................... 5
- OTHER .................................... 91 [EW19OV2]
- REF ...................................... -7 [EW23]
- DK ....................................... -8 [EW23]

[Code One]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

ENTER EXACT AMOUNT:

[Enter $ Per Hour] ....................... [EW23]

ENTER OTHER:

[Enter Other Specify] ....................... [EW23]
- REF ...................................... -7 [EW23]
- DK ....................................... -8 [EW23]
Could you just tell me if (PERSON) {(make/makes)/made} more or less than $10 an hour at this job?

$10 OR MORE ........................................ 1 {EW22}
LESS THAN $10 ...................................... 2 {EW22}
REF ................................................... -7 {EW23}
DK ..................................................... -8 {EW23}

[Code One]

More or less than $15 an hour?

$15 OR MORE ........................................ 1 {EW23}
LESS THAN $15 ...................................... 2 {EW23}
REF ................................................... -7 {EW23}
DK ..................................................... -8 {EW23}

[Code One]
More or less than \{\$4.25/\$4.75\} an hour?

\{\$4.25/\$4.75\} OR MORE ............... 1
LESS THAN \{\$4.25/\$4.75\} ............... 2
REF ................................... -7
DK .................................... -8

[Code One]
MEPS FAMES Panel 1 Round 3 Employment Wage (EW) Section
January 31, 1997

EW23
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {JOB-ST}
{JOB-ED}

On this job, {(do/does/did) (PERSON) earn ...

YES    NO     REF    DK

EW23_01
=======
tips?   1     2     -7    -8

EW23_02
=======
bonuses? 1     2     -7    -8

EW23_03
=======
commissions? 1     2     -7    -8

PRESS F1 FOR DEFINITION OF TIPS/BONUSES/COMMISSIONS.

----------------------------------------------------
| IF EW02 IS CODED '4' (BONUS), AUTOMATICALLY CODE |
| EW23_02 AS '1' (YES) AND DO NOT DISPLAY EW23_02 |
----------------------------------------------------

----------------------------------------------------
| IF EW02 IS CODED '3' (COMMISSION), AUTOMATICALLY |
| CODE EW23_03 AS '1' (YES) AND DO NOT DISPLAY      |
| EW23_03                                           |
----------------------------------------------------

----------------------------------------------------
| NOTE: EW24B/EW24C NEED TO BE ASKED, AS           |
| APPROPRIATE. THIS WAS NOT WORKING PROPERLY IN    |
| THE PRETEST.                                    |
----------------------------------------------------

----------------------------------------------------
| IF EW23_01 - EW23_03 ARE ALL CODED '2' (NO), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_04     |
----------------------------------------------------

25-190
| IF EW23_01 IS CODED '2' (NO), '-7' (REFUSED) OR '8' (DON'T KNOW), GO TO BOX_02 |
| OTHERIWISE, CONTINUE WITH EW24A |

EW24A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {JOB-ST}  {JOB-ED}

How much {are/were} (PERSON)'s tips on average?

TIPS:

AMOUNT:

[Enter $ Amount] .......................
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

EW24AOV1
========

PER PERIOD:

PER HOUR ............................... 1 {BOX_02}
PER DAY ................................ 2 {BOX_02}
PER WEEK ............................... 3 {BOX_02}
PER TWO-WEEK PERIOD ................. 4 {BOX_02}
PER MONTH .............................. 5 {BOX_02}
PER YEAR ............................... 6 {BOX_02}
OTHER ................................. 91
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]
EW24AOV2
=======

ENTER OTHER:

[Enter Other Specify] ....................
REF .................................... -7
DK ...................................... -8

BOX_02
=====

| IF EW23_02 IS CODED '2' (NO), '-7' (REFUSED) OR |
| '-8' (DON'T KNOW), GO TO BOX_03 |
| OTHERWISE, CONTINUE WITH EW24B |

EW24B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {JOB-ST} {JOB-ED}

How much {are/were} (PERSON)'s bonuses on average?

BONUSES:

AMOUNT:

[Enter $ Amount] .......................
REF .................................... -7 (BOX_03)
DK ...................................... -8 (BOX_03)
EW24BOV1
======

PER PERIOD:

PER HOUR .............................................. 1 {BOX_03}
PER DAY ............................................. 2 {BOX_03}
PER WEEK ............................................ 3 {BOX_03}
PER TWO-WEEK PERIOD ......................... 4 {BOX_03}
PER MONTH .......................................... 5 {BOX_03}
PER YEAR ........................................... 6 {BOX_03}
OTHER ............................................... 91
REF ............................................. -7 {BOX_03}
DK ............................................. -8 {BOX_03}

[Code One]

EW24BOV2
======

ENTER OTHER:

[Enter Other Specify] ......................
REF ............................................. -7
DK ............................................. -8

BOX_03
=====

----------------------------------------------------
| IF EW23_03 IS CODED '2' (NO), '-7' (REFUSED) OR |
| '-8' (DON'T KNOW), GO TO BOX_04 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH EW24C |
----------------------------------------------------
How much {are/were} (PERSON)'s commissions on average?

COMMISSIONS:

AMOUNT:

[Enter $ Amount] ............................
REF .................................. -7  {BOX_04}
DK .................................. -8  {BOX_04}
| RETURN TO ORIGINAL QUESTIONNAIRE SECTION (EITHER RJ OR EM-B). |

--------------------------
Flat Fee (FF) Section

BOX_01
======

-------------------------------------
| IF NO FLAT FEE GROUPS ALREADY ON PERSONS-FLAT-FEE-|
| GROUPS-ROSTER, GO TO FF02            |
-------------------------------------

-------------------------------------
| OTHERWISE, CONTINUE WITH FF01       |
-------------------------------------
Let me review the groups of health care events I have recorded for (PERSON). Please tell me if any of these groups include the charge that covered ((PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)) or (PERSON)'s visit to (PROVIDER) on (VISIT DATE) or the (OME ITEM GROUP NAME) used by (PERSON) since (START DATE) or services received at home from (PROVIDER) during (MONTH) for (PERSON) or (PROVIDER)'s services as part of the visit made on (VISIT DATE).

REVIEW FLAT FEE GROUPS WITH RESPONDENT.
SELECT FLAT FEE GROUP COVERED BY SAME CHARGE AS EVENT BEING ASKED ABOUT.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. Flat Fee Group] ....................
[2. Flat Fee Group] ....................
[3. Flat Fee Group] ....................

[Code One]
NOTE: SINCE THIS ROSTER WILL INCLUDE ALL FLAT FEE GROUPS, CURRENT ROUND SINGLE EVENTS CAN BE ADDED TO ANY FLAT FEE GROUP CREATED DURING THE CURRENT ROUND OR A PREVIOUS ROUND.

FF02
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER.) (EV) (EVN-DT)

Let me review the list of health care events I have recorded for (PERSON). Please tell me which of these were included in the same charge that covered ((PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE).

REVIEW EVENTS WITH RESPONDENT.
SELECT EVENTS COVERED BY SAME CHARGE AS EVENT BEING ASKED ABOUT.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER PROVIDER</th>
<th>FF02_02 STAY TYPE</th>
<th>FF02_03 ADMIT DATE</th>
<th>FF02_04 DISCH DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
</tbody>
</table>
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL MEDICAL EVENTS ON PERSON’S-MEDICAL-EVENTS-ROSTER THAT MEET THE FOLLOWING CONDITIONS:

- EVENT HAS CP STATUS OF ‘PROCESSED’ OR ‘UNPROCESSED’
- EVENT IS NOT ALREADY INCLUDED IN A FLAT FEE GROUP OR A REPEAT VISIT GROUP
- EVENT IS NOT ALREADY CODED (VERIFIED) AS A COPAYMENT
- EVENT TYPE IS NOT PM, IC, OM TYPE 2 (INSULIN), OR OM TYPE 3 (OTHER DIABETIC SUPPLIES OR EQUIPMENT)
- EVENT IS NOT AN HS EVENT WITH A DISCHARGE DATE CODED ‘95’ (STILL IN HOSPITAL)
- EVENT IS NOT AN MV OR OP EVENT THAT WAS A TELEPHONE CALL (OP02 OR MV01 CODED ‘2’)
- EVENT IS NOT A HH EVENT WITH EVENT DATE = INTERVIEW MONTH

DISPLAY 'OUTSIDE REFERENCE PERIOD' AS THE LAST ENTRY IN THE 'EVENT DATE' COLUMN.

FF03
====

(Person's First Middle and Last Name) (Name of Medical Care Provider.) (Ev) (Evn-Dt)

INTERVIEWER: RECORD 'NAME OF FLAT FEE GROUP' FOR EVENTS SELECTED IN PREVIOUS QUESTION:

[Enter Flat Fee Group]

WRITE FLAT FEE GROUP TO PERSON’S-FLAT-FEE-GROUPS-ROSTER.

IF ROUND 1, CONTINUE WITH FF04

OTHERWISE, GO TO BOX_02
FF04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

Did the charge which included the services for (FLAT FEE GROUP) cover any visits before (START DATE)?

YES .................................... 1
NO ..................................... 2 {FF06}
REF ................................... -7 {FF06}
DK .................................... -8 {FF06}

FF05
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

How many visits did (PERSON) have before (START DATE)?

[Enter Number] .........................
REF ................................... -7
DK .................................... -8

FF06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

Did the charge that included the services for (FLAT FEE GROUP) cover any surgical procedures before (START DATE)?

YES .................................... 1
NO ..................................... 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.
FF07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

INTERVIEWER: IS THE VISIT THAT INCLUDES SURGERY ALREADY PART OF THE FLAT FEE GROUP?

YES ........................................ 1 {BOX_02}
NO .......................................... 2
REF ......................................... -7
DK ............................................ -8

[Code One]

FF08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

Was this the kind of surgery for which (PERSON) had to stay in the hospital at least one night or (were/was) (PERSON) allowed to go home the same day of the surgery?

AT LEAST ONE NIGHT ...................... 1
SAME DAY ................................... 2
REF ......................................... -7
DK ............................................ -8

[Code One]

BOX_02
=====

----------------------------------------------------
| RETURN TO THE EVENT DRIVER FOR THIS EVENT-PROVIDER |
| PAIR. IF EVENT-PROVIDER PAIR BEING ASKED ABOUT WAS |
| PART OF AN EXISTING FLAT FEE GROUP (A NAME WAS    |
| SELECTED AT FF01), FLAG THE CP STATUS OF THE      |
| EVENT-PROVIDER PAIR AS 'PROCESSED'. IF A NEW FLAT |
| FEE GROUP WAS FORMED AT FF02, THE COMPLETE (FROM |
| THE BEGINNING) CP SECTION WILL BE ASKED FOR THIS  |
| FLAT FEE GROUP.                                  |
----------------------------------------------------
Health Status (HE) Section

NOTE: THIS SECTION IS ASKED FOR ALL CURRENT RU MEMBERS AND INSTITUTIONALIZED PERSONS. DO NOT ASK THIS SECTION FOR DECEASED PERSONS.

NOTE: QUESTIONS HE01 THROUGH HE06 ARE ASKED EVERY ROUND.

NOTE: THROUGHOUT THE HEALTH STATUS (HE) SECTION, AGE CATEGORIES ARE REFERENCED WHEN A TRUE AGE WAS NOT OBTAINED. THE AGES FOR THESE AGE CATEGORIES ARE AS FOLLOWS:

1 = LESS THAN 1 YEAR OLD
2 = 1-4
3 = 5-15
4 = 16-23
5 = 24-34
6 = 35-44
7 = 45-54
8 = 55-64
9 = 65 YEARS OLD OR OLDER
The next few questions are about difficulties people may have with everyday activities such as getting around, bathing or taking medications. We are interested in difficulties due to an impairment or a physical or mental health problem.

Does anyone in the family receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping?

YES ........................................ 1
NO ........................................... 2 (HE04)
REF .................................... -7 (HE04)
DK ..................................... -8 (HE04)

PRESS F1 FOR DEFINITION OF IMPAIRMENT AND HELP/SUPERVISION.

<p>| IF CODED '1' (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT |</p>
<table>
<thead>
<tr>
<th>HE02 BY CAI AND GO TO HE04</th>
</tr>
</thead>
</table>

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH HE02 |
HELP OR SUPERVISION USING THE TELEPHONE, PAYING BILLS, TAKING MEDICATIONS, PREPARING LIGHT MEALS, DOING LAUNDRY, OR GOING SHOPPING.

Who is that?

PROBE: Does anyone else receive help or supervision doing these types of activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
LOOP_01
 ======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
ASK HE03 - END_LP01

LOOP DEFINITION: LOOP_01 DETERMINES IF PERSONS < 13 YEARS OF AGE RECEIVE HELP OR SUPERVISION WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON RECEIVES HELP WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING (I.E., PERSON SELECTED AT HE02)
- PERSON < 13 YEARS OF AGE OR IN AGE CATEGORY 1-3

HE03
====

(PERSON'S FIRST MIDDLE AND LAST NAME) {STR-DT}
(END-DT)

(Do/Does) (PERSON) receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry or going shopping because of an impairment or a physical or mental health problem?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: IADL SECTION.
END_LP01

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_01 AND CONTINUE WITH HE04                |
----------------------------------------------------

HE04

{STR-DT}
{END-DT}

Does anyone in the family receive help or supervision with personal care such as bathing, dressing, or getting around the house?

YES ....................................... 1
NO ........................................ 2 {BOX_02}
REF ....................................... -7 {BOX_02}
DK ........................................ -8 {BOX_02}

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION.

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,        |
| AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT    |
| HE05 BY CAPI AND GO TO BOX_02                     |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE  |
| WITH HE05                                         |
----------------------------------------------------
HELP OR SUPERVISION WITH PERSONAL CARE SUCH AS BATHING, DRESSING OR GETTING AROUND THE HOUSE.

Who is that?

PROBE: Does anyone else receive help or supervision with personal care?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
LOOP_02

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| HE06 - END_LP02 |

LOOP DEFINITION: LOOP_02 DETERMINES IF PERSONS < 13 YEARS OF AGE RECEIVE HELP OR SUPERVISION WITH PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING) BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON RECEIVES HELP OR SUPERVISION WITH PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING, THAT IS, THE PERSON IS SELECTED AT HE05)
- PERSON <13 YEARS OF AGE OR IN AGE CATEGORIES 1-3

HE06

(Person's first middle and last name) (str-dt)

(Do/Does) (PERSON) receive help or supervision with personal care such as bathing, dressing or getting around the house because of an impairment or a physical or mental health problem?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

| IF CODED '1' (YES), FLAG PERSON FOR THE LTC |
| SUPPLEMENT: ADL SECTION. |

5-7
END_LP02
========

---------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
-----------------

---------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH BOX_02            |
-----------------

BOX_02
======

---------------
| IF ROUND 1 OR ROUND 3, CONTINUE WITH HE07        |
---------------

---------------
| IF ROUND 2, GO TO HE26                           |
---------------
Does anyone in the family use any aids such as a walker, grab bars in the bathtub or any other special equipment for personal care or everyday activities?

YES .................................... 1
NO ..................................... 2 {HE09}
REF .................................... -7 {HE09}
DK .................................... -8 {HE09}

PRESS F1 FOR EXAMPLES OF AIDS/SPECIAL EQUIPMENT.

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,        |
| AUTOMATICALLY CODE PERSON AS 'USES AIDS' AT HE08   |
| BY CAPI AND GO TO HE09                            |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
| WITH HE08                                         |
----------------------------------------------------
USE ANY AIDS SUCH AS A WALKER, GRAB BARS IN THE BATHTUB OR ANY OTHER SPECIAL EQUIPMENT FOR PERSONAL CARE OR EVERYDAY ACTIVITIES.

Who is that?

PROBE: Does anyone else use any aids for personal care or everyday activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
Does anyone in the family have difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time?

YES .................................... 1
NO ..................................... 2
REF .................................... -7
DK .................................... -8

If coded '1' (YES) and a single-person RU, automatically code person as 'having difficulty' at HE10 by CAPI and go to LOOP_03.

If coded '1' (YES) and a multi-person RU, continue with HE10.
DIFFICULTIES WALKING, CLIMBING STAIRS, GRASPING OBJECTS, REACHING OVERHEAD, LIFTING, BENDING OR STOOPING, OR STANDING FOR LONG PERIODS OF TIME.

Who is that?

PROBE: Does anyone else have difficulties doing these types of activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.
LOOP_03
=======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
HE11 - END_LP03

LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON
THE LEVEL OF FUNCTIONAL LIMITATION WITH VARIOUS
PHYSICAL ACTIVITIES FOR PERSONS = OR > 13 YEARS OF
AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE
FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON HAS FUNCTIONAL LIMITATIONS (I.E., PERSON
  SELECTED AT HE10)
- PERSON = OR > 13 YEARS OF AGE OR IN AGE
  CATEGORIES 4-9

BOX_03
=======

OMITTED
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

SHOW CARD HE-1.

{For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.}

Please look at this card and tell me how much difficulty (do/does) (PERSON) have lifting something as heavy as 10 pounds, such as a full bag of groceries? Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .......................... 1
SOME DIFFICULTY ........................ 2
A LOT OF DIFFICULTY .................... 3
COMPLETELY UNABLE TO DO IT .......... 4
REF ................................... -7
DK .................................... -8

[Code One]
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking up 10 steps without resting?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

IF RESPONDENT VOLUNTEERS THAT PERSON IS COMPLETELY UNABLE TO WALK, CODE 5.

NO DIFFICULTY .......................... 1
SOME DIFFICULTY ........................ 2
A LOT OF DIFFICULTY ..................... 3
COMPLETELY UNABLE TO DO IT ............ 4
COMPLETELY UNABLE TO WALK ............. 5
REF ....................................... -7
DK ......................................... -8

[Code One]

| IF CODED '5' (COMPLETELY UNABLE TO WALK), |
| AUTOMATICALLY CODE HE13, HE14, HE15, AND HE16 AS |
| '4' (COMPLETELY UNABLE TO DO IT) BY CAPI, AND GO |
| TO HE17 |

| OTHERWISE, CONTINUE WITH HE13 |

----------------------------------------------------
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking about 3 city blocks or about a quarter of a mile?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .......................... 1
SOME DIFFICULTY ........................ 2
A LOT OF DIFFICULTY .................... 3
COMPLETELY UNABLE TO DO IT .......... 4
REF ................................... -7
DK .................................... -8

[Code One]

<p>| IF CODED '4' (COMPLETELY UNABLE TO DO IT), |
| AUTOMATICALLY CODE HE14 AS '4' (COMPLETELY UNABLE |</p>
<table>
<thead>
<tr>
<th>TO DO IT) BY CAPI, AND GO TO HE15</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH HE14</th>
</tr>
</thead>
</table>
HE14
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

SHOW CARD HE-1.

How much difficulty (do/does) {PERSON} have walking a mile?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ....................... 2
A LOT OF DIFFICULTY ................... 3
COMPLETELY UNABLE TO DO IT .......... 4
REF ..................................... -7
DK ..................................... -8

[Code One]

HE15
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

SHOW CARD HE-1.

How much difficulty (do/does) {PERSON} have standing for about 20 minutes?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ....................... 2
A LOT OF DIFFICULTY ................... 3
COMPLETELY UNABLE TO DO IT .......... 4
REF ..................................... -7
DK ..................................... -8

[Code One]
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have bending down or stooping from a standing position to pick up an object from the floor or tie a shoe?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ....................... 2
A LOT OF DIFFICULTY .................. 3
COMPLETELY UNABLE TO DO IT ........ 4
REF ...................................... -7
DK ....................................... -8

[Code One]

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have reaching up overhead, for example to remove something from a shelf?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ....................... 2
A LOT OF DIFFICULTY .................. 3
COMPLETELY UNABLE TO DO IT ........ 4
REF ...................................... -7
DK ....................................... -8

[Code One]
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have using fingers to grasp or handle something such as picking up a glass from a table or using a pencil to write?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ....................... 2
A LOT OF DIFFICULTY ................... 3
COMPLETELY UNABLE TO DO IT .......... 4
REF .................................... -7
DK .................................... -8

[Code One]

END_LP03

-----------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
-----------------------------

-----------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_03 AND CONTINUE WITH HE19 |
-----------------------------
Is anyone in the family limited in any way in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

YES .................................... 1
NO ..................................... 2 {HE22}
REF ................................... -7 {HE22}
DK .................................... -8 {HE22}

PRESS F1 FOR DEFINITION OF LIMITED ABILITY AND IMPAIRMENT.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'LIMITED ABILITY' AT |
| HE20 BY CAPI AND GO TO LOOP_04 |

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
| WITH HE20 |
LIMITED ABILITY TO WORK AT A JOB, DO HOUSEWORK OR GO TO SCHOOL BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is anyone else limited in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
LOOP_04

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |  
| HE20A - END_LP04 | 

LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON WORK/HOUSEWORK/SCHOOL LIMITATIONS BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM FOR PERSONS = OR > 5 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON IS LIMITED IN ABILITY TO WORK AT A JOB, DO HOUSEWORK, OR GO TO SCHOOL (I.E., PERSON SELECTED AT HE20)
- PERSON = OR > 5 YEARS OF AGE OR IN AGE CATEGORIES 3-9

BOX_04

OMITTED

HE20A

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

Which activities is (PERSON) limited in doing because of an impairment or a physical or mental health problem - working at a job, doing housework, or going to school?

CODE ALL THAT APPLY.

WORKING AT A JOB ....................... 1
DOING HOUSEWORK ...................... 2
GOING TO SCHOOL ....................... 3
REF ................................... -7
DK .................................... -8

(Code All That Apply)
HE21
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

{At the time (PERSON) entered the institution, was/(Are/Is)}
(PERSON) completely unable to {work at a job}{,/ and}
{ do housework}{ and}{ go to school}?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
|  DISPLAY 'At the time (PERSON) entered the       |
|  institution, was'.  IF PERSON BEING ASKED ABOUT |
|  CODED AS BEING INSTITUTIONALIZED AT END DATE.    |
|  DISPLAY '(Are/Is)' IF PERSON BEING ASKED ABOUT IS |
|  A CURRENT RU MEMBER LIVING IN THE RU.           |
----------------------------------------------------

----------------------------------------------------
|  DISPLAY 'work at a job' IF HE20A IS CODED '1'    |
|  (WORKING AT A JOB), EITHER ALONE OR IN COMBINATION|
|  WITH OTHER CODES OR IF HE20A IS CODED '-7'       |
|  (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT  |
|  CODED '1', '-7', OR '-8', USE A NULL DISPLAY.    |
|  DISPLAY ',' IF HE20A IS CODED '1', '2', AND '3' OR|
|  IF HE20A IS CODED EITHER '-7' OR '-8'.          |
|  DISPLAY ' and' IF HE20A IS CODED '1' AND EITHER |
|  '2' OR '3'.  OTHERWISE, USE A NULL DISPLAY.     |
----------------------------------------------------
|  DISPLAY ' do housework' IF HE20A IS CODED '2'    |
|  (DOING HOUSEWORK), EITHER ALONE OR IN COMBINATION|
|  WITH OTHER CODES OR IF HE20A IS CODED '-7'       |
|  (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT  |
|  CODED '2', '-7', OR '-8', USE A NULL DISPLAY.    |
|  DISPLAY ' and' IF ONLY CODES '2' AND '3' ARE     |
|  SELECTED AT HE20A OR IF CODES '1', '2', AND '3'  |
|  ARE ALL SELECTED AT HE20A OR IF CODED EITHER '-7'|
|  OR '-8' AT HE20A.  OTHERWISE, USE A NULL DISPLAY.|
----------------------------------------------------
|  DISPLAY ' go to school' IF HE20A IS CODED '3'    |
|  (GOING TO SCHOOL), EITHER ALONE OR IN COMBINATION|
|  WITH OTHER CODES OR IF HE20A IS CODED '-7'       |
|  (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT  |
|  CODED '3', '-7', OR '-8', USE A NULL DISPLAY.    |
----------------------------------------------------
Besides the limitations we just talked about, is anyone in the family limited in participating in social, recreational or family activities \textit{because of an impairment or a physical or mental health problem}?

YES .................................... 1  
NO ..................................... 2 \{HE24\}  
REF ................................... -7 \{HE24\}  
DK .................................... -8 \{HE24\}

PRESS \textbf{F1} FOR DEFINITION OF LIMITED IN PARTICIPATING.
LIMITED IN PARTICIPATION IN SOCIAL, RECREATIONAL OR FAMILY ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is anyone else limited in participation in activities because of an impairment or a physical or mental health problem?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
HE24
=====

Do any of the adults in the family...
(1= YES, 2= NO)

YES NO REF DK

HE24_01
=======
Experience confusion or memory loss such that it interferes with daily activities?

YES NO REF DK

HE24_02
=======
Have problems making decisions to the point that it interferes with daily activities?

YES NO REF DK

HE24_03
=======
Require supervision for their own safety?

YES NO REF DK

| IF HE24_01, HE24_02, OR HE24_03 IS CODED '1' (YES) |
| AND A SINGLE-PERSON RU, AUTOMATICALLY CODE AS 'EXPERIENCES CONFUSION' AT HE25 BY CAPI AND GO TO BOX_05 |

<p>| IF HE24_01, HE24_02, AND HE24_03 ARE ALL CODED '2' |
| (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_05 |</p>
<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH HE25</th>
</tr>
</thead>
</table>

HE25
====

{STR-DT}
{END-DT}

{EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES}{{/}HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES}{{/}REQUIRE SUPERVISION FOR THEIR OWN SAFETY}

Who is that?

PROBE: Does anyone else {experience confusion or memory loss such that it interferes with daily activities} {{or }have problems making decisions to the point that it interferes with daily activities} {{or }require supervision for their own safety}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS| IN THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS |
-------------------------------------------------------
DISPLAY 'EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES' IF HE24_01 CODED '1' (YES).

DISPLAY '{/}HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES' IF HE24_02 CODED '1' (YES). DISPLAY THE '/' ONLY IF HE24_01 IS ALSO CODED '1' (YES).

DISPLAY '{/}REQUIRE SUPERVISION FOR THEIR OWN SAFETY' IF HE24_03 IS CODED '1' (YES). DISPLAY THE '/' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO CODED '1' (YES).

DISPLAY 'experience confusion or memory loss such that it interferes with daily activities' IF HE24_01 CODED '1' (YES).

DISPLAY '{or }have problems making decisions to the point that it interferes with daily activities' IF HE24_02 CODED '1' (YES). DISPLAY THE 'or ' ONLY IF HE24_01 IS ALSO CODED '1' (YES).

DISPLAY '{or }require supervision for their own safety' IF HE24_03 IS CODED '1' (YES). DISPLAY 'or ' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO CODED '1' (YES).

FLAG ALL SELECTED PERSONS WHO ARE = OR > 18 YEARS OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC SUPPLEMENT: COGNITIVE LIMITATIONS SECTION.

BOX_05

NO FURTHER HEALTH STATUS QUESTIONS ARE ASKED DURING ROUND 1 AND ROUND 3. GO TO BOX_10
Does anyone in the family wear eyeglasses or contact lenses?

YES .................................... 1
NO ..................................... 2 [HE28]
REF ..................................... -7 [HE28]
DK ..................................... -8 [HE28]

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,        |
| AUTOMATICALLY CODE PERSON AT HE27 BY CAPI AND GO  |
| TO HE28                                          |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU,         |
| CONTINUE WITH HE27                                |
----------------------------------------------------

Who is that?

PROBE: Does anyone else wear eyeglasses or contact lenses?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

-----------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-   |
| MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.  |
-----------------------------------------------
HE28
====

{STR-DT}
{END-DT}

Does anyone in the family have any difficulty seeing{ [with glasses or contacts, if they use them]}?

YES ...................................  1
NO ....................................  2 {HE33}
REF ..................................... -7 {HE33}
DK ..................................... -8 {HE33}

| DISPLAY ' [with glasses or contacts, if they use them]' IF HE26 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'VISION IMPAIRED' AT HE29 BY CAPI AND GO TO LOOP_05

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE29
DIFFICULTY SEEING [{WITH GLASSES OR CONTACTS, IF THEY USE THEM}].

**Who is that?**

**PROBE:** Does anyone else have any difficulty seeing[{with glasses or contacts, if they use them}]?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

---

**ROSTER DEFINITION:** THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

---

**DISPLAY '{WITH GLASSES OR CONTACTS, IF THEY USE THEM}' IF HE26 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY. Display '{with glasses or contacts, if they use them}' IF HE26 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.

---

**LOOP DEFINITION:** LOOP_05 COLLECTS VISION IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY SEEING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON HAS DIFFICULTY SEEING (I.E., PERSON SELECTED AT HE29)

---

5-31
Can (PERSON) not see anything at all, that is, (are/is) (PERSON) blind?

YES ...................................  1
NO ...................................  2
REF ................................... -7
DK ................................... -8

PRESS F1 FOR DEFINITION OF BLIND.

IF CODED '1' (YES), FLAG PERSON FOR THE LTC
SUPPLEMENT: VISION SECTION AND GO TO END_LP05

OTHERWISE, CONTINUE WITH HE31

With glasses or contacts, can/Can (PERSON) see well enough to read ordinary newspaper print, even if (PERSON) cannot read?

YES ...................................  1 (END_LP05)
NO ...................................  2
REF ................................... -7
DK ................................... -8

DISPLAY 'With glasses or contacts, can’ IF PERSON
BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE
(PERSON NOT SELECTED AT HE27), DISPLAY ‘Can’.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

(With glasses or contacts, can/Can) (PERSON) see well enough to recognize familiar people if they are two or three feet away?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

DISPLAY 'With glasses or contacts, can' IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE (PERSON NOT SELECTED AT HE27), DISPLAY 'Can'.

IF CODED '2' (NO), FLAG PERSON FOR THE LTC SUPPLEMENT: VISION SECTION.

END_LP05

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH HE33
Does anyone in the family wear a hearing aid?

YES ...................................  1
NO ....................................  2 {HE35}
REF ................................... -7 {HE35}
DK .................................... -8 {HE35}

IF CODED '1' (YES) AND A SINGLE-PERSON RU,
AUTOMATICALLY CODE PERSON AT HE34 BY CAPI AND GO TO HE35

IF CODED '1' (YES) AND A MULTI-PERSON RU,
CONTINUE WITH HE34

Who is that?

PROBE: Does anyone else wear a hearing aid?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: HEARING SECTION.
Does anyone in the family have any difficulty hearing [with a hearing aid, if they use one]?  

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

---
| Display ' [with a hearing aid, if they use one]' |
| If HE33 is coded '1' (YES). Otherwise, use a null display. |

---
| If coded '1' (YES) and a single-person RU, automatically code person as 'HEARING IMPAIRED' at HE36 by CAPI and go to LOOP_06 |

---
| If coded '1' (YES) and a multi-person RU, continue with HE36 |
HE36
====

{STR-DT}
{END-DT}

DIFFICULTY HEARING {[WITH A HEARING AID, IF THEY USE ONE]}.

Who is that?

PROBE: Does anyone else have any difficulty hearing{ [with a hearing aid, if they use one]}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

-------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |
-------------------------------------------------------------------------------

| DISPLAY '{WITH A HEARING AID, IF THEY USE ONE}' IF HE33 IS CODED '1' (YES). OTHERWISE USE A NULL DISPLAY. |
| DISPLAY '{[with a hearing aid, if they use one]}' IF HE33 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY. |

LOOP_06
=======

-------------------------------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE37 - END_LP06 |
-------------------------------------------------------------------------------

| LOOP DEFINITION: LOOP_06 COLLECTS HEARING IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY HEARING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON HAS DIFFICULTY HEARING (I.E., PERSON SELECTED AT HE36) |
-------------------------------------------------------------------------------
HE37
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Can (PERSON) not hear any speech at all, that is, (are/is)
(PERSON) deaf?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEAF.

---------------------------------------------------------------------
| IF CODED '1' (YES), FLAG PERSON FOR THE LTC                  |
| SUPPLEMENT: HEARING SECTION AND GO TO END_LP06               |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH HE38                                 |
---------------------------------------------------------------------

HE38
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

{With a hearing aid, can/Can} (PERSON) hear most of the things
people say?

YES ...................................  1 {END_LP06}
NO ....................................  2
REF ................................... -7
DK .................................... -8

---------------------------------------------------------------------
| DISPLAY 'With a hearing aid, can’ IF PERSON                  |
| BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE|      |
| (PERSON NOT SELECTED AT HE34), DISPLAY ‘Can’.                 |
---------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}  
{END-DT}  

{With a hearing aid, can/Can} (PERSON) hear some of the things people say?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

Display 'With a hearing aid, can' if person being asked about was selected at HE34. Otherwise, display 'Can'.

If coded '2' (No), flag person for the LTC supplement: hearing section.

Cycle on next person in the RU-members-roster who meets the conditions stated in the loop definition.

If no other persons meet the stated conditions, end loop_06 and continue with box_06.

Box_06

If any RU members < or = 4 years of age or in age categories 1 or 2, continue with HE40.

Otherwise, go to box_07.
The following questions are about some aspects of children's health. We will begin with some questions for children who are 4 years old or younger.

(Is/Are) (READ NAMES FROM BELOW) limited in any way in any activities, including play activities, because of an impairment or a physical or mental health problem?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],[Last Name-65]
[2. First Name,[Middle Name],[Last Name-65]
[3. First Name,[Middle Name],[Last Name-65]

YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.

---
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO ARE < OR = 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, EXCLUDING DECEASED RU MEMBERS.
---

IF CODED '1' (YES) AND ONLY 1 RU MEMBER < OR = 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, AUTOMATICALLY CODE PERSON AS '< = 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, EXCLUDING AUTOMATICALLY CODE PERSON AS ' < = 4 AND LIMITED ACTIVITIES' AT HE41 BY CAPI. ALSO FLAG THAT PERSON FOR THE LTC SUPPLEMENT: CHILD < = 4 LIMITED ACTIVITIES, AND GO TO LOOP_07

IF CODED '1' (YES) AND MORE THAN 1 RU MEMBER < OR = 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, CONTINUE WITH HE41
---

5-39
LIMITED IN ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is any other child, age 4 years or younger, limited in any activities because of an impairment or a physical or mental health problem?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
LOOP_07
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| HE42 - END_LP07 |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_07 COLLECTS INFORMATION ON |
| PLAY ACTIVITY LIMITATIONS BECAUSE OF AN IMPAIRMENT|
| OR PHYSICAL OR MENTAL HEALTH PROBLEM FOR PERSONS |
| < OR = 4 YEARS OF AGE. THIS LOOP CYCLES ON RU |
| MEMBERS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON IS LIMITED IN PLAY ACTIVITIES (I.E., |
|    PERSON SELECTED AT HE41) |
| - PERSON < OR = 4 YEARS OF AGE OR IN AGE |
|    CATEGORIES 1-2 |
----------------------------------------------------

HE42
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Is (PERSON) limited in the kind or amount of play activities (PERSON) can do because of any impairment or physical or mental health problem?

YES .................................. 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.
HE43
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Does (PERSON)'s impairment or physical or mental health problem keep (PERSON) from being able to take any part in the usual kind of play activities done by most children of this age?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF IMPAIRMENT AND LIMITED ACTIVITIES.

| IF HE42 OR IF HE43 IS CODED '1' (YES), CONTINUE | WITH HE44 |
|---------------------------------------------------|

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP07</th>
</tr>
</thead>
</table>

HE44
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Does (PERSON) participate in any special program or receive any early intervention services aimed at improving (PERSON)'s ability to participate in play activities?

YES, SPECIAL PROGRAM .....................  1 {END_LP07}
YES, EARLY INTERVENTION SERVICES ..........  2 {END_LP07}
YES, BOTH ..................................  3 {END_LP07}
NO ..........................................  4 {END_LP07}
OTHER ...................................... 91
REF ......................................... -7 {END_LP07}
DK .......................................... -8 {END_LP07}

PRESS F1 FOR DEFINITION OF INTERVENTION SERVICES AND IMPROVING ABILITIES.

[Code One]
ENTER OTHER:

[Enter Other Specify] .................
REF ..................................... -7
DK .................................... -8

END_LP07

--------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
--------------------------------------------

--------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_07 AND CONTINUE WITH BOX_07 |
--------------------------------------------

BOX_07

--------------------------------------------
| IF ANY RU MEMBERS < OR = 6 YEARS OF AGE OR IN AGE |
| CATEGORIES 1-3, CONTINUE WITH LOOP_08 |
--------------------------------------------

--------------------------------------------
| OTHERWISE, GO TO BOX_08 |
--------------------------------------------
LOOP_08

---

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK

HE45 - END_LP08

---

LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION ON IMMUNIZATIONS FOR PERSONS < OR = 6 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON < OR = 6 YEARS OF AGE OR IN AGE CATEGORIES 1-3

HE45

---

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{The following questions are about some aspects of children's health.}

Has {PERSON} ever been immunized for certain diseases, that is, received any shots or drops to prevent the following diseases: Diphtheria, whooping cough and tetanus [DPT or DTP shots]?

YES ................................... 1
NO .................................... 2 {HE47}
REF .................................... -7 {HE47}
DK .................................... -8 {HE47}

---

DISPLAY 'The following questions are about some aspects of children's health.' IF HE40 WAS NOT ASKED. OTHERWISE, USE A NULL DISPLAY. 
Was this once or several times?

PROBE: Was (PERSON) immunized for diphtheria, whooping cough and tetanus [DPT or DTP] once or several times?

    ONCE .....................................  1
    SEVERAL TIMES ............................  2
    REF ...................................... -7
    DK ...................................... -8

    [Code One]

Polio [drops by mouth]?

PROBE: Has (PERSON) ever been immunized for polio, that is, received any shots or drops to prevent this disease?

    YES ...........................................  1
    NO ..........................................  2 {HE49}
    REF ........................................... -7 {HE49}
    DK .......................................... -8 {HE49}

Was this once or several times?

PROBE: Was (PERSON) immunized for polio once or several times?

    ONCE .........................................  1
    SEVERAL TIMES ..............................  2
    REF .......................................... -7
    DK .......................................... -8

    [Code One]
HE49
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Measles or MMR [Measles, Mumps, Rubella or German Measles]?

PROBE: Has (PERSON) ever been immunized for measles or MMR [Measles, Mumps, Rubella or German Measles], that is, received any shots or drops to prevent these diseases?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

HE49A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Hepatitis B?

PROBE: Has (PERSON) ever been immunized for hepatitis B, that is, received any shots or drops to prevent this disease?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

END_LP08
========

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_08 AND CONTINUE WITH BOX_08             |
----------------------------------------------------
BOX_08

IF ANY RU MEMBERS AGED 5 - 17 YEARS, INCLUSIVE, OR IN AGE CATEGORY 3, CONTINUE WITH LOOP_09

OTHERWISE, GO TO BOX_09

LOOP_09

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE50 - END_LP09

LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION ON ACTIVITIES, LIMITATIONS, AND SPECIAL PROGRAMS FOR PERSONS 5-17 YEARS OF AGE, INCLUSIVE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS AGED 5-17 YEARS, INCLUSIVE, OR IN AGE CATEGORY 3
SHOW CARD HE-2.

(The following questions are about some aspects of children's health.)

In this series of questions, please rate (PERSON) on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem.

In general, how much of a problem do you think (PERSON) has with:

PROBE: Please rate on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem, how much of a problem you think (PERSON) has with (ACTIVITY).

CODE 99 IF RESPONDENT INDICATES THE QUESTION IS INAPPLICABLE.
ONLY THE VALUES OF 0 AND 4 WILL BE DEFINED IN THE TEXT OF THE QUESTION. HOWEVER, THE VALUES OF ALL THE ANSWER CATEGORIES ARE:

- 0 = NO PROBLEM
- 1 = LITTLE PROBLEM
- 2 = MEDIUM PROBLEM
- 3 = BIG PROBLEM
- 4 = VERY BIG PROBLEM
- -7 = REF
- -8 = DK
- 99 = INAPPLICABLE

NOTE: THIS SCREEN WILL BE SPLIT INTO TWO SCREENS IN CAPI. THE FIRST SCREEN (HE50A) WILL CONTAIN THE FOLLOWING PARTS OF THE QUESTION AS SPECIFIED BELOW:

- THE SHOW CARD LINE
- THE FILL: {The following...}
- THE FIRST TWO BLOCKS TEXT
- THE INTERVIEWER INSTRUCTION: 'CODE 99...'
- HE50_01 (a.) THROUGH HE50_08 (h.) DISPLAYED IN TWO COLUMNS, WITH HE50_01, HE50_02, HE50_03, HE50_04 IN THE FIRST COLUMN AND HE50_05, HE50_06, HE50_07, AND HE50_08 IN THE SECOND COLUMN

THE SECOND SCREEN (HE50B) WILL CONTAIN THE FOLLOWING PARTS OF THE QUESTION AS SPECIFIED BELOW:

- THE SHOW CARD LINE
- THE PROBE
- THE INTERVIEWER INSTRUCTION: 'CODE 99...'
- HE50 09 (i.) THROUGH HE50_13 (m.) DISPLAYED IN TWO COLUMNS, WITH HE50_09 AND HE50_10 IN THE FIRST COLUMN AND HE50_11, HE50_12, AND HE50_13 IN THE SECOND COLUMN
HE51
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Does (PERSON) have an impairment or a physical or mental health problem which limits (PERSON)'s school attendance or which requires a special school program?

YES ....................................... 1
NO ......................................... 2 (HE54)
REF ........................................ -7 (HE54)
DK .......................................... -8 (HE54)

PRESS F1 FOR DEFINITION OF IMPAIRMENT, LIMITED ATTENDANCE, AND SPECIAL SCHOOL PROGRAM.

-----------------------------------------------
| IF CODED '1' (YES), FLAG PERSON FOR THE LTC |
| SUPPLEMENT: SCHOOL ATTENDANCE LIMITED SECTION. |
-----------------------------------------------

HE52
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Is (PERSON) enrolled in any type of special education or does (PERSON) receive related services aimed at improving (PERSON)'s ability to participate in school or recreational activities?

YES, ENROLLED IN SPECIAL EDUCATION .... 1 (HE52A)
YES, RELATED SERVICES .................. 2 (HE52B)
YES, BOTH ................................. 3 (HE52A)
NO ......................................... 4 (HE53)
OTHER ...................................... 91
REF ........................................ -7 (HE53)
DK .......................................... -8 (HE53)

PRESS F1 FOR DEFINITION OF SPECIAL EDUCATION AND IMPROVING ABILITIES.

[Code One]
Can you please tell me the name of this program or give me a description of what type of program this is?

Enter Text

---

| IF HE52 IS CODED '3' (YES, BOTH), CONTINUE WITH HE52B |
| OTHERWISE, GO TO HE53 |

---
What are the types of other related service?

**CODE ALL THAT APPLY.**

- SPEECH THERAPY ......................... 1
- PSYCHOLOGICAL COUNSELING .............. 2
- OCCUPATIONAL THERAPY .................. 3
- VOCATIONAL SERVICES ................... 4
- TUTORING .................................. 5
- READER OR INTERPRETER .................. 6
- PHYSICAL THERAPY/MOBILITY TRAINING .... 7
- LIFE SKILLS TRAINING/SELF-HELP TRAINING. 8
- FAMILY TRAINING/COUNSELING ............ 9
- THERAPEUTIC RECREATION ............... 10
- OTHER .................................. 91
- REF ...................................... -7
- DK ....................................... -8

[Code All That Apply]

---

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION | WITH OTHER CODES, CONTINUE WITH HE52BOV |
---

---

| OTHERWISE, GO TO HE53 |
---

**HE52BOV**

**ENTER OTHER:**

- [Enter Other Specify] ....................
- REF ...................................... -7
- DK ....................................... -8
HE53
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Is (PERSON) limited in attendance or unable to attend school because of (PERSON)'s impairment or physical or mental health problem?

LIMITED IN ATTENDANCE .................  1
UNABLE TO ATTEND ......................  2
NEITHER ...............................  3
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF LIMITED ATTENDANCE AND IMPAIRMENT.

HE54
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Is (PERSON) limited in any way in activities other than school because of an impairment or a physical or mental health problem?

YES ...................................  1
NO ....................................  2 {END_LP09}
REF ................................... -7 {END_LP09}
DK .................................... -8 {END_LP09}

PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.

HE54OV
=====

What type of limitation is that?

[Enter Text] ..........................
REF ................................... -7
DK .................................... -8
END_LP09
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |  HE55 - END_LP10 |
| LOOP DEFINITION: LOOP_10 COLLECTS INFORMATION ON | THE GENERAL HEALTH STATUS FOR PERSONS 0-17 YEARS |
| WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON IS AGED 0-17 YEARS, INCLUSIVE, OR IN AGE |
| CATEGORIES 1-3 |
SHOW CARD HE-3.

(The following are statements that give us an indication of children's general health status.)

Please indicate how true or false the statements are for (PERSON).

PROBE: Is that statement definitely false, mostly false, mostly true, or definitely true.

1 = DEFINITELY FALSE          3 = MOSTLY TRUE
2 = MOSTLY FALSE              4 = DEFINITELY TRUE

(PERSON) seems to resist illness very well.   ( )

(PERSON) seems to be less healthy than other children of (PERSON)'s age that I know. ( )

When there is something going around, (PERSON) seems to catch it.    ( )
MEPS FAMES Panel 1 Round 3 Health Status (HE) Section
January 31, 1997

HE56
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

About how tall is (PERSON) without shoes?
PROBE FOR INCHES IF NOT REPORTED.

HE56_01
=======

ENTER FEET:

[Enter Feet] .........................
REF ................................. -7 {HE57}
DK ................................. -8 {HE57}

-----------------------------------------
| SOFT RANGE CHECK: 0 TO 7              |
-----------------------------------------

HE56_02
=======

ENTER INCHES:

[Enter Inches] ......................
REF ................................. -7
DK ................................. -8

-----------------------------------------
| SOFT RANGE CHECK: 0-12 (INCLUDING 1/4, 1/2, AND |
| 3/4 UNITS)                                      |
-----------------------------------------

-----------------------------------------
| EDIT: IF FEET (HE56_01) = 0, INCHES (HE56_02) |
| MUST BE 1-30. IF FEET (HE56_01) > 0, INCHES   |
| (HE56_02) MUST BE 0-12.                     |
-----------------------------------------
HE57
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

About how much does (PERSON) weigh without shoes?

PROBE FOR OUNCES IF NOT REPORTED.

HE57_01
=======

ENTER POUNDS:

[Enter Pounds] .........................
REF .................................... -7 {END_LP10}
DK .................................... -8 {END_LP10}

----------------------------------------------------
| SOFT RANGE CHECK: 1 TO 300
----------------------------------------------------

HE57_02
=======

ENTER OUNCES:

[Enter Ounces] .........................
REF .................................... -7
DK .................................... -8

----------------------------------------------------
| SOFT RANGE CHECK: 0-15
----------------------------------------------------

----------------------------------------------------
| EDIT: IF POUNDS (HE57_01) = 0, THEN OUNCES MUST |
| BE 1-16.
----------------------------------------------------
END_LP10

--------------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO | MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
--------------------------------------------------------------------------

--------------------------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, | END LOOP_10 AND CONTINUE WITH BOX_10 |
--------------------------------------------------------------------------

BOX_10

--------------------------------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION |
--------------------------------------------------------------------------
Home Health (HH) Section

BOX_00
=====

----------------------------------------------------
| IF EVENT MONTH IS INTERVIEW MONTH, GO TO BOX_05  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_01                   |
----------------------------------------------------

BOX_01
=====

----------------------------------------------------
| IF PROVIDER IS FLAGGED AS ‘AGENCY’, CONTINUE WITH |
| HH01                                              |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO HH03                             |
----------------------------------------------------
SHOW CARD HH-1.

Please look at this card. During (VISIT MONTH), what types of health care workers from (PROVIDER) provided home care services for (PERSON)?

CODE ALL THAT APPLY.

CERTIFIED NURSING ASSISTANT (CNA)........ 1
COMPANION..................................... 2
DIETITIAN/NUTRITIONIST..................... 3
HOME HEALTH/HOME CARE AIDE................. 4
HOSPICE WORKER.............................. 5
HOMEMAKER.................................... 6
I.V. OR INFUSION THERAPIST.................. 7
MEDICAL DOCTOR............................. 8
NURSE/NURSE PRACTITIONER............... 9
NURSE’S AIDE............................... 10
OCCUPATIONAL THERAPIST................... 11
PERSONAL CARE ATTENDANT.................... 12
PHYSICAL THERAPIST......................... 13
RESPIRATORY THERAPIST..................... 14
SOCIAL WORKER............................. 15
SPEECH THERAPIST............................ 16
SOME OTHER TYPE OF HEALTH CARE WORKER.. 91
REF........................................ -7
DK........................................ -8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]
IF CODED '91' (ALONE OR IN COMBINATION WITH ANY OTHER CODE), CONTINUE WITH HH02

IF CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) ALONE, GO TO HH03

OTHERWISE, GO TO HH03

HH02

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER......)  (EVN-MO)

What type of health care worker was it?

CODE ALL THAT APPLY.

NONSKILLED WORKER (ANY TYPE OF WORKER WHO PROVIDES HOME CARE SERVICES WHICH GENERALLY FALL INTO COMPANION, HOMEMAKER, PERSONAL CARE CATEGORIES. THESE WORKERS MAY ALSO PERFORM MINOR HEALTH CARE ACTIVITIES SUCH AS ADMINISTERING MEDICATIONS).......... 1
SKILLED WORKER........................... 2
OTHER TYPE OF HEALTH CARE WORKER....... 91
REF.................................... -7
DK..................................... -8

[Code All That Apply]

IF '-7' (REFUSED) OR '-8' (DON'T KNOW) ENTERED IN OTHER THAN FIRST FIELD, DISPLAY THE FOLLOWING MESSAGE AT THE BOTTOM OF THE SCREEN: 'RESPONSE ALLOWED ON FIRST FIELD ONLY. PLEASE RE-ENTER.'

IF CODED '1' (NONSKILLED WORKER) ALONE, OR IF CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) ALONE, GO TO HH03

16-3
HH02OV1

SPECIFY TYPE OF SKILLED WORKER:

[Enter Other Specify].................
REF..................................... -7
DK...................................... -8

HH02OV2

ENTER OTHER TYPE OF HEALTH CARE WORKER:

[Enter Other Specify].................
REF..................................... -7
DK...................................... -8
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

Thinking about the home care services {PERSON} (have/has) received from {someone from} {PROVIDER} during {VISIT MONTH}, were any of these home care services because of a hospitalization, either before or after {PERSON'S STR-DT}?  

YES .................................... 1  
NO ..................................... 2  
REF ................................... -7  
DK .................................... -8  

PRESS F1 FOR DEFINITION OF HOSPITALIZATION.  

[Code One]  

---------------------------------------------------------------------  
| DISPLAY 'someone from’ IF PROVIDER IS FLAGGED AS |  
| 'AGENCY’.  
---------------------------------------------------------------------  

---------------------------------------------------------------------  
| DISPLAY THE REFERENCE PERIOD START DATE FOR THE |  
| PERSON BEING ASKED ABOUT FOR ‘PERSON’S STR-DT’. |  
---------------------------------------------------------------------
Thinking about all of the home care services (PERSON) (have/has) received from {someone from} (PROVIDER) during (VISIT MONTH), were any of these home care services related to any specific health problem?

IF OLD AGE MENTIONED, CODE 1 FOR YES AND ENTER 'OLD AGE' AS CONDITION.

YES .................................... 1
NO ..................................... 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.

[Code One]
What health condition led (PERSON) to receive home health care services from {someone from} (PROVIDER) during (VISIT MONTH)?

PROBE: Any other health condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before? IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER. IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Medical Condition] .................
[2. Medical Condition] .................
[3. Medical Condition] .................
OTHER SPECIFY: (__________) ........... 91

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEMS DISPLAYS PERSON’S-MEDICAL-CONDITIONS ROSTER. |
----------------------------------------------------

-------------------------------------
| DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS ‘AGENCY’. |
-------------------------------------
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

| IF PROVIDER FLAGGED AS ‘INFORMAL’, GO TO HH08 |--------------------------------------------------|

| OTHERWISE, CONTINUE WITH HH06 |--------------------------------------------------|

HH06
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.....}  {EVN-MO}

SHOW CARD HH-2.

Please look at the top of this card.

During (VISIT MONTH), did {someone from} (PROVIDER) help (PERSON) by providing medical treatments or any type of therapy?

PROBE: Medical treatments include things like changing bandages, wound care, giving medication, taking blood pressure, or giving shots or injections. Therapy includes physical, occupational, and speech therapy.

YES, AT LEAST ONCE...................... 1
NO...................................... 2
REF.................................... -7
DK..................................... -8

PRESS F1 FOR OTHER EXAMPLES OF MEDICAL TREATMENTS AND THERAPY.

| DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS |
| ‘AGENCY’. |
HH07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

SHOW CARD HH-2.

Now look at the gray area in the middle of the card.

During (VISIT MONTH), did {someone from} (PROVIDER) provide or teach (PERSON) or a friend or relative how to use any medical equipment or assistive device, such as the items listed on this card?

PROBE: For example, an oxygen tank, a wheelchair, a walker, a hospital bed, a tub seat, or a special railing or commode.

YES, AT LEAST ONCE...................... 1
NO...................................... 2
REF.................................... -7
DK..................................... -8

-----------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'.
-----------------------------------------------
During (VISIT MONTH), did (someone from) (PROVIDER) help (PERSON) with daily activities or personal care tasks, such as those listed on this card?

PROBE: For example, using the telephone, paying bills, shopping, driving, doing housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking or eating.

YES, AT LEAST ONCE...................... 1
NO...................................... 2
REF.................................... -7
DK..................................... -8
HH09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

During (VISIT MONTH), did (someone from) (PROVIDER) provide companionship or company for (PERSON)?

PROBE: For example, reading, watching T.V., playing games, going for a walk or to a restaurant, or just being together.

   YES, AT LEAST ONCE...................... 1  
   NO...................................... 2  
   REF.................................... -7  
   DK..................................... -8  

-----------------------------------------------
<p>| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |</p>
<table>
<thead>
<tr>
<th>'AGENCY'.</th>
</tr>
</thead>
</table>

HH10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

Did (someone from) (PROVIDER) provide (PERSON) with any other home care services we have not yet talked about?

   YES, AT LEAST ONCE...................... 1  
   NO...................................... 2  (HH11)  
   REF.................................... -7 (HH11)  
   DK..................................... -8 (HH11)  

-----------------------------------------------
<p>| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |</p>
<table>
<thead>
<tr>
<th>'AGENCY'.</th>
</tr>
</thead>
</table>
What other services?

{IF MEDICAL TREATMENT OR THERAPY MENTIONED, CTRL/B TO HH06 TO BE SURE CODE 1 IS ENTERED. IF MEDICAL EQUIPMENT OR ASSISTIVE DEVICE MENTIONED, CTRL/B TO HH07 TO BE SURE CODE 1 IS ENTERED. IF DAILY ACTIVITIES OR PERSONAL CARE TASKS MENTIONED, CTRL/B TO HH08 TO BE SURE CODE 1 IS ENTERED. IF COMPANIONSHIP MENTIONED, CTRL/B TO HH09 TO BE SURE CODE 1 IS ENTERED.}

[Enter Other Specify]...................
REF.................................... -7
DK..................................... -8

<table>
<thead>
<tr>
<th>DISPLAY 'IF MEDICAL TREATMENT OR THERAPY MENTIONED, CTRL/B...' IF PROVIDER IS FLAGGED AS 'AGENCY' OR 'PAID INDEPENDENT'.</th>
</tr>
</thead>
</table>

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}

Generally speaking, during (VISIT MONTH), did {someone from} (PROVIDER) come to the home to help (PERSON) every week or only during some weeks?

EVERY WEEK.............................. 1
SOME WEEKS.............................. 2 {HH13}
ONLY CAME ONCE.......................... 3 {HH16}
REF.................................... -7 {BOX_03}
DK..................................... -8 {BOX_03}

[Code One]
HH12
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

During (VISIT MONTH), about how many days per week did {someone from} (PROVIDER) come?

PROBE: We just need to know in general.

[Enter Number of Days Per Week]........    {HH14}
REF........................................ -7 {BOX_03}
DK......................................... -8 {BOX_03}

----------------------------------------------------
|  DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS  |
|  'AGENCY'.                                         |
----------------------------------------------------

----------------------------------------------------
|  RANGE CHECK: 1-7 FOR NUMBER OF DAYS.               |
----------------------------------------------------

HH13
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

About how many days during (VISIT MONTH) did {someone from} (PROVIDER) come?

PROBE: We just need to know in general.

[Enter Number of Days Per Month]........
REF........................................ -7 {BOX_03}
DK......................................... -8 {BOX_03}

----------------------------------------------------
|  DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS  |
|  'AGENCY'.                                         |
----------------------------------------------------
HH14
====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER......)  (EVN-MO)

During (VISIT MONTH), did {someone from} (PROVIDER) come once per day or more than once per day?

PROBE: We just need to know in general.

ONCE PER DAY.................................... 1 [HH16]
MORE THAN ONCE PER DAY.................. 2
24 HOURS PER DAY.......................... 3 [BOX_03]
REF............................................. -7 [BOX_03]
DK............................................. -8 [BOX_03]

HH15
====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER......)  (EVN-MO)

During (VISIT MONTH), how many times per day did {someone from} (PROVIDER) come to the home to help (PERSON)?

PROBE: We just need to know in general.

[Enter Number of Times Per Day]........
REF............................................. -7 [BOX_03]
DK............................................. -8 [BOX_03]
HH16
====

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (EVN-MO)

How long did (each visit usually/the visit) last?

PROBE: We just need to know in general.

IF RESPONSE IS LESS THAN ONE HOUR, ENTER '0' FOR HOURS.

HH16_01
=======

ENTER HOURS:

[Enter Hours].........................
REF.................................. -7 (BOX_03)
DK................................... -8 (BOX_03)

HH16_02
=======

ENTER MINUTES:

[Enter Minutes]....................... 
REF.................................. -7
DK................................... -8

16-16
EDIT CHECK: IF '0' ENTERED IN BOTH HH16_01 AND HH16_02 DISPLAY MESSAGE: NUMBER MUST BE ENTERED IN EITHER HOURS OR MINUTES.

BOX_03

IF 2 OR MORE MONTHS, EXCLUDING INTERVIEW MONTH, FOR THIS PROVIDER FOR THIS PERSON HAVE NOT COMPLETED THE HOME HEALTH (HH) UTILIZATION SECTION AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, CONTINUE WITH HH17

OTHERWISE, GO TO BOX_04

HH17

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-MO)

I have recorded that (PERSON) received services from (PROVIDER) during other months. Were the services received from (PROVIDER) during the other months similar to the services received during (VISIT MONTH). That is, in the other months, did (PROVIDER) visit (the same number of times/(READ FREQUENCY BELOW)) and provide (the same services/(READ SERVICES BELOW))?}

FREQUENCY                   SERVICES

{FREQUENCY OF SERVICES...} {DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}

YES..................................... 1
NO...................................... 2 {BOX_04}
REF.................................... -7 {BOX_04}
DK..................................... -8 {BOX_04}
DISPLAY 'the same number of times' IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). OTHERWISE, DISPLAY '(READ FREQUENCY BELOW)'.

IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY 'the same services'. OTHERWISE, DISPLAY '(READ SERVICES BELOW)'.

FREQUENCY =

DISPLAY NUMBER AND 'DAYS PER WEEK' IF A RESPONSE WAS RECORDED AT HH12.
DISPLAY NUMBER AND 'DAYS PER MONTH' IF A RESPONSE WAS RECORDED AT HH13.
DISPLAY 'THE SAME NUMBER OF TIMES' IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED) OR '-8' (DON'T KNOW).

SERVICES =

FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08, HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE ABBREVIATIONS FOR 'DESCRIPTION OF SERVICE':

IF HH06 = 1, DISPLAY 'MEDICAL TREATMENT OR THERAPY'
IF HH07 = 1, DISPLAY 'MEDICAL EQUIPMENT OR ASSISTIVE DEVICE INSTRUCTION.'
IF HH08 = 1, DISPLAY 'HELP WITH DAILY ACTIVITIES OR PERSONAL CARE'
IF HH09 = 1, DISPLAY 'COMPANIONSHIP'
IF HH10 = 1, DISPLAY TEXT ENTERED AT HH100V
IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY 'THE SAME SERVICES'.
During which of the following months did (PROVIDER) visit (the same number of times/(READ FREQUENCY BELOW)) and provide (the same services/(READ SERVICES BELOW))? 

PROBE: Any other months with the same number of visits and the same services?

<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
<tr>
<td></td>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
<tr>
<td></td>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
<tr>
<td></td>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
<tr>
<td></td>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
</tbody>
</table>

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1.  Month, Year-2]
[2.  Month, Year-2]
[3.  Month, Year-2]
**FREQUENCY**

- DISPLAY NUMBER AND ‘DAYS PER WEEK’ IF A RESPONSE WAS RECORDED AT HH12.
- DISPLAY NUMBER AND ‘DAYS PER MONTH’ IF A RESPONSE WAS RECORDED AT HH13.
- DISPLAY ‘THE SAME NUMBER OF TIMES’ IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW).

**SERVICES**

- FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08, HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE ABBREVIATIONS FOR ‘DESCRIPTION OF SERVICE’:
  - IF HH06 = 1, DISPLAY ‘MEDICAL TREATMENT OR THERAPY’
  - IF HH07 = 1, DISPLAY ‘MEDICAL EQUIPMENT OR ASSISTIVE DEVICE INSTRUCTION.’
  - IF HH08 = 1, DISPLAY ‘HELP WITH DAILY ACTIVITIES OR PERSONAL CARE’
  - IF HH09 = 1, DISPLAY ‘COMPANIONSHIP’
  - IF HH10 = 1, DISPLAY TEXT ENTERED AT HH100V
- IF HH06 – HH10 ARE ALL CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY ‘THE SAME SERVICES’.

**Additional Instructions**

- FLAG EACH MONTH SELECTED AT HH18 AS A REPEAT VISIT RELATED TO THE EVENT BEING ASKED ABOUT.
- FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT VISIT AS ‘PROCESSED.’

- LINK FREQUENCY AND SERVICE(S) ASSOCIATED WITH THE EVENT BEING ASKED ABOUT WITH EACH REPEAT VISIT.
- FLAG EVENT AS PROCESSED SO THAT THE EVENT DRIVER WILL NOT SERVE THESE REPEAT VISITS FOR THE HH SECTION.
HH19
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVM-DT}

INTERVIEWER: RECORD ’NAME OF REPEAT VISIT GROUP’ FOR MONTHS SELECTED IN PREVIOUS QUESTION.

[Enter Repeat Month Group].............

BOX_04
====

----------------------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS HOME HEALTH EVENT, ASK THE CHARGE/PAYMENT (CP) SECTION |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX _05 |
----------------------------------------------------

BOX_05
====

----------------------------------------------------
| GO TO THE EVENT DRIVER (ED) SECTION |
----------------------------------------------------
Private Health Insurance Detail (HP) Section

NOTE: FOR ‘CATEGORY NAME FROM HX03 OR HX23’, DISPLAY THE FOLLOWING:

- ‘PROFESSIONAL ASSOCIATION’ IF CODED ‘1’ AT HX03
- ‘SMALL BUSINESS GROUP’ IF CODED ‘2’ AT HX03
- ‘UNION’ IF CODED ‘3’ AT HX03
- ‘HEALTH INSURANCE PURCHASING ALLIANCE’ IF CODED ‘4’ AT HX03
- ‘INSURANCE AGENT’ IF CODED ‘5’ AT HX03
- ‘INSURANCE COMPANY’ IF CODED ‘6’ AT HX03
- ‘HMO’ IF CODED ‘7’ AT HX03
- ‘PREVIOUS EMPLOYER’ IF CODED ‘8’ AT HX03
- ‘PREVIOUS EMPLOYER (COBRA)’ IF CODED ‘9’ AT HX03
- THE TEXT ENTERED AT HX03OV IF CODED ‘91’ AT HX03
- ‘SOURCE THE INSURANCE WAS PURCHASED FROM THAT BUSINESS’ IF CODED ‘-7’ OR ‘-8’ AT HX03

- ‘GROUP OR ASSOCIATION’ IF CODED ‘1’ AT HX23
- ‘HEALTH INSURANCE PURCHASING ALLIANCE’ IF CODED ‘2’ AT HX23
- ‘SCHOOL’ IF CODED ‘3’ AT HX23
- ‘INSURANCE AGENT’ IF CODED ‘4’ AT HX23
- ‘INSURANCE COMPANY’ IF CODED ‘5’ AT HX23
- ‘HMO’ IF CODED ‘6’ AT HX23
- ‘UNION’ IF CODED ‘7’ AT HX23
- ‘ANYONE’S PREVIOUS EMPLOYER (COBRA)’ IF CODED ‘8’ AT HX23
- ‘ANYONE’S PREVIOUS EMPLOYER (NOT COBRA)’ IF CODED ‘9’ AT HX23
- ‘SPOUSE’S/DECEASED SPOUSE’S PREVIOUS EMPLOYER’ IF CODED ‘10’ AT HX23
- ‘SOME OTHER EMPLOYER’ IF CODED ‘11’ AT HX23
- ‘PLAN OF SOMEONE NOT LIVING HERE’ IF CODED ‘12’ AT HX23
- THE TEXT ENTERED AT HX23OV IF CODED ‘91’ AT HX23
- ‘SOURCE THAT PROVIDED THE DIRECTLY PURCHASED INSURANCE’ IF CODED ‘-7’ OR ‘-8’
BOX_01

IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN THE EMPLOYMENT (EM) SECTION AS 'PROVIDES HEALTH INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO TO LOOP_01

IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON AN HX23 CATEGORY (EXCEPT CODE '3' (DIRECTLY FROM A SCHOOL)), GO TO HP03

IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL) AT HX23, CONTINUE WITH HP01

HP01

INSURANCE SOURCE: {CATEGORY NAME FROM HX23}

Does this insurance cover only injuries caused by accidents, or does it have general health coverage?

GENERAL HEALTH COVERAGE ................ 1
ONLY INJURIES CAUSED BY ACCIDENTS ...... 2 {BOX_11}
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]
INSURANCE SOURCE: {CATEGORY NAME FROM HX23}

Would this insurance cover health services outside of a school clinic?

YES ........................................ 1
NO .......................................... 2 {BOX_11}
REF ....................................... -7
DK .......................................... -8

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

I'd like to talk about the insurance which is from (a/an) (INSURANCE SOURCE).

CODE '1' UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS NOT ALREADY BEEN DISCUSSED .......................... 1
HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS ALREADY BEEN DISCUSSED ...... 2 {BOX_11}

[Code One]

------------------------------------------------------------------------------------------------------------------
| IF CODED '2' (INSURANCE ALREADY DISCUSSED), FLAG | ITEM FOR SOURCE CLEAN-UP. |
LOOP_01

----------------------------------------
| FOR EACH OF THE FOLLOWING:            |
|                                       |
| ESTABLISHMENT 1                       |
| ESTABLISHMENT 2                       |
| ESTABLISHMENT 3                       |
| ESTABLISHMENT 4                       |
|                                       |
| ASK BOX_01A-END_LP01                  |
----------------------------------------

----------------------------------------
| LOOP DEFINITION: LOOP-01 COLLECTS DETAILED |
| INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN |
| EMPLOYER OR THE ESTABLISHMENT NAMES OF THE |
| INSURANCE SOURCE COLLECTED IN EITHER HX03 OR HX23. |
| IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER |
| ONLY ONE LOOP CYCLE IS COMPLETED.               |
|                                                   |
| IF LOOPING ON INSURANCE PROVIDED THROUGH AN     |
| INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE |
| FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT |
| NAME OF THE INSURANCE SOURCE. SUBSEQUENT CYCLES, |
| IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18. |
| IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN |
| TO COLLECT THE NEXT ESTABLISHMENT NAME. IF HP18 |
| IS NOT ASKED OR IS CODED '2' (NO), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW), THE LOOP ENDS.            |
----------------------------------------

BOX_01A

----------------------------------------
| IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT |
| FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, |
| GO TO HP09                                  |
----------------------------------------

----------------------------------------
| OTHERWISE, CONTINUE WITH HP04           |
----------------------------------------

26-134
(PERSON'S FIRST MIDDLE AND LAST NAME)  {NAME OF
ESTABLISHMENT.........}  {STR-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Please give me the name of one of the {(INSURANCE SOURCE)} {from
which anyone in the family purchased this insurance/which covers
anyone in the family/insurance companies for the insurance
purchased from an agent).

INTERVIEWER:  VERIFY WITH RESPONDENT AND SELECT
(ESTABLISHMENT) BELOW:

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. ESTABLISHMENT</th>
<th>HP04_02. STREET</th>
<th>HP04_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establishment</td>
<td>[Enter Truncated Street Address]</td>
<td>[Enter Truncated City]</td>
</tr>
<tr>
<td>2. Establishment</td>
<td>[Enter Truncated Street Address]</td>
<td>[Enter Truncated City]</td>
</tr>
<tr>
<td>3. Establishment</td>
<td>[Enter Truncated Street Address]</td>
<td>[Enter Truncated City]</td>
</tr>
</tbody>
</table>

---

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL
ESTABLISHMENTS WHICH ARE SOURCES OF PRIVATE
INSURANCE IN THE RU-ESTABLISHMENTS-ROSTER (THIS
DOES NOT INCLUDE ESTABLISHMENTS FLAGGED AS
'EMPLOYER' AND 'SELF-EMPLOYED' WITH A FIRM-SIZE-1
THAT ARE COMING FROM THE HX03 SERIES).

---

**ESTABLISHMENT ROSTER BEHAVIOR SPECIFICATIONS:**

1. INTERVIEWER MAY SELECT ANY ESTABLISHMENT
   ALREADY LISTED OR SELECT 'NONE OF THE ABOVE'.
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CANNOT ADD AT THIS SCREEN.
   ESTABLISHMENTS ARE 'ADDED' BY USING 'NONE OF
   THE ABOVE'.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E.,
CTRL/D).
DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.

DISPLAY '(INSURANCE SOURCE)' IF NOT LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 OR CODE '4' (INSURANCE AGENT) AT HX23.

DISPLAY 'from which anyone in the family purchased this insurance' IF NOT LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 OR CODES '4' (INSURANCE AGENT) OR '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23.

DISPLAY 'which covers anyone in the family' IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23.

DISPLAY 'insurance company for the insurance purchased from an agent' IF LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 OR CODE '4' (INSURANCE AGENT) AT HX23.

NOTE: THE CONTEXT HEADER DISPLAYED ON SCREENS HP04-HP08 DEPENDS ON THE PATH THAT LEADS TO THE SCREEN. IF ASKING ABOUT A SPECIFIC PERSON (I.E., JOBHOLDER WHEN COMING FROM AN HX03 CATEGORY), CAPI DISPLAYS THE PERSON AND START DATE. IF ASKING ABOUT A SPECIFIC ESTABLISHMENT, CAPI DISPLAYS THE ESTABLISHMENT AND START DATE. OTHERWISE, CAPI DISPLAYS THE START DATE.

IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23 AND IF 'NONE OF THE ABOVE' IS SELECTED, GO TO HP07.

IF 'NONE OF THE ABOVE' IS SELECTED AND IF NOT LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23, GO TO HP06.

OTHERWISE, CONTINUE WITH HP05.
(PERSON'S FIRST MIDDLE AND LAST NAME)  {NAME OF
ESTABLISHMENT........}  {STR-DT}

INSURANCE SOURCE:  {CATEGORY NAME FROM HX03 OR HX23}

Is the address of (ESTABLISHMENT):

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY....... , ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ........ 1 {BOX_02}
ADD NEW ADDRESS FOR ESTABLISHMENT}....... 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION .............................. 3 {HP08}
SELECTED WRONG ESTABLISHMENT/ADDRESS ... 4
REF ......................................... -7 {BOX_02}
DK ........................................... -8 {BOX_02}

[Code One]

---------------------------------------------------------------------
| IF CODED '4' (SELECTED WRONG ESTABLISHMENT/    |
| ADDRESS), CAPI REDISPLAYS HP04 SO THE INTERVIEWER | |
| CAN SELECT THE CORRECT ESTABLISHMENT.             |
HP06
=====

(Person's first middle and last name) {Name of Establishment.........} (STR-DT)

Insurance source: {Category name from HX03 or HX23}

What is the (new) address of (Establishment)?

Enter complete (name and) address and verify spelling. If establishment has more than one location, record location where person purchased insurance.

Current info: [Establishment]
               [Street Address1]
               [Street Address2]
               [City]
               [State]
               [Zip code]
               [Telephone]

Establishment (HP06_01): [_____________]
Street address1 (HP06_02): [_____________]
Street address2 (HP06_03): [_____________]
City (HP06_04): [_____________]
State (HP06_05): [_____________]
Zip code (HP06_06): [_____________]
Telephone (HP06_07): [_____________]

Press F1 for list of state abbreviations.

--------------------
Display 'new' if HP05 is coded '2' (add new address for establishment). Otherwise, use a null display.--------------------

--------------------
Note: Since type of coverage information is not collected until after we collect address information, we will be collecting address information for some establishments that will not be part of the HIPS sample.--------------------

--------------------
Write establishment to the ru-establishments-roster.--------------------

26-138
NOTE: WE NOW PLAN TO COLLECT FULL ADDRESS INFORMATION FOR SOURCES OF HEALTH INSURANCE IN ROUND 2 AND BEYOND. THIS ALLOWS US TO CONTINUE TO UNIQUE ESTABLISHMENTS AND ALLOW FOR MAXIMUM FLEXIBILITY (E.G., IF WE WANT TO HIPS AGAIN).

---

HP07

{STR-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

You mentioned that someone in the family receives health insurance from the plan of someone not living here. How does that policyholder get this insurance?

INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW. ADDRESS INFORMATION IS NOT NECESSARY.

[Enter Establishment Name]

---

NOTE: ONLY CATEGORY '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) OF HX23 IS ASKED HP07.

---

NOTE: IN ROUNDS 1 AND 2, QUESTION WAS WORDED, "ENTER NAME OF INSURANCE THROUGH THE (INSURANCE SOURCE). PROBE: Please give me the name of one of the (INSURANCE SOURCE) which covers anyone in the family."

---

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER. DISPLAY ADDRESS AS ‘NOT NECESSARY’.

---

GO TO BOX_02
HP08

=====

(Person’s first middle and last name) (Name of establishment........) (STR-DT)

Insurance source: (Category name from HX03 or HX23)

Correct address or telephone for: (Establishment)

Press enter to confirm entry of individual field. Re-type entire line for incorrect field.

Current info: [Establishment] [Street address1] [Street address2] [City] [State] [Zip code] [Telephone]

Establishment (HP08_01): [____________]
Street address1 (HP08_02): [____________]
Street address2 (HP08_03): [____________]
City (HP08_04): [____________]
State (HP08_05): [____________]
Zip code (HP08_06): [____________]
Telephone (HP08_07): [____________]

Press F1 for list of state abbreviations.
BOX_02

======

----------------------------------------------------
| IF HX03 IS CODED '1' OR '2' FLAG ESTABLISHMENT AS |
| 'GROUP'.                                         |
| IF HX03 IS CODED '3', FLAG ESTABLISHMENT AS      |
| 'UNION'.                                         |
| IF HX03 IS CODED '4', FLAG ESTABLISHMENT AS      |
| 'HEALTH ALLIANCE'.                                |
| IF HX03 IS CODED '5', FLAG ESTABLISHMENT AS      |
| 'INSURANCE COMPANY-FROM AN AGENT'.                |
| IF HX03 IS CODED '6', FLAG ESTABLISHMENT AS      |
| 'INSURANCE COMPANY'.                              |
| IF HX03 IS CODED '7', FLAG ESTABLISHMENT AS 'HMO'.|
| IF HX03 IS CODED '8', FLAG ESTABLISHMENT AS      |
| 'PREVIOUS EMPLOYER, NOT COBRA'.                   |
| IF HX03 IS CODED '9', FLAG ESTABLISHMENT AS      |
| 'COBRA'.                                         |
| IF HX03 IS CODED '91', FLAG ESTABLISHMENT AS      |
| 'UNKNOWN TYPE-COLLECTED AT OTHER'.                |
| IF HX23 IS CODED '1', FLAG ESTABLISHMENT AS      |
| 'GROUP'.                                         |
| IF HX23 IS CODED '2', FLAG ESTABLISHMENT AS      |
| 'HEALTH ALLIANCE'.                                |
| IF HX23 IS CODED '3', FLAG ESTABLISHMENT AS      |
| 'SCHOOL'.                                        |
| IF HX23 IS CODED '4', FLAG ESTABLISHMENT AS      |
| 'INSURANCE COMPANY-FROM AN AGENT'.                |
| IF HX23 IS CODED '5', FLAG ESTABLISHMENT AS      |
| 'INSURANCE COMPANY'.                              |
| IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS      |
| 'HMO'.                                           |
| IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS      |
| 'UNION'.                                         |
| IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS      |
| 'COBRA'.                                         |
| IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS      |
| 'PREVIOUS EMPLOYER, NOT COBRA'.                   |
| IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS     |
| 'SPOUSE PREVIOUS EMPLOYER'.                       |
| IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS     |
| 'EMPLOYER'.                                       |
| IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS     |
| 'UNKNOWN TYPE-OUTSIDE RU'.                        |
| IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS     |
| 'UNKNOWN TYPE-COLLECTED AT OTHER'.                |

----------------------------------------------------

26-141
Box 03
======

| IF LOOPING ON AN HX23 CATEGORY, GO TO HP11 |
----------------------------------------------------

| OTHERWISE, CONTINUE WITH HP09                  |
----------------------------------------------------

Hp09
=====

(Person's first middle and last name)  {Name of establishment........}  {Str-Dt}

(Are/Is) (Person) the primary insured person or policyholder of this health coverage through (Establishment)?

Yes  ....................................  1 {Loop_02}
No   .....................................  2
Ref  ......................................  -7
Dk   ......................................  -8

Press F1 for definition of policyholder.

| NOTE: PERSON REFERS TO JOBHOLDER.              |
----------------------------------------------------

| IF CODED '1' (YES), FLAG JOBHOLDER AS          |
| 'POLICYHOLDER'.                                 |
----------------------------------------------------
(NAME OF ESTABLISHMENT........) (STR-DT)

Who is the primary insured person or policyholder of this health coverage through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

(EMPLOYER/JOBHOLDER PAIR 1)
(EMPLOYER/JOBHOLDER PAIR 2)
(EMPLOYER/JOBHOLDER PAIR 3)

JOBHOLDER/EMPLOYER IS LISTED ............ 1 {END_LP01}
JOBHOLDER/EMPLOYER IS NOT LISTED ...... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

[Code One]
Who is the primary insured person or policyholder of this health coverage through (ESTABLISHMENT)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-35] ..
[2. First Name,[Middle Name],Last Name-35] ..
[3. First Name,[Middle Name],Last Name-35] ..

REF ..............................      .... -7
DK ...............................     ..... -8

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

[Code All that Apply]
HP11A
=====

(NAME OF ESTABLISHMENT........)   {STR-DT}

INTERVIEWER: ENTER NAME OR DESCRIPTION OF POLICYHOLDER WHO IS NOT IN THE DU:

[Enter Specify-15] .................

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

----------------------------------------------------
| NOTE: WHENEVER THIS POLICYHOLDER IS BEING ASKED |
| ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE |
| POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE   |
| DISPLAYED AS ‘PLCYHLDR NOT IN DU-’ FOLLOWED BY    |
| THE 15 CHARACTER ENTRY AT HP11A.                   |
----------------------------------------------------

----------------------------------------------------
| IF 'POLICYHOLDER DECEASED' SELECTED AT HP11,      |
| CONTINUE WITH HP11B                               |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO LOOP_02                           |
----------------------------------------------------
(NAME OF ESTABLISHMENT........)   (STR-DT)

INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:

[Enter Specify-40] ....................

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

--------------------------------------------------------------------------------------------------
| FLAG POLICYHOLDER AS 'DECEASED'.                        |
--------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------
| NOTE: WHENEVER THE POLICYHOLDER IS BEING ASKED     |
| ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE   |
| POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE     |
| DISPLAYED AS 'PLCYHLDR DECEASED-' FOLLOWED BY THE   |
| FIRST 15 CHARACTERS OF THE ENTRY AT HP11B.          |
--------------------------------------------------------------------------------------------------

LOOP_02

--------------------------------------------------------------------------------------------------
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-     |
| PAIRS-ROSTER, ASK BOX_04-END_LP02                   |
--------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION       |
| ABOUT THE POLICYHOLDER AND DEPENDENTS FOR EACH      |
| ESTABLISHMENT-PERSON. THIS LOOP CYCLES ON EACH      |
| ESTABLISHMENT-PERSON-PAIR CREATED AT HP09 AND HP11| |
| DURING THE CURRENT ROUND FOR THE ESTABLISHMENT     |
| BEING CYCLED ON IN LOOP_01.                         |
--------------------------------------------------------------------------------------------------
BOX_04
========

| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN EMPLOYMENT AS ‘PROVIDES HEALTH INSURANCE’, GO TO BOX_07
|

| OTHERWISE, CONTINUE WITH BOX_05
|

BOX_05
========

| IF HX23 IS CODED ‘8’ (PREVIOUS EMPLOYER-COBRA), ‘9’ (PREVIOUS EMPLOYER-NOT COBRA), ‘10’ (SPOUSE PREVIOUS EMPLOYER), OR ‘11’ (OTHER EMPLOYER) CONTINUE WITH BOX_06
|

| OTHERWISE, GO TO BOX_07
|

BOX_06
========

| IF POLICYHOLDER WAS FLAGGED AT HP11 AS ‘DECEASED’, CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI AND GO TO HP13
|

| IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO BOX_07
|

| OTHERWISE, CONTINUE WITH HP12
|
(Are/Is) (POLICYHOLDER) currently employed at this job, retired from this job, previously employed at this job, or is it some other situation?

- CURRENTLY EMPLOYED ..................... 1 {HP13}
- RETIRED ................................ 2 {HP13}
- PREVIOUSLY EMPLOYED .................... 3 {HP13}
- DECEASED ............................... 4 {HP13}
- OTHER ................................. 91
- REF ..................................... -7 {HP13}
- DK ...................................... -8 {HP13}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

---------------------------------------------
| EDIT: CODE '4' (DECEASED) CANNOT BE SELECTED FOR |
| A POLICYHOLDER WHO IS A CURRENT RU MEMBER.       |
---------------------------------------------

---------------------------------------------
| IF CODED '4' (DECEASED), FLAG POLICYHOLDER AS |
| 'DECEASED'.                                   |
---------------------------------------------

HP12OV

ENTER OTHER:

[Enter Other Specify] .................
REF ..................................... -7
DK ....................................... -8
{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} (STR-DT)

{(Are/Is)/(Were/Was)} (POLICYHOLDER) a federal government employee at this job?

YES .................................... 1
NO ..................................... 2
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF FEDERAL GOVERNMENT.

------------------------------------------
| DISPLAY '(Are/Is)' IF HP12 IS CODED '1' (CURRENTLY|  
| EMPLOYED). OTHERWISE, DISPLAY '(Were/Was)'.       |
BOX_07

----------------------------------------------------
| IF ESTABLISHMENT THAT PROVIDES INSURANCE IS      |
| FLAGGED AS:                                       |
| 'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN', |
| 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE       |
| PERIOD', OR 'REIRETMENT JOB'                       |
| OR                                                |
| 'EMPLOYER' AND JOB SUBTYPE IS 'FORMER MAIN',      |
| 'FORMER MISCELLANEOUS' OR 'LAST JOB OUTSIDE       |
| REFERENCE PERIOD' AND JOB IS ALSO FLAGGED AS 'NOT |
| RETIRED FROM'                                     |
| OR                                                |
| 'PREVIOUS EMPLOYER, NOT COBRA' (I.E., HX03-CODE   |
| '8'; HX23-CODE '9')                               |
| OR                                                |
| 'EMPLOYER' (I.E., HX23-CODE '11') AND HP12 IS NOT |
| CODED '1' (CURRENTLY EMPLOYED)                    |
| OR                                                |
| 'SPOUSE PREVIOUS EMPLOYER' (I.E., HX23-CODE '10') |
| OR                                                |
| 'UNKNOWN TYPE-OUTSIDE RU' (I.E., HX23-CODE '12')  |
| OR                                                |
| 'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23-    |
| CODE '91'),                                       |
| CONTINUE WITH HP14                                |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO HP15                             |
----------------------------------------------------

----------------------------------------------------
| NOTE: FROM THE TAPES AND OBSERVATIONS, IT BECAME  |
| OBVIOUS THAT MANY SOURCES OF INSURANCE WERE BEING |
| SENT THROUGH HP14 WHEN IT WAS INAPPROPRIATE.      |
| THEREFORE, BOX_07 HAS BEEN REVISED TO SEND ONLY   |
| SOURCES OF INSURANCE IDENTIFIED AS EMPLOYER (BUT |
| NOT CURRENT OR COBRA) OR UNKNOWN THROUGH HP14.    |
----------------------------------------------------

26-150
Some employer insurance can be continued after leaving the company by continuing to pay the premium. This is sometimes referred to as a COBRA plan.

Is (POLICYHOLDER)’s (ESTABLISHMENT) insurance like that?

YES .................................... 1
NO ..................................... 2
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF COBRA.

Was anyone {living here} covered as a dependent under (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) at any time since (START DATE)?

YES .................................... 1
NO ..................................... 2 {HP17}
REF .................................... -7 {HP17}
DK ..................................... -8 {HP17}

PRESS F1 FOR DEFINITION OF DEPENDENT.
(POLICYHOLDER FIRST MIDDLE LAST NAME) \ (NAME OF ESTABLISHMENT............) \ (STR-DT)

Who is that?

PROBE: Was anyone else covered as a dependent since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-35] ...............................
[2. First Name,[Middle Name],Last Name-35] ...............................
[3. First Name,[Middle Name],Last Name-35] ...............................
REF ................................... -7
DK .................................... -8

[Code All That Apply]

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER, EXCLUDING THE NAME OF THE POLICYHOLDER (I.E., PERSON IN THIS ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT) FOR THIS INSURANCE. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON THIS ROSTER. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU'. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| GO TO BOX_08 |
---------------------------------------------------------------------
HP17
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  {NAME OF
ESTABLISHMENT...........}  (STR-DT)

Does (POLICYHOLDER)'s health coverage through (ESTABLISHMENT)
cover as dependents any persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

-----------------------------------------------------------------
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
| LISTED IN RU' IN HP16.                           |
-----------------------------------------------------------------

BOX_08
======

-----------------------------------------------------------------
| IF THERE ARE NO POLICYHOLDERS OR DEPENDENTS WHO |
| ARE CURRENT RU MEMBERS, THAT IS, POLICYHOLDER IS A|
| DU MEMBER BUT NOT A CURRENT RU MEMBER, OR IS |
| FLAGGED AS 'NOT LISTED IN DU' OR 'POLICYHOLDER |
| DECEASED' AND INSURANCE ALSO FLAGGED ONLY AS |
| 'COVERING PERSON NOT IN RU', GO TO END_LP02    |
-----------------------------------------------------------------

-----------------------------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_03               |
-----------------------------------------------------------------
LOOP_03

---

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK BOX-09-END_LP03

---

LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD COVERAGE FOR ALL CURRENT RU MEMBERS COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON CURRENT RU MEMBERS WHO ARE SELECTED AS DEPENDENTS AT HP16 AND THE RU MEMBER WHO IS FLAGGED AS THE POLICYHOLDER FOR THIS INSURANCE.

---

BOX_09

---

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION.

---

AT COMPLETION OF TIME PERIOD COVERED DETAIL (HQ) SECTION, CONTINUE WITH END_LP03

---

END_LP03

---

CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

---

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_03 AND CONTINUE WITH END_LP02
END_LP02
========

-----------------------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON- |  |
| PAIRS-ROSTER WHO MEETS THE CONDITIONS STATED IN   |  |
| THE LOOP DEFINITION.                              |  |
-----------------------------

-----------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |  |
| LOOP_02 AND CONTINUE WITH BOX_10                   |  |
-----------------------------

BOX_10
======

-----------------------------
| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN         |  |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT |  |
| FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO |  |
| TO END_LP01                                       |  |
-----------------------------

-----------------------------
| OTHERWISE, CONTINUE WITH HP18                      |  |
-----------------------------

HP18
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT........} {STR-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Aside from (POLICYHOLDER)’s (ESTABLISHMENT) insurance, is there another health insurance plan that anyone in the family obtains from (a/an) (INSURANCE SOURCE)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

26-155
END_LP01
======

-----------------------------------------------
| IF HP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
| ESTABLISHMENT NAME.                               |
-----------------------------------------------

-----------------------------------------------
| IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7'   |
| (REFUSED), OR '-8' (DON'T KNOW) END LOOP_01 AND   |
| CONTINUE WITH BOX_11                              |
-----------------------------------------------

BOX_11
=====

-----------------------------------------------
| RETURN TO THE HEALTH INSURANCE (HX) SECTION.     |
-----------------------------------------------
Time Period Covered Detail (HQ) Section

HQ01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF ESTABLISHMENT..........}  {STR-DT}

(Were/Was) (PERSON) covered the whole time from (START DATE) until today, or only part of the time?

WHOLE TIME ............................. 1
PART OF THE TIME ....................... 2
REF ................................. -7
DK ................................. -8

[Code One]

HQ02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF ESTABLISHMENT..........}  {STR-DT}

(Are/Is) (PERSON) covered now?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

26-157
HQ03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF ESTABLISHMENT.........}  {STR-DT}

(Have/Has) (PERSON) been covered continuously, since the first of {INTERVIEW MONTH} through today?

YES .................................... 1 {HQ05}
NO ..................................... 2 {HQ05}
REF .................................... -7 {HQ05}
DK .................................... -8 {HQ05}

----------------------------------------------------
| DISPLAY NAME OF MONTH IN WHICH INTERVIEW IS BEING |
| CONDUCTED (I.E., MONTH IN WHICH INTERVIEW FIRST     |
| STARTED) FOR 'INTERVIEW MONTH'.                    |
----------------------------------------------------

HQ04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF ESTABLISHMENT.........}  {STR-DT}

(Were/Was) (PERSON) covered at all during {INTERVIEW MONTH}?

YES .................................... 1
NO ..................................... 2
REF .................................... -7
DK .................................... -8

----------------------------------------------------
| DISPLAY NAME OF MONTH IN WHICH INTERVIEW IS BEING |
| CONDUCTED (I.E., MONTH IN WHICH INTERVIEW FIRST   |
| STARTED) FOR 'INTERVIEW MONTH'.                    |
----------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF ESTABLISHMENT........) (STR-DT)

For each of the following months, (were/was) (PERSON) covered the whole month, part of the month, or not at all during the month? (READ MONTH NAMES BELOW.)

1 = WHOLE MONTH  
2 = PART OF MONTH (INCLUDING FIRST OF MONTH)  
3 = PART OF MONTH (NOT INCLUDING FIRST OF MONTH)  
4 = NOT COVERED

<table>
<thead>
<tr>
<th>HQ05 01. MONTH NAME</th>
<th>HQ05 02. COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MONTH</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. MONTH</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. MONTH</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

---


---

EDIT: ALL MONTHS DISPLAYED AT HQ05 CANNOT BE CODED '4' (NOT COVERED) WHEN THE PERSON IS NOT COVERED DURING THE INTERVIEW MONTH (HQ04=2). IF ALL ARE, DISPLAY THE FOLLOWING MESSAGE: 'MUST BE COVERED AT LEAST PART OF ONE MONTH. IF NOT, BACK UP AND DELETE PERSON FROM COVERED PERSON ROSTER.'
MEPS FAMES Panel 1 Round 3 Time Period Covered Detail (HQ) Section
January 31, 1997

BOX_01
======
----------------------------------------------------
| RETURN TO THE HX, HP, OR PR SECTION.             |
----------------------------------------------------
Hospital Stay (HS) Section

BOX_01
========

| IF HOSPITAL STAY DISCHARGE DATE IS '95' (STILL IN HOSPITAL), DO NOT ASK THE HOSPITAL STAY (HS) SECTION OR THE CHARGE/PAYMENT (CP) SECTION FOR THIS EVENT. (WE WILL FOLLOW UP WITH THESE EVENTS NEXT ROUND.) |

----------------------------------------------------

| IF THE MONTH OR DAY FOR THE HOSPITAL STAY ADMIT DATE OR DISCHARGE DATE IS '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH HS01 |

----------------------------------------------------

| OTHERWISE, GO TO HS02 |

----------------------------------------------------

HS01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {ADM-DT} {DIS-DT}

How many nights did (PERSON) stay in (PROVIDER)?

[Enter Number of Nights] ............

REF ................................... -7
DK .................................... -8

----------------------------------------------------

SOFT RANGE CHECK:  1 TO 30.  
----------------------------------------------------
HS02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {ADM-DT}  {DIS-DT}

Did this hospital stay begin with a visit to an emergency room?

YES ........................................... 1
NO ............................................... 2
REF ............................................... -7
DK ............................................... -8

PRESS F1 FOR DEFINITION OF EMERGENCY ROOM.

HS03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {ADM-DT}  {DIS-DT}

Was this hospital stay related to any specific health condition or were any conditions discovered during this hospital stay?

YES ........................................... 1
NO ............................................... 2
REF ............................................... -7
DK ............................................... -8

11-2
What conditions were discovered or led (PERSON) to enter the hospital? PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before? IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER. IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Medical Condition] ............... 
[2. Medical Condition] ............... 
[3. Medical Condition] ............... 
OTHER SPECIFY: (__________) ........... 91
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.'
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {ADM-DT} {DIS-DT}

SHOW CARD HS-1.

Please look at this card and tell me which category best describes the reason (PERSON) entered (PROVIDER) on (ADMIT DATE)?

IF NECESSARY, PROBE: What was the main reason (PERSON) entered (PROVIDER)?

OPERATION OR SURGICAL PROCEDURE ........ 1
TREATMENT OR THERAPY, NOT INCLUDING SURGERY ......................... 2
DIAGNOSTIC TESTS ONLY ...................... 3
GIVE BIRTH TO A BABY - NORMAL OR CAESAREAN SECTION (MOTHER) ........... 4
TO BE BORN (BABY) ............................ 5
OTHER ............................................. 91
REF ........................................... -7
DK ............................................ -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

-------------------------------------------------------------------------------------------------------------------------
| ALLOW CODE '4' (GIVE BIRTH TO A BABY) ONLY IF PERSON IS FEMALE. ALLOW CODE '5' (TO BE BORN) ONLY IF PERSON IS < OR = 1 YEAR OLD (OR AGE CATEGORY 1). |
-------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------
| IF HS05 IS CODED '1' (OPERATION OR SURGICAL PROCEDURE), AUTOMATICALLY CODE HS06 AS '1' (YES) BY CAPI AND GO TO HS07 |
-------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH HS06 |
-------------------------------------------------------------------------------------------------------------------------
HS06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {ADM-DT}
{DIS-DT}

Were any operations or surgical procedures performed on (PERSON) during this stay?

YES ........................................ 1
NO ........................................... 2 {HS08}
REF .......................................... -7 {HS08}
DK ............................................. -8 {HS08}

PRESS F1 FOR DEFINITION OF OPERATIONS/SURGICAL PROCEDURES.
What was the name of the main surgical procedure?

APPENDECTOMY ......................... 1
ARTHROSCOPIC (VISUALIZATION OF
  JOINTS) SURGERY ..................... 2
CARDIAC CATHETERIZATION ............. 3
CATARACT SURGERY ..................... 4
CIRCUMCISION .......................... 5
CORONARY BYPASS ..................... 6
D & C (DILATATION AND CURETTAGE) .... 7
DENTAL SURGERY ........................ 8
GALLBLADDER SURGERY (CHOLECYSTECTOMY) . 9
HERNIA REPAIR .......................... 10
HYSTERECTOMY ......................... 11
JOINT (HIP/KNEE) REPLACEMENT SURGERY .. 12
MASTECTOMY/LUMPECTOMY .............. 13
PACEMAKER INSERTION ................ 14
PLASTIC/RECONSTRUCTIVE SURGERY ...... 15
PROSTATE SURGERY (PROSTATECTOMY) ..... 16
SPINAL DISC SURGERY (SLIPPED DISC/
  PROLAPSED DISC) ....................... 17
SURGICAL SETTING OF BROKEN BONE
  (FRACTURE REDUCTION) ............... 18
THYROID SURGERY (THYROIDECTOMY) ...... 19
TISSUE BIOPSY .......................... 20
TONSILLECTOMY ....................... 21
OTHER .................................. 91
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
EDIT: IF HS07 IS CODED ‘5’ (CIRCUMCISION) OR COD ‘16’ [PROSTATE SURGERY (PROSTATECTOMY)], CHECK THAT PERSON IS MALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE UNAVAILABLE FOR FEMALES. VERIFY AND RE-ENTER.

IF HS07 IS CODED ‘7’ [D & C (DILATATION AND CURETTAGE)] OR CODE ‘11’ (HYSTERECTOMY), CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE NOT AVAILABLE FOR MALES. VERIFY AND RE-ENTER.

NOTE: EDITS WERE NOT AVAILABLE IN ROUND 1.

---

HS08

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (ADM-DT) (DIS-DT)

At the time (PERSON) (were/was) discharged, were any medicines prescribed for (PERSON)? Please do not include medications received while (PERSON) (were/was) a patient in the hospital.

YES ........................................ 1
NO ........................................... 2 {HS10}
REF ......................................... -7 {HS10}
DK ........................................... -8 {HS10}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.
Please tell me the names of the prescribed medicines from this stay that were filled.

PROBE: Any other prescribed medicines from this stay that were filled?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Prescribed Medicine] ...............
[2. Prescribed Medicine] ...............
[3. Prescribed Medicine] ...............
OTHER SPECIFY: (__________) ........... 91

| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| PRESCRIBED-MEDICINES-ROSTER. |

<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR SPECIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY</td>
</tr>
<tr>
<td>LISTED ON THE ROSTER.</td>
</tr>
<tr>
<td>2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF</td>
</tr>
<tr>
<td>MEDICINES AT THE ROSTER QUESTIONS (I.E., NO</td>
</tr>
<tr>
<td>LIMIT TO THE NUMBER OF MEDICINES).</td>
</tr>
<tr>
<td>3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE</td>
</tr>
<tr>
<td>THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS</td>
</tr>
<tr>
<td>USED. THAT IS, AS LONG AS THE INTERVIEWER HAS</td>
</tr>
<tr>
<td>NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO</td>
</tr>
<tr>
<td>DELETE A MEDICINE ENTERED IN ERROR. IF DELETE</td>
</tr>
<tr>
<td>IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED</td>
</tr>
<tr>
<td>(I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY</td>
</tr>
<tr>
<td>THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED</td>
</tr>
<tr>
<td>ONLY WHEN MEDICINE IS FIRST ENTERED.’</td>
</tr>
</tbody>
</table>
HS10
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.......} {ADM-DT} {DIS-DT}

Now I would like to ask about the physicians and surgeons who treated (PERSON) during this hospital stay. (Have/Has) (PERSON) seen any of these doctors or surgeons at a place of practice outside of (PROVIDER)?

YES .................................... 1
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

-------------------------------------------
| NOTE: IN ROUNDS 1 AND 2, THE SECOND SENTENCE OF THE | | QUESTION WAS WORDED, “Do any of these doctors or surgeons | | have a place of practice outside of (PROVIDER) where | | (PERSON) (was/were) seen as a patient?” | | -------------------------------------------

HS11
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.......} {ADM-DT} {DIS-DT}

Please give me the names of the medical places or private doctor’s office where (PERSON) saw each of these doctors or surgeons outside of (PROVIDER).

PRESS ENTER TO CONTINUE.
LOOP_01
=======

| FOR EACH OF THE FOLLOWING: |
| PROVIDER 1 |
| PROVIDER 2 |
| PROVIDER 3 |
| PROVIDER 4 |
| ASK BOX_02_END_LP01 |

LOOP DEFINITION: LOOP_01 COLLECTS NAMES AND INFORMATION ABOUT EACH SEPARATELY BILLING PROVIDER. THE RESPONSE TO HS12 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF HS12 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT SEPARATELY BILLING PROVIDER. IF HS12 IS CODED ‘2’(NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_02
======

| ASK THE PROVIDER ROSTER (PV) SECTION. |

AT COMPLETION OF THE PROVIDER ROSTER (PV) SECTION, CONTINUE WITH BOX_03

BOX_03
======

| FOR EACH PROVIDER ADDED OR SELECTED, ADD A PAIR TO THE PERSON’S-EVENT-PROVIDER-PAIRS ROSTER. |

| FLAG EACH PROVIDER ADDED OR SELECTED AS A ‘SEPARATELY BILLING DOCTOR’ RELATED TO THE HOSPITAL STAY EVENT BEING ASKED ABOUT. |

11-11
{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.....}  {ADM-DT}  
{DIS-DT}

Was there anyone else?

PROBE: Were there any other doctors or surgeons who treated (PERSON) during the hospital stay and who (PERSON) (have/has) seen at a place of practice outside of (PROVIDER)?

YES ........................................ 1
NO ........................................ 2
REF ..................................... -7
DK ....................................... -8

----------------------------------------
| NOTE: IN ROUNDS 1 AND 2, THE PROBE PART OF THE |
| QUESTION WAS WORDED, “…and who have a place of |
| practice outside of (PROVIDER) where (PERSON) |
| (was/were) seen as a patient?” |
----------------------------------------

END_LP01

----------------------------------------
<p>| IF HS12 IS CODED ’1’ (YES), CYCLE TO COLLECT |</p>
<table>
<thead>
<tr>
<th>NEXT PROVIDER.</th>
</tr>
</thead>
</table>

----------------------------------------
<p>| IF HS12 IS CODED ’2’ (NO), ’-7’ (REFUSED), OR |
| ’-8’ (DON'T KNOW), END LOOP_01 AND CONTINUE |</p>
<table>
<thead>
<tr>
<th>WITH BOX_04</th>
</tr>
</thead>
</table>

BOX_04

----------------------------------------
<p>| IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS |
| HOSPITAL STAY IS NOT COMPLETED, ASK THE CHARGE/ |</p>
<table>
<thead>
<tr>
<th>PAYMENT (CP) SECTION.</th>
</tr>
</thead>
</table>

11-12
| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |
Now I’d like to talk with you about health insurance, an important topic for most persons. We want to know about all the health coverage that anyone in the family may have had to help pay the costs of medical care at any time since (START DATE).

{ASK RESPONDENT TO GET INSURANCE CARDS/IDENTIFYING INFORMATION IF NOT ALREADY AVAILABLE.}

PRESS ENTER TO CONTINUE.
BOX_02
======

----------------------------------------
| ASK THE OLD PUBLICRELATED INSURANCE (PR) SECTION. |
----------------------------------------

----------------------------------------
| AT COMPLETION OF PR SECTION, CONTINUE WITH BOX_03 |
----------------------------------------

BOX_03
======

----------------------------------------
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE |
| FOLLOWING CONDITIONS:                          |
|   - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |
|     PROVIDING HEALTH INSURANCE                  |
|     AND                                        |
|   - ESTABLISHMENT IS AN EMPLOYER               |
|     AND                                        |
|   - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT |
|     AND                                        |
|   - ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' |
|     OR IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM- |
|     SIZE-GREATER-TEN-1,                         |
|     CONTINUE WITH LOOP_01                      |
----------------------------------------

----------------------------------------
| OTHERWISE, GO TO BOX_05                  |
----------------------------------------
LOOP_01
=======

| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-|
| ROSTER, ASK HX02-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT PRIVATE HEALTH INSURANCE OBTAINED THROUGH AN EMPLOYER. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE
- ESTABLISHMENT IS AN EMPLOYER
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT
- ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' OR IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-GREATER-TAN-1.
(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF ESTABLISHMENT.........)  {STR-DT}

You mentioned that (PERSON) (were/was) covered by health insurance from (ESTABLISHMENT).

CODE '1' UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

HAS HEALTH INSURANCE THROUGH
(ESTABLISHMENT) ........................ 1
DOES NOT HAVE HEALTH INSURANCE THROUGH
(ESTABLISHMENT) ........................ 2

[Code One]

----------------------------------------------------
| IF CODED '2' (DOES NOT HAVE HEALTH INSURANCE      |
| THROUGH (ESTABLISHMENT)), FLAG THIS              |
| ESTABLISHMENT-PERSON-PAIR AS 'NOT SEPARATE      |
| SOURCE OF INSURANCE' AND GO TO END_LP01         |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_04                  |
----------------------------------------------------

BOX_04

------

----------------------------------------------------
| ASK THE PRIVATE HEALTH INSURANCE DETAIL (HP)     |
| SECTION FOR THIS ESTABLISHMENT-PERSON-PAIR.      |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF HP SECTION, CONTINUE WITH       |
| END_LP01                                        |
----------------------------------------------------
END_LP01
=======

----------------------------------------------------
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_05 |
----------------------------------------------------

BOX_05
=======

----------------------------------------------------
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE AND |
| - ESTABLISHMENT IS AN EMPLOYER AND |
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT AND |
| - ESTABLISHMENT IS FLAGGED AS ‘SELF-EMPLOYED’ AND |
| - FIRM SIZE OF ESTABLISHMENT = 1, CONTINUE WITH LOOP_02 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_07 |
----------------------------------------------------
LOOP_02
======

| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-|
| ROSTER, ASK LOOP_03-END_LP02 |

---------------------------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION |
| ABOUT THE SOURCES OF DIRECTLY PURCHASED HEALTH |
| INSURANCE ASSOCIATED WITH A SELF-EMPLOYED JOB |
| WHERE FIRM SIZE = 1. THIS LOOP CYCLES ON |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |
| PROVIDING HEALTH INSURANCE |
| AND |
| - ESTABLISHMENT IS AN EMPLOYER |
| AND |
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT |
| AND |
| - ESTABLISHMENT IS FLAGGED AS ‘SELF-EMPLOYED’ |
| - FIRM SIZE OF ESTABLISHMENT = 1 |
---------------------------------------------
LOOP_03
======

----------------------------------------------------
| FOR EACH OF THE FOLLOWING:                        |
|                                                    |
| INSURANCE CATEGORY 1                              |
| INSURANCE CATEGORY 2                              |
| INSURANCE CATEGORY 3                              |
| INSURANCE CATEGORY 4                              |
| INSURANCE CATEGORY 5                              |
| INSURANCE CATEGORY 6                              |
|                                                    |
| ASK HX03 - END_LP03                               |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION      |
| ABOUT THE WAYS PERSON PURCHASED HEALTH INSURANCE   |
| (INSURANCE CATEGORIES AT HX03) ASSOCIATED WITH A    |
| SELF-EMPLOYED JOB WITH FIRM-SIZE = 1. THE FIRST    |
| CYCLE OF THIS LOOP COLLECTS THE MAIN WAY PERSON    |
| PURCHASES INSURANCE. SUBSEQUENT CYCLES COLLECT     |
| ADDITIONAL WAYS PERSON PURCHASES INSURANCE.        |
|                                                    |
| THE RESPONSE AT HX04 DETERMINES WHETHER THE LOOP   |
| CYCLES AGAIN. IF HX04 IS CODED '1' (YES), THE      |
| LOOP CYCLES TO COLLECT THE NEXT INSURANCE CATEGORY.|
| IF HX04 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'  |
| (DON'T KNOW), THE LOOP ENDS.                       |
----------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF ESTABLISHMENT.........) {STR-DT}

SHOW CARD HX-1.

(You mentioned that (PERSON) {(are/is)/(were/was)} self-employed and had health insurance through that business.) Which category on this card comes closest to {the main/another} way (PERSON) (purchase/purchases) this insurance?

FROM A PROFESSIONAL ASSOCIATION ........ 1 {BOX_06}
FROM A SMALL BUSINESS GROUP ............ 2 {BOX_06}
FROM A UNION .................................. 3 {BOX_06}
FROM A HEALTH INSURANCE PURCHASING ALLIANCE ................................. 4 {BOX_06}
DIRECTLY FROM AN INSURANCE AGENT ...... 5 {BOX_06}
DIRECTLY FROM INSURANCE COMPANY ...... 6 {BOX_06}
DIRECTLY FROM AN HMO ...................... 7 {BOX_06}
FROM A PREVIOUS EMPLOYER ............... 8 {BOX_06}
FROM A PREVIOUS EMPLOYER (COBRA) ...... 9 {BOX_06}
OTHER ........................................ 91
REF ..................................... -7 {BOX_06}
DK ................................... -8 {BOX_06}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
ENTER OTHER:

[Enter Other Specify] .................
REF .................................... -7
DK ..................................... -8

ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION |
FOR THE RESPONSE CATEGORY SELECTED AT HX03. |
----------------------------------------------------

AT COMPLETION OF HP SECTION, CONTINUE WITH HX04 |
----------------------------------------------------

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF   |
ESTABLISHMENT........} {STR-DT} |

SHOW CARD HX-1.

Aside from what you already told me about, is there another category on this card which describes the way (PERSON) (purchase/purchases) health insurance for (ESTABLISHMENT)?

YES .................................... 1
NO ..................................... 2
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
END_LP03

| IF HX04 IS CODED '1' (YES), CYCLE TO COLLECT THE NEXT WAY OF PURCHASING INSURANCE. |
| OTHERWSE, END LOOP_03 AND CONTINUE WITH END_LP02 |

END_LP02

| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH BOX_07 |

BOX_07

| IF ROUND 1, GO TO HX06 |
| OTHERWISE, CONTINUE WITH BOX_08 |
BOX_08
=======

<table>
<thead>
<tr>
<th>IF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANY NEW RU MEMBERS ADDED TO RU THIS ROUND,</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING</td>
</tr>
<tr>
<td>MEDICARE TURNED 65 SINCE START DATE (USE REAL</td>
</tr>
<tr>
<td>DATE OF BIRTH ONLY),</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING</td>
</tr>
<tr>
<td>MEDICARE WERE = OR &gt; 65 (OR IN AGE CATEGORY 9) IN</td>
</tr>
<tr>
<td>PREVIOUS ROUND,</td>
</tr>
<tr>
<td>CONTINUE WITH HX05</td>
</tr>
</tbody>
</table>

| OTHERWISE, GO TO BOX_12 |

-------------------------------
My records indicate that (READ NAMES BELOW) {(are/is)} {either} {65 years old or older} {or} {joined the household since our last interview).

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

(Has (READ NAME ABOVE)/Have any of these people) been covered by Medicare since (START DATE)?

YES .................................... 1
NO ..................................... 2 {LOOP_04}
REF ................................... -7 {LOOP_04}
DK .................................... -8 {LOOP_04}

PRESS F1 FOR DEFINITION OF MEDICARE.

| DISPLAY '(are/is)' AND '65 years old' IF ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE TURNED 65 SINCE START DATE OR IF ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE WERE = OR > 65 PREVIOUS ROUND. |
| DISPLAY 'joined the household since our last interview' IF ANY NEW RU MEMBERS ADDED TO THE RU THIS ROUND. |
| DISPLAY 'either' AND 'or' IF ANY NEW RU MEMBERS ADDED TO THE RU THIS ROUND AND IF ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE TURNED 65 SINCE START DATE OR ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE WERE = OR > 65 PREVIOUS ROUND. |
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER THAT MEET ANY ONE OF THE FOLLOWING CONDITIONS:

- PERSON IS AN RU MEMBER WHO IS NOT ALREADY FLAGGED AS RECEIVING MEDICARE AND HAS TURNED 65 SINCE START DATE

OR

- PERSON IS AN RU MEMBER WHO IS NOT ALREADY FLAGGED AS RECEIVING MEDICARE (NOT SELECTED AT HX07 DURING PREVIOUS ROUND) AND WHO WAS = OR > 65 (OR IN AGE CATEGORY 9) DURING THE PREVIOUS ROUND

OR

- PERSON IS A NEW RU MEMBER

IF HX05 IS CODED '1' (YES) AND ONLY ONE RU MEMBER ELIGIBLE FOR HX05, SELECT THAT PERSON AUTOMATICALLY BY CAPI AT HX07 AND GO TO LOOP_04

IF HX05 IS CODED '1' (YES) AND MORE THAN ONE RU MEMBER ELIGIBLE FOR HX05, GO TO HX07
There are two large public health insurance programs (with similar names) that are easily confused.

Medicare is a health insurance program for persons 65 years or over and for disabled persons. The other program, \{(Medicaid/{STATE NAME FOR MEDICAID})\}, is a state program for low income persons or for persons on public assistance.

SHOW CARD HX-2.

Let me first ask about Medicare. People covered by Medicare usually have a card that looks like this.

At any time since (START DATE), has anyone in the family been covered by Medicare?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF MEDICARE.

| DISPLAY 'with similar names’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES ‘MEDICAID’ OR A NAME SIMILAR TO MEDICARE (SUCH AS MEDI-CAL). |
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ONE OF THE FOLLOWING:

- ALABAMA
- MINNESOTA
- NORTH DAKOTA
- ARKANSAS
- MISSISSIPPI
- OHIO
- COLORADO
- MISSOURI
- OKLAHOMA
- CONNECTICUT
- MONTANA
- OREGON
- DELAWARE
- NEBRASKA
- PENNSYLVANIA
- FLORIDA
- NEVADA
- SOUTH CAROLINA
- ILLINOIS
- NEW HAMPSHIRE
- SOUTH DAKOTA
- INDIANA
- NEW JERSEY
- TEXAS
- KANSAS
- NEW MEXICO
- UTAH
- LOUISIANA
- NEW YORK
- VERMONT
- MAINE
- NORTH CAROLINA
- WEST VIRGINIA
- WYOMING

DISPLAY 'Medical Assistance' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ONE OF THE FOLLOWING:

- ALASKA
- IDAHO
- MICHIGAN
- DISTRICT OF COLUMBIA
- IOWA
- RHODE ISLAND
- GEORGIA
- KENTUCKY
- VIRGINIA
- HAWAII
- MARYLAND
- WASHINGTON
- WISCONSIN

DISPLAY 'Arizona Health Care Cost Containment System' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ARIZONA.

DISPLAY 'Medi-Cal' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CALIFORNIA.

DISPLAY 'MassHealth' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MASSACHUSETTS.

DISPLAY 'TennCare' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS TENNESSEE.

IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT PERSON AUTOMATICALLY BY CAPI AT HX07 AND GO TO LOOP_04

IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH HX07
<table>
<thead>
<tr>
<th>IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW) AND ONE OR MORE RU MEMBER = &gt; 65 YEARS OLD, GO TO LOOP_04</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW) AND NO RU MEMBER = &gt; 65 YEARS OLD, GO TO BOX_12</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>NOTE: HX06 IS ASKED ONLY IN ROUND 1.</td>
</tr>
</tbody>
</table>

HX07
====

{STR-DT}

Who is covered by Medicare?

PROBE: Who else is covered by Medicare?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

| ROSTER DEFINITION: |
| IF ROUND 1, THIS ITEM DISPLAYS THE COMPLETE RU-MEMBERS-ROSTER. |
| IF ROUND 2, THIS ITEM DISPLAYS PERSONS ON THE RU-MEMBERS-ROSTER THAT MEET ONE OF THE FOLLOWING CONDITIONS: |
| - PERSON IS A NEW RU MEMBER THIS ROUND |
| OR |
| - PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND |
| OR |
| - PERSON => 65 YEARS OLD (OR IN AGE CATEGORY 9) LAST ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND. |

26-16
LOOP_04
=======

FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK

BOX_09-END_LP04

LOOP DEFINITION: LOOP_04 DETERMINES IF REASON FOR MEDICARE IS CONDITION/DISABILITY FOR PERSONS < 65 WHO RECEIVE MEDICARE AND COLLECTS SOCIAL SECURITY STATUS FOR PERSONS > 65 WHO ARE NOT COVERED BY MEDICARE. THIS LOOP CYCLES ON PERSONS WHO MEET ANY OF THE FOLLOWING CONDITIONS:

- IF ROUND 1: ALL CURRENT RU MEMBERS
- IF ROUND 2: ALL CURRENT RU MEMBERS WHO MEET ONE OF THE FOLLOWING CONDITIONS:
  - PERSON IS A NEW RU MEMBER THIS ROUND,
  OR
  - PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND
  OR
  - PERSON => 65 YEARS OLD (OR IN AGE CATEGORY 9) LAST ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND.

BOX_09
=======

IF ROUND 1, GO TO BOX_11

OTHERWISE, CONTINUE WITH BOX_10
BOX_10

<table>
<thead>
<tr>
<th>IF PERSON ADDED THIS ROUND, CONTINUE WITH BOX_11</th>
</tr>
</thead>
</table>

<p>| IF HX05 IS CODED '2' (NO), '-7' (REFUSED), OR    |
| '-8' (DON'T KNOW) AND RU MEMBER TURNED 65 THIS   |</p>
<table>
<thead>
<tr>
<th>ROUND, GO TO HX09</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP04</th>
</tr>
</thead>
</table>

| NOTE: HX09 IS NOT RE-ASKED OF PERSONS WHO WERE    |
| OVER 65 DURING THE PREVIOUS ROUND AND DID NOT     |
| RECEIVE MEDICARE AND WHO CONTINUE NOT RECEIVING   |
| MEDICARE DURING THE CURRENT ROUND.                |
BOX_11

<table>
<thead>
<tr>
<th>IF PERSON IS SELECTED AT HX07 AND IS &lt; 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), CONTINUE WITH HX08</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF PERSON IS SELECTED AT HX07 AND IS = &gt; 65 YEARS OLD (OR IN AGE CATEGORY 9), GO TO END_LP04</td>
</tr>
<tr>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>IF PERSON IS NOT SELECTED AT HX07 AND IS &lt; 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), GO TO END_LP04</td>
</tr>
<tr>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>IF PERSON IS NOT SELECTED AT HX07 AND IS = &gt; 65 YEARS OLD (OR IN AGE CATEGORY 9), GO TO HX09</td>
</tr>
<tr>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)) AND PERSON IS &lt; 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), GO TO END_LP04</td>
</tr>
<tr>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)) AND PERSON IS = &gt; 65 YEARS OLD (OR IN AGE CATEGORY 9), GO TO HX09</td>
</tr>
<tr>
<td>------------------------------------------------</td>
</tr>
</tbody>
</table>

26-19
(PERSON'S FIRST MIDDLE AND LAST NAME)

(Do/Does) (PERSON) receive Medicare because of a medical condition or a disability?

YES .................................... 1 {END_LP04}
NO ..................................... 2 {END_LP04}
REF ................................... -7 {END_LP04}
DK .................................... -8 {END_LP04}

PRESS F1 FOR DEFINITION OF CONDITION/DISABILITY.

(PERSON'S FIRST MIDDLE AND LAST NAME)

People with Social Security usually get Medicare. (Do/Does) (PERSON) receive Social Security?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF SOCIAL SECURITY.

END_LP04

---------

<p>| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER WHO |</p>
<table>
<thead>
<tr>
<th>MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION</th>
</tr>
</thead>
</table>

<p>| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |</p>
<table>
<thead>
<tr>
<th>END LOOP_04 AND CONTINUE WITH BOX_12</th>
</tr>
</thead>
</table>
Box_12

IF Medicaid provided to any RU member during the previous round, go to Box_14.

Otherwise, continue with Box_12A.

Box_12A

IF GOVT-HOSPITAL/PHYSICIAN is a source of insurance for any RU member during the current round, go to Box_14.

Otherwise, continue with HX10.
{STR-DT}

{Some people are covered by a program called Medicaid/STATE NAME FOR MEDICAID}. This is a state program for persons with low incomes and persons on public assistance. It sometimes covers persons with very large medical bills or those in nursing homes.}

{SHOW CARD HX-3.}

{People covered by Medicaid/STATE NAME FOR MEDICAID usually have a (piece of paper/card) that looks like this.}

{During the last interview, we recorded that no one in the family was covered by Medicaid/STATE NAME FOR MEDICAID.}

Has anyone in the family been covered by Medicaid/STATE NAME FOR MEDICAID at any time since (START DATE)?

YES .................................... 1
NO ..................................... 2 {BOX_14}
REF ................................... -7 {BOX_14}
DK .................................... -8 {BOX-14}

PRESS F1 FOR DEFINITION OF MEDICAID.
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID,' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT PERSON AUTOMATICALLY BY CAPI AT HX11 AND GO TO LOOP_05

IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH HX11
(STR-DT)

Who is covered by \{Medicaid/{STATE NAME FOR MEDICAID}\}?

PROBE: Who else is covered by \{Medicaid/{STATE NAME FOR MEDICAID}\}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
LOOP_05
 =======

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_13 - END_LP05 |

LOOP DEFINITION: LOOP_05 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY MEDICAID. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICAID
- PERSON IS FLAGGED AS COVERED BY MEDICAID DURING THE CURRENT ROUND (I.E., SELECTED IN HX11)

BOX_13
======

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP05

END_LP05
 =======

CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_14
BOX_14
======

| IF CHAMPUS/CHAMPVA PROVIDED TO ANY RU MEMBER          |
| DURING THE PREVIOUS ROUND, GO TO BOX_16               |
-------------------------------------------------------

| OTHERWISE, CONTINUE WITH HX12                         |
-------------------------------------------------------

HX12
====

{STR-DT}

{During the last interview, we recorded that no one in the family was covered by CHAMPUS, TRICARE or CHAMPVA.}

At any time since (START DATE), has anyone in the family been covered by CHAMPUS, TRICARE or CHAMPVA?

YES .................................... 1
NO ..................................... 2 {BOX_16}
REF ..................................... -7 {BOX_16}
DK ..................................... -8 {BOX_16}

PRESS F1 FOR DEFINITION OF CHAMPUS/CHAMPVA.

-------------------------------------------------------
| DISPLAY FIRST PARAGRAPH ('During .... CHAMPVA.')       |
| IF NOT ROUND 1. OTHERWISE, USE A NULL DISPLAY.        |
-------------------------------------------------------

-------------------------------------------------------
| IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT       |
| PERSON AT HX13 AUTOMATICALLY BY CAPI AND GO TO        |
| LOOP_06                                              |
-------------------------------------------------------

-------------------------------------------------------
| IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE      |
| WITH HX13                                             |
-------------------------------------------------------

26-26
Who is covered by CHAMPUS, TRICARE or CHAMPVA?

PROBE: Who else is covered by CHAMPUS, TRICARE or CHAMPVA?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
BOX_15
========

<table>
<thead>
<tr>
<th>ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.</th>
</tr>
</thead>
</table>

END_LP06
========

<table>
<thead>
<tr>
<th>CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_16</th>
</tr>
</thead>
</table>

BOX_16
========

<table>
<thead>
<tr>
<th>IF MEDICAID IS A SOURCE OF INSURANCE FOR ANY RU MEMBER DURING CURRENT ROUND, GO TO BOX_19</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH BOX_17</th>
</tr>
</thead>
</table>
BOX_17
========

| IF GOVT-HOSPITAL/PHYSICIAN PROVIDED TO ANY RU MEMBER DURING THE PREVIOUS ROUND, GO TO BOX_19 |
| OTHERWISE, CONTINUE WITH HX14 |

---------------------------------------------
{STR-DT}
(During the last interview, we recorded that no one in the family was covered by any other state sponsored program which provided hospital and physician benefits.)

At any time since (START DATE), has anyone in the family had any type of health insurance obtained through any state or local government agency which provided hospital and physician benefits?

YES .................................... 1
NO .......................................... 2 {BOX_19}
REF ................................. -7 {BOX_19}
DK ................................. -8 {BOX_19}

PRESS F1 FOR DESCRIPTION OF INSURANCE TYPES TO INCLUDE.

--------------------------------------------------------------------------
| DISPLAY FIRST PARAGRAPH ('During .... benefits.') | | IF NOT ROUND 1. OTHERWISE, USE A NULL DISPLAY. |
--------------------------------------------------------------------------

--------------------------------------------------------------------------
| IF HX14 IS CODED '1' (YES) AND SINGLE-PERSON RU, | | SELECT PERSON AT HX15 AUTOMATICALLY BY CAPI AND | | GO TO LOOP_07 |
--------------------------------------------------------------------------

--------------------------------------------------------------------------
| IF HX14 IS CODED '1' (YES) AND MULTI-PERSON RU, | | CONTINUE WITH HX15 |
--------------------------------------------------------------------------

--------------------------------------------------------------------------
| NOTE: 'GOVT-HOSPITAL/PHYSICIAN' SHOULD BE USED | | FOR THE ESTABLISHMENT NAME IN THE CONTEXT HEADER | | (WHERE APPROPRIATE). |
--------------------------------------------------------------------------
Who is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?

PROBE: Who else is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
MEPS FAMES Panel 1 Round 3 Health Insurance (HX) Section
January 31, 1997

BOX_18
======

----------------------------------------------------
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION   |
| FOR THIS PERSON.                                  |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH    |
| END_LP07                                          |
----------------------------------------------------

END_LP07
========

----------------------------------------------------
| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-       |
| PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS      |
| STATED IN THE LOOP DEFINITION.                    |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS,      |
| END LOOP_07 AND CONTINUE WITH BOX_19              |
----------------------------------------------------

BOX_19
======

----------------------------------------------------
| IF ANY TYPE OF OTHER PUBLIC INSURANCE PROVIDED TO  |
| ANY RU MEMBER AT ANY TIME DURING THE PREVIOUS     |
| ROUND, GO TO HX21                                 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH HX16                     |
----------------------------------------------------
During the last interview, we recorded that no one in the family/Some people} receive(d) health benefits from other state programs {such as (READ PROGRAM NAMES BELOW) or other public programs} that provide coverage for health care services.

STATE NAME FOR PROGRAM #1..................
STATE NAME FOR PROGRAM #2..................
STATE NAME FOR PROGRAM #3..................

At any time since (START DATE), has anyone in the family been covered by any program like this?

YES .................................... 1
NO ..................................... 2 {HX21}
REF ................................... -7 {HX21}
DK .................................... -8 {HX21}

PRESS F1 FOR A LIST OF OTHER STATE PROGRAMS.
<table>
<thead>
<tr>
<th>STATE</th>
<th>OTHER PUBLIC PROGRAM(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td>Hypertension Program</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>Teen Prenatal Express Program (TPE)</td>
</tr>
<tr>
<td>ARKANSAS</td>
<td>Arkansas Kidney Disease Commission</td>
</tr>
<tr>
<td>CALIFORNIA</td>
<td>AIDS Drug Assistance Program (ADAP)</td>
</tr>
<tr>
<td></td>
<td>HIV Children Program</td>
</tr>
<tr>
<td>COLORADO</td>
<td>Colorado Child Health Plan</td>
</tr>
<tr>
<td></td>
<td>Assistance for AIDS Specific Drugs (AASD)</td>
</tr>
<tr>
<td>CONNECTICUT</td>
<td>ConnPACE</td>
</tr>
<tr>
<td></td>
<td>Connecticut AIDS Drug Assistance Progam (CADAP)</td>
</tr>
<tr>
<td>DISTRICT OF COLUMBIA</td>
<td>Medical Charities Plan</td>
</tr>
<tr>
<td>FLORIDA</td>
<td>Florida Statewide Kidney Disease Program</td>
</tr>
<tr>
<td>GEORGIA</td>
<td>AIDS Drug Assistance Program</td>
</tr>
<tr>
<td>HAWAII</td>
<td>Hawaii Chronic Renal Disease Program</td>
</tr>
<tr>
<td></td>
<td>HIV Drug Assistance Program</td>
</tr>
<tr>
<td>IDAHO</td>
<td>Catastrophic Fund</td>
</tr>
<tr>
<td>ILLINOIS</td>
<td>Circuit Breaker Pharmaceutical Assistance Program</td>
</tr>
<tr>
<td>INDIANA</td>
<td>Indiana State Department of Health-Renal Program</td>
</tr>
<tr>
<td>IOWA</td>
<td>Caring Program for Children</td>
</tr>
<tr>
<td></td>
<td>Chronic Renal Disease Program</td>
</tr>
<tr>
<td>KENTUCKY</td>
<td>Kentucky AIDS Drug Assistance Progam (KADAP)</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>HIV Formulary</td>
</tr>
<tr>
<td>MAINE</td>
<td>Elderly Low Cost Drug Program</td>
</tr>
<tr>
<td></td>
<td>Maine AIDS Drug Assistance Program (ADAP)</td>
</tr>
<tr>
<td>MARYLAND</td>
<td>Kidney Disease Program</td>
</tr>
<tr>
<td></td>
<td>Maryland Pharmacy Assistance Program (MPAP)</td>
</tr>
<tr>
<td></td>
<td>Maryland State Family Planning Program</td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td>CenterCare Program</td>
</tr>
<tr>
<td></td>
<td>Children’s Medical Security Plan</td>
</tr>
<tr>
<td></td>
<td>Healthy Start</td>
</tr>
<tr>
<td>MICHIGAN</td>
<td>Caring Program for Children</td>
</tr>
<tr>
<td></td>
<td>Non-Medicaid MICH-Care Program</td>
</tr>
<tr>
<td>MISSOURI</td>
<td>Missouri Kidney Program (MoKP)</td>
</tr>
<tr>
<td>MONTANA</td>
<td>End-Stage Renal Disease Program</td>
</tr>
<tr>
<td>NEBRASKA</td>
<td>Chronic Renal Disease Program</td>
</tr>
<tr>
<td>NEW HAMPSHIRE</td>
<td>Catastrophic Illness Program</td>
</tr>
<tr>
<td>STATE</td>
<td>OTHER PUBLIC PROGRAM(S)</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>NEW JERSEY</td>
<td>Pharmaceutical Assistance for the Aged and Disabled (PAAD)</td>
</tr>
<tr>
<td></td>
<td>Chronic Renal Disease Services</td>
</tr>
<tr>
<td>NEW MEXICO</td>
<td>Home Delivery Drug Program</td>
</tr>
<tr>
<td>NEW YORK</td>
<td>Child Health Plus (CHP)</td>
</tr>
<tr>
<td></td>
<td>Elderly Pharmaceutical Insurance Program (EPIC)</td>
</tr>
<tr>
<td>NORTH CAROLINA</td>
<td>State Kidney Program</td>
</tr>
<tr>
<td></td>
<td>HIV Medications Program</td>
</tr>
<tr>
<td></td>
<td>Caring Program for Children</td>
</tr>
<tr>
<td>OHIO</td>
<td>Ohio Disability Assistance Medical Program</td>
</tr>
<tr>
<td></td>
<td>Ohio AIDS Drug Assistance Program (ADAP)</td>
</tr>
<tr>
<td>OKLAHOMA</td>
<td>HIV Drug Assistance Programs</td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td>Special Pharmaceutical Benefits Program (SPBP)</td>
</tr>
<tr>
<td></td>
<td>Pharmaceutical Assistance Contract for the Elderly (PACE)</td>
</tr>
<tr>
<td>RHODE ISLAND</td>
<td>Other Public Assistance (GPA)</td>
</tr>
<tr>
<td></td>
<td>Medical Program</td>
</tr>
<tr>
<td></td>
<td>Rhode Island Pharmaceutical Assistance for the Elderly (RIPAE)</td>
</tr>
<tr>
<td>TENNESSEE</td>
<td>Tennessee Renal Disease Program</td>
</tr>
<tr>
<td>TEXAS</td>
<td>Division of Kidney Health Care</td>
</tr>
<tr>
<td></td>
<td>AIDS/STD Medication Program</td>
</tr>
<tr>
<td>UTAH</td>
<td>HIV/AIDS Drug Therapy Program</td>
</tr>
<tr>
<td>VERMONT</td>
<td>General Assistance Medical Program</td>
</tr>
<tr>
<td></td>
<td>Vscript Pharmaceutical Program</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td>Washington State Kidney Disease Program</td>
</tr>
<tr>
<td>WEST VIRGINIA</td>
<td>Special Pharmacy Program</td>
</tr>
<tr>
<td>WYOMING</td>
<td>Minimum Medical Medical Program (MMP)</td>
</tr>
</tbody>
</table>
LOOP_08
======

FOR EACH OF THE FOLLOWING:

GROUP 1
GROUP 2

ASK BOX_20-END_LP08

LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION ON OTHER STATE OR PUBLIC PROGRAMS. THE FIRST CYCLE OF THIS LOOP COLLECTS GROUP 1 OTHER PUBLIC INSURANCE PROGRAMS OR, IF NO GROUP 1, GROUP 2 OTHER PUBLIC INSURANCE PROGRAMS.

THIS LOOP CAN CYCLE A MAXIMUM OF TWICE. THE SUBSEQUENT CYCLE OF THE LOOP IS DETERMINED BY THE RESPONSE AT HX20. IF HX20 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT GROUP 2 PUBLIC INSURANCE INFORMATION. IF HX20 IS CODED '2' (NO), '-7' (REFUSED), '-8' (DON'T KNOW), OR IS NOT ASKED, THE LOOP ENDS.

BOX_20
======

IF FIRST CYCLE OF LOOP_08, CONTINUE WITH HX17

OTHERWISE (I.E., IF SECOND CYCLE OF LOOP_08), GO TO HX18
HX17
====

{STR-DT}

What is the name of the program?

PROBE: Any other state program?

NOTE: IF ONLY AFDC, SSI, WIC, IHS, PUBLIC HEALTH CLINIC, OR VA IS MENTIONED, CODE 95.

{STATE SPECIFIC PLAN 1} ................ 1
{STATE SPECIFIC PLAN 2} ................ 2
{STATE SPECIFIC PLAN 3} ................ 3
{STATE SPECIFIC PLAN 4} ................. 4
{STATE SPECIFIC PLAN 5} ................ 5
{STATE SPECIFIC PLAN 6} ................ 6
OTHER .................................. 91
NONE OF THESE .......................... 95
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

------------------------------------------------------------------------------------------------------------------
| FOR 'STATE SPECIFIC PLAN N', DISPLAY AN ACTUAL NAME OF A STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A STATE | |
| THAT HAS OTHER STATE PROGRAMS THAT IS, A STATE OTHER THAN ONE OF THE FOLLOWING: |
| ALASKA       MISSISSIPPI        SOUTH CAROLINA |
| DELAWARE     NEVADA             SOUTH DAKOTA   |
| KANSAS       NORTH DAKOTA       VIRGINIA      |
| MINNESOTA    OREGON             WISCONSIN     |
| FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE, SEE BOX ON HX16. |
| USE A NULL DISPLAY WHEN INTERVIEW IS BEING CONDUCTED IN ONE OF THE STATES LISTED ABOVE. |
------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------
| ANY PROGRAM SELECTED IN HX17 IS CONSIDERED A GROUP 1 PROGRAM AND WILL BE GROUPED TOGETHER WHEN ASKED ABOUT IN HX19. |
------------------------------------------------------------------------------------------------------------------

26-37
CODES '1', '2', '3', '4', '5', AND '6' ARE RESERVED FOR STATE SPECIFIC PLANS. IF THE STATE HAS LESS THAN 6 PLANS, DO NOT ADJUST THE OTHER CODES. (I.E., FOR A STATE WITH NO STATE-SPECIFIC PLANS, CODES WOULD START WITH '91' AT HX17 OR '7' AT HX18.)

EDIT: CODE '95' (NONE OF THESE) CANNOT BE ENTERED WITH ANY OTHER CODES. IF CODED '95' (NONE OF THESE) WITH ANY OTHER CODES, DISPLAY THE FOLLOWING MESSAGE: '95 CANNOT BE CODED WITH ANY OTHER RESPONSES. VERIFY AND RE-ENTER. PRESS ENTER TO CONTINUE.'

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX17OV

IF CODED '95' (NONE OF THESE), GO TO HX18

 OTHERWISE, GO TO BOX_21

HX17OV
======

ENTER OTHER:

[Enter Other Specify] ................. {BOX_21}
REF .................................. -7 {BOX_21}
DK .................................... -8 {BOX_21}
What is the name of the program?

PROBE: Any other state program?

AFDC (AID TO FAMILIES WITH DEPENDENT CHILDREN) ......................... 7
SSI (SUPPLEMENTAL SECURITY INCOME) ........ 8
WIC (WOMEN, INFANTS AND CHILDREN) ...... 9
IHS (INDIAN HEALTH SERVICE) ............ 10
PUBLIC HEALTH CLINIC ................. 11
VA (VETERANS ADMINISTRATION) .......... 12
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

---
| ANY PROGRAM SELECTED IN HX18 IS CONSIDERED A GROUP 2 PROGRAM AND WILL BE GROUPED TOGETHER WHEN ASKED ABOUT IN HX19 |
---

---
| IF: |
| NO CURRENT RU MEMBER COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING CURRENT ROUND |
| AND |
| HX18 IS CODED '7' (AFDC), '8' (SSI), OR '9' (WIC), ALONE OR WITH ANY OTHER COMBINATION OF CODES, CONTINUE WITH BOX_21 |
---

---
| OTHERWISE, GO TO END_LP08 |
---
BOX_21
=====

---------------
| IF SINGLE-PERSON RU, SELECT PERSON AT HX19 |
| AUTOMATICALLY BY CAPI AND GO TO LOOP_09    |
---------------

---------------
| IF MULTI-PERSON RU, CONTINUE WITH HX19     |
---------------

HX19
=====

{STR-DT}

PROGRAM:
{STATE PROGRAM PROVIDING COVERAGE}  
{STATE PROGRAM PROVIDING COVERAGE}  
{STATE PROGRAM PROVIDING COVERAGE}  
{STATE PROGRAM PROVIDING COVERAGE}  
{STATE PROGRAM PROVIDING COVERAGE}  
{STATE PROGRAM PROVIDING COVERAGE}  

Who is covered by (READ PROGRAMS ABOVE)?

PROBE:  Who else is covered by (READ PROGRAMS ABOVE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

---------------
| IF COMING FROM HX17, DISPLAY ALL PROGRAMS SELECTED AT HX17. IF COMING FROM HX18, DISPLAY ALL PROGRAMS SELECTED AT HX18. |
---------------

---------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER. |
---------------

26-40
LOOP_09
======

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS LIST, ASK BOX_22-END_LP09

LOOP DEFINITION: LOOP_09 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY OTHER PUBLIC PROGRAMS. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER PUBLIC PROGRAM
- PERSON IS FLAGGED AS BEING COVERED BY GROUP 1 OR GROUP 2 OTHER PUBLIC PROGRAM DURING THE CURRENT ROUND (I.E., SELECTED IN HX19)

IF FIRST TIME THROUGH LOOP_08 AND HX17 IS NOT CODED '95' (NONE OF THESE), THIS LOOP CYCLES ON A GROUP 1 OTHER PUBLIC PROGRAM.

IF HX17 IS CODED '95' (NONE OF THESE) OR IF SECOND CYCLE OF LOOP_08, THEN THE ESTABLISHMENT IS A GROUP 2 OTHER PUBLIC PROGRAM.

BOX_22
======

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP09
END_LP09
========

---------
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT- |
| PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION. |
---------

---------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |
| END LOOP_09 AND CONTINUE WITH BOX_23 |
---------

BOX_23
=====

---------
| IF HX17 IS CODED '95' (NONE OF THESE) OR IF ON |
| SECOND CYCLE OF LOOP_08, GO TO END_LP08 |
---------

---------
| OTHERWISE, CONTINUE WITH HX20 |
---------

HX20
====

(STR-DT)

Are there any other state programs that provide coverage for health care services to anyone else in the family?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
END_LP08

HX20

| IF HX20 IS CODED '1' (YES), CYCLE TO COLLECT GROUP| 2 PUBLIC INSURANCE INFORMATION. |

HX21

| IF HX20 IS CODED '2' (NO), '-7' (REFUSED), '-8' (DON'T KNOW), OR IS NOT ASKED, END LOOP_08 AND CONTINUE WITH HX21 |

(STR-DT)

Next, I have some questions about other sources of health insurance anyone in the family may have had since (START DATE) to help pay hospital and doctor bills and other health expenses such as nursing home care or prescribed medicines. (This includes Medigap or Medicare Supplements, plans through a private insurance carrier, which some people who are eligible for Medicare have as additional coverage.)

PRESS ENTER TO CONTINUE.

| DISPLAY 'This includes...coverage.' IF ANYONE IN RU HAS MEDICARE AS A SOURCE OF INSURANCE DURING THE CURRENT ROUND. |
SHOW CARD HX-4.

Please look at this card. It lists various ways people can obtain insurance.

(Not counting insurance you already told me about, at/At) any time since (START DATE), was anyone in the family covered by health insurance from any (other) source, such as those listed on the card?

YES .................................... 1
NO ..................................... 2 {BOX_25}
REF ................................... -7 {BOX_25}
DK .................................... -8 {BOX_25}

PRESS F1 FOR DEFINITIONS OF ITEMS ON SHOW CARD.

----------------------------------------------------
| DISPLAY ‘Not counting insurance you already told me about, at’ AND ‘other’ IF ANY SOURCES OF INSURANCE ARE RECORDED FOR THIS RU. |
| IF NO SOURCES OF INSURANCE ARE RECORDED FOR THIS RU, DISPLAY ‘At’. |
----------------------------------------------------

-----------------------------------------------
| NOTE: IN ROUNDS 1 AND 2, QUESTION WAS WORDED, |
| “{Not counting insurance you already told me |
| about, at/At} any time since (START DATE), was |
| anyone in the family covered by health insurance |
| from any (other) source, such as a type listed on |
| this card?” |
-----------------------------------------------
LOOP_10

----------------------------------------------------
| FOR EACH OF THE FOLLOWING:                        |
|                                                    |
| PRIVATELY PURCHASED INSURANCE CATEGORY 1           |
| PRIVATELY PURCHASED INSURANCE CATEGORY 2           |
| PRIVATELY PURCHASED INSURANCE CATEGORY 3           |
| PRIVATELY PURCHASED INSURANCE CATEGORY 4           |
| PRIVATELY PURCHASED INSURANCE CATEGORY 5           |
| PRIVATELY PURCHASED INSURANCE CATEGORY 6           |
|                                                    |
| ASK HX23 - END_LP10                                |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_10 COLLECTS INFORMATION      |
| ABOUT PRIVATELY PURCHASED HEALTH INSURANCE NOT     |
| OBTAINED THROUGH AN EMPLOYER. THIS LOOP CYCLES ON   |
| SOURCES OF PRIVATELY PURCHASED INSURANCE LISTED    |
| AT HX23. THE FIRST CYCLE OF THIS LOOP COLLECTS     |
| THE FIRST SOURCE OF PRIVATELY PURCHASED INSURANCE. |
| SUBSEQUENT CYCLES OF THE LOOP ARE DETERMINED BY     |
| THE RESPONSE AT HX24. IF HX24 IS CODED '1'         |
| (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT    |
| SOURCE OF PRIVATELY PURCHASED INSURANCE. IF HX24    |
| IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS. |
SHOW CARD HX-4.

From which of the sources on this card did anyone in the family purchase health insurance?

- FROM A GROUP OR ASSOCIATION ........... 1 {BOX_24}
- FROM A HEALTH INSURANCE PURCHASING ALLIANCE ...................... 2 {BOX_24}
- DIRECTLY THROUGH A SCHOOL ................ 3 {BOX_24}
- DIRECTLY FROM AN INSURANCE AGENT ....... 4 {BOX_24}
- DIRECTLY FROM INSURANCE COMPANY ...... 5 {BOX_24}
- DIRECTLY FROM AN HMO .................... 6 {BOX_24}
- FROM A UNION ............................ 7 {BOX_24}
- FROM ANYONE’S PREVIOUS EMPLOYER (COBRA) 8 {BOX_24}
- FROM ANYONE’S PREVIOUS EMPLOYER (NOT COBRA) 9 {BOX_24}
- FROM SPOUSE’S/DECEASED SPOUSE’S PREVIOUS EMPLOYER ............ 10 {BOX_24}
- FROM SOME OTHER EMPLOYER .............. 11 {BOX_24}
- UNDER PLAN OF SOMEONE NOT LIVING HERE 12 {BOX_24}
- OTHER SOURCE .......................... 91
- REF .................................... -7 {BOX_24}
- DK ..................................... -8 {BOX_24}

[Code One.]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

[Enter Other Specify] ..............
REF .................................... -7
DK ..................................... -8
BOX_24
 =====

--- ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION ---
| FOR THE RESPONSE CATEGORY SELECTED AT HX23 AND |
| FLAGGED THIS ROUND AS PROVIDING HEALTH INSURANCE. |
---

--- AT COMPLETION OF THE HP SECTION, CONTINUE WITH |
| HX24                                           |
---

HX24
=====
{STR-DT}

SHOW CARD HX-4.

Aside from what you already told me about, at any time since (START DATE), was anyone in the family covered by health insurance from any other source listed on this card?

PROBE: Please include any type of health insurance anyone in the family is covered by which has not been discussed yet. This includes health insurance that was obtained from a source not listed on this card.

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF ITEMS ON SHOW CARD.

END_LP10
======

--- IF HX24 IS CODED '1' (YES), CYCLE TO COLLECT THE |
| NEXT INSURANCE CATEGORY.                        |
---

--- OTHERWISE END LOOP_10, AND CONTINUE WITH BOX_25 |
---
BOX_25

| IF NO PUBLIC OR PRIVATE INSURANCE RECORDED FOR ANY CURRENT RU MEMBER, GO TO BOX_45 |
| OTHERWise, CONTINUE WITH BOX_26 |

BOX_26

| IF ANY RU MEMBER HAS MEDICARE AS A SOURCE OF INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH BOX_27 |
| OTHERWISE, GO TO BOX_29 |

BOX_27

| IF ROUND 1, GO TO LOOP_11 |
| OTHERWISE, CONTINUE WITH BOX_28 |
BOX_28
======

---

| IF NOT ROUND 1, CONTINUE WITH LOOP_11 ONLY FOR RU |
| MEMBERS WHERE MEDICARE WAS RECORDED AS BEING |
| RECEIVED THIS ROUND. THAT IS, CONTINUE WITH |
| LOOP_11 ONLY IF THERE IS AT LEAST ONE |
| ESTABLISHMENT-PERSON-PAIR WHERE THE ESTABLISHMENT |
| IS MEDICARE AND THE PAIR WAS CREATED THIS ROUND. |

---

| OTHERWISE, GO TO BOX_29 |

---

LOOP_11
======

---

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER, ASK HX25-END_LP11 |

---

| LOOP DEFINITION: LOOP_11 COLLECTS MEDICARE CARD |
| AND MANAGED CARE INFORMATION FOR RU MEMBERS |
| COVERED BY MEDICARE. THIS LOOP CYCLES ON |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING|
| CONDITIONS: |
| IF ROUND 1: |
| - ESTABLISHMENT IS MEDICARE |
| AND |
| - PERSON IS AN RU MEMBER FLAGGED AS COVERED BY |
|   MEDICARE DURING THE ROUND |
| IF NOT ROUND 1: |
| - ESTABLISHMENT IS MEDICARE |
| AND |
| - PERSON IS AN RU MEMBER |
| AND |
| - ESTABLISHMENT-PERSON-PAIR WAS CREATED THIS ROUND|
In this study, we are asking the participants for their Medicare numbers, so that their Medicare records can be easily and accurately located and identified for statistical research purposes. Under Section 903(c) of the Public Health Service Act, providing us with the number is a voluntary decision and the benefits (PERSON) may be receiving under this program will not be affected by your decision. This study is being conducted under the authority of Section 902(a) of the Public Health Service Act.

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see (PERSON)'s Medicare card?

CARD AVAILABLE .......................... 1
CARD NOT AVAILABLE ...................... 2 {HX29}
REF ...................................... -7 {HX29}
DK ........................................ -8 {HX29}

[Code One]
HX26
====

(PERSON'S FIRST MIDDLE AND LAST NAME)

INTERVIEWER:
CODE MEDICARE CARD(S) SHOWN/AVAILABLE.

MEDICARE CARD (RED, WHITE AND BLUE) .... 1
RAILROAD RETIREMENT BOARD CARD (RED,
WHITE AND BLUE) ......................... 2
SOME OTHER CARD ........................ 3

[Code All That Apply]

----------------------------------------------------
| NOTE: INTERVIEWERS WILL BE TRAINED TO CODE ANY   |
| TYPE OF MANAGED CARE CARD COLLECTED HERE AS SOME  |
| OTHER CARD. THE NAME OF THE MANAGED CARE ORGANIZATION WILL BE COLLECTED AT HX28. |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (MEDICARE CARD) OR '2' (RAILROAD RETIREMENT BOARD CARD), CONTINUE WITH HX27 |
----------------------------------------------------

----------------------------------------------------
| IF CODED '3' (SOME OTHER CARD) ONLY, GO TO HX28   |
----------------------------------------------------
HX27
====

(PERSON'S FIRST MIDDLE AND LAST NAME)

INTERVIEWER:

RECORD THE FOLLOWING INFORMATION FROM THE CARD:

{MEDICARE} CLAIM NUMBER:
    [Enter Large Number] .................
    REF .................................. -7
    DK .................................. -8

EFFECTIVE DATE:
    [Enter Month, Day, Year-2]

TYPE OF COVERAGE (IS ENTITLED TO):
    HOSPITAL ONLY ......................... 1
    MEDICAL AND HOSPITAL .................. 2
    MEDICAL ONLY ......................... 3

[Code One]

| DISPLAY 'MEDICARE' IF HX26 IS CODED '1' (MEDICARE |
| CARD).

| CHECK EFFECTIVE DATE. DATE MUST BE ON OR BEFORE  |
| (I.E., < OR =) THE INTERVIEW DATE. IF EFFECTIVE |
| DATE IS ON OR BEFORE JANUARY 1, 1996, FLAG RU |
| MEMBER AS 'WITH HEALTH INSURANCE COVERAGE ON |
| JAN 1, 1996'.

| SOFT RANGE CHECK: MEDICARE EFFECTIVE DATE MUST |
| BE = OR > BIRTH DATE OF PERSON.

| IF HX26 IS CODED '3' (SOME OTHER CARD), CONTINUE |
| WITH HX28

| OTHERWISE, GO TO BOX_28A

26-52
HX28
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER:

RECORD THE INFORMATION FROM THE {OTHER} CARD:

[Enter Text]

----------------------------------------------------
| DISPLAY ‘OTHER’ IF HX26 IS CODED ‘1’ (MEDICARE |    |
| CARD) OR ‘2’ (RAILROAD RETIREMENT BOARD CARD). |    |
|----------------------------------------------------

----------------------------------------------------
| IF HX26 IS CODED ‘3’ (SOME OTHER CARD) ONLY,     |
| CONTINUE WITH HX29                               |
|----------------------------------------------------

----------------------------------------------------
| IF HX26 IS CODED ‘1’ (MEDICARE CARD) OR ‘2’      |
| (RAILROAD RETIREMENT BOARD CARD) (IN ADDITION TO  |
| ‘3’ (SOME OTHER CARD)), GO TO BOX_28A             |
|----------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)

When did (PERSON)'s Medicare coverage start?

[Enter Month,Year-2] ..................   {HX30}
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| DATE MUST BE ON OR BEFORE (I.E., < OR =) INTERVIEW |
| DATE. '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE      |
| ALLOWED ON THE MONTH AND YEAR FIELDS.               |
----------------------------------------------------

----------------------------------------------------
| IF EFFECTIVE DATE IS ON OR BEFORE JANUARY 1, 1996, |
| FLAG RU MEMBER AS 'WITH HEALTH INSURANCE COVERAGE |
| ON JAN 1, 1996'.                                  |
----------------------------------------------------

----------------------------------------------------
| SOFT RANGE CHECK: MEDICARE EFFECTIVE DATE MUST     |
| BE = OR > BIRTH DATE OF PERSON.                    |
----------------------------------------------------

HX29OV

Did (PERSON) have Medicare coverage on January 1, 1996?

YES ................................... 1
NO ..................................... 2
REF .................................... -7
DK .................................... -8

----------------------------------------------------
| IF HX29OV CODED '1' (YES), FLAG PERSON AS 'WITH   |
| HEALTH INSURANCE COVERAGE ON JAN 1, 1996'.         |
----------------------------------------------------
HX30
====

(PERSON’S FIRST MIDDLE AND LAST NAME)

SHOW CARD HX-2.

(Do/Does) (PERSON) have a Medicare card that looks like this?

YES .................................... 1
NO ..................................... 2
REF .................................... -7
DK .................................... -8

BOX_28A
=====

NOTE: STATES THAT DO NOT OFFER MEDICARE MANAGED CARE PLANS INCLUDE THE FOLLOWING:

- ALASKA
- MISSISSIPPI
- WYOMING
- DELAWARE
- MONTANA
- IDAHO
- NEW HAMPSHIRE
- MAINE
- SOUTH DAKOTA

---------------------------------------------------------------------

NOTE: IN ROUNDS 1 AND 2, ARKANSAS, SOUTH CAROLINA AND TENNESSEE DID NOT OFFER MEDICARE MANAGED CARE PLANS.

---------------------------------------------------------------------

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE HX31 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO HX32

---------------------------------------------------------------------

OTHERWISE, CONTINUE WITH HX31

---------------------------------------------------------------------
SHOW CARD HX-5.

Some people on Medicare can enroll in plans called Medicare HMOs. These plans have names like those listed on this card.

Is the name of (PERSON)’s insurance through Medicare listed on this card?

YES .................................... 1 {HX32}
NO ..................................... 2 {HX32}
REF ................................... -7 {HX32}
DK .................................... -8 {HX32}
Which insurance plan is (PERSON)’s Medicare insurance?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] .........

---
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY |
| THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN |
| SELECTED: {DISPLAY PLAN NAME SELECTED}.’ WHEN |
| INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, |
| PROCEED TO THE NEXT LOGICAL SCREEN. |
| |
| FOR ‘DISPLAY PLAN NAME SELECTED’, DISPLAY THE |
| ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER |
| ENTERED FOR THIS STATE. |
| |
---

---
| FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S |
| MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON- |
| PAIR. |
---

---
| IF ROUND 1, GO TO HX34 |
---

---
| OTHERWISE, GO TO END_LP11 |
---
(PERSON’S FIRST MIDDLE AND LAST NAME)

Now I will ask you a question about how (PERSON)’s Medicare works for non-emergency care. (When answering this question, please include only insurance from Medicare, not any privately purchased insurance.)

(Are/Is) (PERSON) signed up with an HMO, that is a Health Maintenance Organization? With an HMO, you generally receive care from HMO physicians.

YES .................................... 1 {HX33}
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF HMO.

HX32A
=====

(PERSON’S FIRST MIDDLE AND LAST NAME)

Does Medicare require (PERSON) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

YES .................................... 1
NO ..................................... 2 {END_LP11}
REF ..................................... -7 {END_LP11}
DK ..................................... -8 {END_LP11}

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

-------------------------------------------------------------------
| IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE |
| CURRENT ROUND FOR MEDICARE FOR THIS ESTABLISHMENT-PERSON-PAIR. |
-------------------------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)

What is the name of the (PERSON)’s Medicare {HMO/health insurance}?  

[Enter Plan Name] ....................
REF ..................................... -7
DK ...................................... -8

| DISPLAY 'HMO' IF HX32 IS CODED '1' (YES). DISPLAY |
| 'HEALTH INSURANCE' IF HX32A IS CODED '1' (YES). |

| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND’S |
| MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON- |
| PAIR.                                          |

| IF ROUND 1, CONTINUE WITH HX34                 |
|                                               |

| OTHERWISE, GO TO END_LP11                     |
|                                               |

---------
Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, (do/does) (PERSON) (or anyone in the family) pay anything directly to (PLAN NAME) for this coverage?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES .................................... 1
NO ..................................... 2 {END_LP11}
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/CO-payment/COINSURANCE/DEDUCTIBLE.

| DISPLAY '{PLAN NAME ENTERED AT HX31OV}’ IF A PLAN LETTER WAS ENTERED AT HX31OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX31OV FOR THIS STATE. |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR ‘NAME OF PLAN FROM HX33’ IF A PLAN NAME WAS ENTERED. |

--------------------
HX35
====

(PERSON'S FIRST MIDDLE AND LAST NAME)

PLAN NAME: {{PLAN NAME ENTERED AT HX31OV} / {NAME OF PLAN FROM HX33}}

How much (do/does) (PERSON) pay for the (PLAN NAME) coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

-----------------------------------
| DISPLAY '{PLAN NAME ENTERED AT HX31OV}' IF A PLAN |
| LETTER WAS ENTERED AT HX31OV. DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
| AT HX31OV FOR THIS STATE.                   |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |
| 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS |
| ENTERED.                                    |
-----------------------------------

HX35OV1
========

ENTER UNIT OF COVERAGE:

PER YEAR ......................... 1 {END_LP11}
QUARTERLY/EVERY 3 MONTHS .......... 2 {END_LP11}
BIMONTHLY/EVERY 2 MONTHS .......... 3 {END_LP11}
PER MONTH .......................... 4 {END_LP11}
PER WEEK ............................ 5 {END_LP11}
BIWEEKLY/EVERY 2 WEEKS .......... 6 {END_LP11}
SEMI-ANNUALLY/2 TIMES PER YEAR ... 7 {END_LP11}
SEMI-MONTHLY/2 TIMES PER MONTH ... 8 {END_LP11}
OTHER .............................. 91
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

[Code One]
ENTER OTHER:

[Enter Other Specify] .................
REF .................................. -7
DK ................................... -8

----------------------------------
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
| THE LOOP DEFINITION.                          |
----------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS,  |
| END LOOP_11 AND CONTINUE WITH BOX_29         |
----------------------------------

----------------------------------
| IF ANY RU MEMBER HAS MEDICAID OR GOVT-HOSPITAL/ |
| PHYSICIAN AS A SOURCE OF INSURANCE DURING THE  |
| CURRENT ROUND, CONTINUE WITH BOX_30           |
----------------------------------
| OTHERWISE, GO TO BOX_32                   |
----------------------------------
IF ROUND 1, CONTINUE WITH HX36

IF NOT ROUND 1 AND NO ONE IN THE RU WAS COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS ROUND AND AT LEAST ONE RU MEMBER IS COVERED BY MEDICAID DURING THE CURRENT ROUND OR NO ONE IN THE RU WAS COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS ROUND AND AT LEAST ONE RU MEMBER IS COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND, GO TO BOX_31AA

OTHERWISE, GO TO BOX_32

NOTE: SINCE AN RU CANNOT HAVE BOTH MEDICAID AND GOVT-HOSPITAL/PHYSICIAN, HX36-HX470V WILL BE ASKED ONLY ONCE; EITHER FOR A 'YES' TO HX10 (MEDICAID) OR A 'YES' TO HX14 (GOVT-HOSPITAL/PHYSICIAN).
HX36
=====

(CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see the {{Medicaid/{STATE NAME FOR MEDICAID}}} card or other document for anyone in this family covered under {this program/the program sponsored by a state or local government agency which provides hospital and physician benefits}?

CARD AVAILABLE ......................... 1
CARD NOT AVAILABLE ..................... 2
REF ................................... -7
DK .................................... -8

[Code One]

DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF ASKING ABOUT MEDICAID. IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, USE A NULL DISPLAY.
DISPLAY 'this program' IF ASKING ABOUT MEDICAID.
DISPLAY 'the program...benefits' IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

---

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

---

IF HX36 IS CODED '2' (CARD NOT AVAILABLE), '-7' (REFUSED), OR '-8' (DON’T KNOW) AND MEDICAID IS THE SOURCE, GO TO HX40

---

IF HX36 IS CODED '2' (CARD NOT AVAILABLE), '-7' (REFUSED), OR '-8' (DON’T KNOW) AND GOVT-HOSPITAL/PHYSICIAN IS THE SOURCE, GO TO BOX_31AA

---

26-64
| OTHERWISE (I.E., HX36 IS CODED '1' (CARD AVAILABLE)), CONTINUE WITH BOX_31 |

BOX_31

| IF STATE DOES NOT HAVE MEDICAID CARDS OR IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, CODE HX37 AS '2' (SOME OTHER CARD) AUTOMATICALLY BY CAPI AND GO TO HX39 |

| IF STATE DOES HAVE MEDICAID CARDS, CONTINUE WITH HX37 |

----------------------------------------------------

26-65
INTERVIEWER:

CODE {MEDICAID/{STATE NAME FOR MEDICAID}} CARD(S) SHOWN/AVAILABLE.

{MEDICAID/{STATE NAME FOR MEDICAID})
CARD ................................... 1
SOME OTHER CARD ....................... 2

[Code All That Apply]

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS | BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL | STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY |
| STATE, SEE BOX ON HX06. |

| NOTE: INTERVIEWERS WILL BE TRAINED TO CODE ANY |
| TYPE OF MANAGED CARE CARD COLLECTED HERE AS SOME |
| OTHER CARD. THE NAME OF THE MANAGED CARE |
| ORGANIZATION WILL BE COLLECTED AT HX39. |

| IF CODED '1' (MEDICAID CARD), CONTINUE WITH HX38 |

| IF CODED '2' (SOME OTHER CARD) ONLY, GO TO HX39 |
INTERVIEWER:

RECORD THE FOLLOWING INFORMATION FROM THE CARD:

PROGRAM NAME IS...

(MEDICAID/(STATE NAME FOR MEDICAID))........ 1 {HX38OV2}
OTHER ........................................ 91

[Code One]

----------------------------------------------------
| DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS | |
| BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY| |
| ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL | |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH | |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME| |
| ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY      | |
| STATE, SEE BOX ON HX06.                          | |
----------------------------------------------------

ENTER OTHER:

[Enter Other Specify]
HX38OV2
=======

DATE OF COVERAGE IS ...

CURRENT .............................. 1
EXPIRED ............................... 2
NOT SHOWN ON CARD ................. 3

[Code One]

| IF HX37 IS CODED '2' (SOME OTHER CARD), CONTINUE |
| WITH HX39                                      |

| OTHERWISE, GO TO BOX_31AA                     |
INTERVIEWER: RECORD THE INFORMATION FROM THE {OTHER} CARD:

IF INFORMATION IS NOT AVAILABLE, PRESS ENTER.

NAME: [Enter Name - 30]
INS CO/PROVIDER OF INS: [Enter Name - 30]
POLICY NUMBER: [Enter Policy number - 20]
PLAN NAME: [Enter Name - 30]
MEMBER ID NUMBER: [Enter ID Number - 20]
EFFECTIVE DATE: [Enter Month-2, Day-2, Year-2]
COMMENTS: [Enter Text - 40]

PRESS F1 FOR DEFINITIONS OF ENTRY FIELDS.

<table>
<thead>
<tr>
<th>DISPLAY 'OTHER' IF HX37 CODED '1' (MEDICAID CARD).</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF HX37 IS CODED '2' (SOME OTHER CARD) ONLY, AND</td>
</tr>
<tr>
<td>STATE HAS A MEDICAID CARD/DOCUMENT, CONTINUE WITH</td>
</tr>
<tr>
<td>HX40</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>IF HX37 IS CODED '1' (MEDICAID CARD) AND '2' (SOME</td>
</tr>
<tr>
<td>OTHER CARD) OR IF STATE DOES NOT HAVE A MEDICAID</td>
</tr>
<tr>
<td>CARD/DOCUMENT, OR IF ASKING ABOUT GOVT-HOSPITAL/</td>
</tr>
<tr>
<td>PHYSICIAN, GO TO BOX_31AA</td>
</tr>
</tbody>
</table>
SHOW CARD HX-3.

Does anyone in this family covered under Medicaid/{STATE NAME FOR MEDICAID} have a card or other document that looks like this?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

NOTE: STATES THAT DO NOT OFFER MEDICAID MANAGED CARE PLANS INCLUDE THE FOLLOWING:
- ALASKA
- LOUISIANA
- SOUTH DAKOTA
- ARKANSAS
- MISSISSIPPI
- WYOMING
- IDAHO
- NEW MEXICO
- KENTUCKY
- NORTH DAKOTA

NOTE: IN ROUNDS 1 AND 2, GEORGIA, MAINE, VERMONT AND WEST VIRGINIA DID NOT OFFER MEDICAID MANAGED CARE PLANS.
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED | DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, CODE | HX41 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO HX42 |

----------------------------------------------------

| OTHERWISE, CONTINUE WITH HX41 |

----------------------------------------------------

HX41
====

{STR-DT}

SHOW CARD HX-6.

{Some people on {Medicaid/{STATE NAME FOR MEDICAID}} can enroll in plans called HMOs. These plans have names like those listed on this card.}

Is the name of the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits} listed on this card?

YES .................................... 1
NO ..................................... 2 {HX42}
REF ................................... -7 {HX42}
DK .................................... -8 {HX42}

| DISPLAY 'Some people on...on this card.' IF ASKING ABOUT MEDICAID. OTHERWISE, USE A NULL DISPLAY. |

----------------------------------------------------

----------------------------------------------------

| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF ASKING ABOUT MEDICAID. |
| DISPLAY 'the program....benefits' IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN. |

----------------------------------------------------

----------------------------------------------------

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06. |

----------------------------------------------------

26-71
Which plan is the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}}}/that program)?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] .........

- DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF ASKING ABOUT MEDICAID.
- DISPLAY 'that program' IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

- DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

- FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S INSURER FOR MEDICAID OR GOVT-HOSPITAL/PHYSICIAN'.

- WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: 'PLEASE VERIFY PLAN SELECTED: (DISPLAY PLAN NAME SELECTED).’ WHEN INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

- FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.

- IF ASKING ABOUT MEDICAID, GO TO BOX_32

- OTHERWISE, GO TO HX45
Under \{{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits\} (are/is) (READ NAME(S) FROM BELOW) signed up with an HMO, that is a Health Maintenance Organization?

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES, ALL ARE ........................... 1 {HX44}
YES, SOME ARE .......................... 2 {HX44}
NO, NONE ARE ........................... 3
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HMO.
Does {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits} require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES, ALL REQUIRED ...................... 1
YES, SOME REQUIRED ..................... 2
NO, NONE REQUIRED ...................... 3
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY |
| STATE, SEE BOX ON HX06. |

| ROSTER DEFINITION: THIS ROSTER DISPLAYS ITEMS IN |
| THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEET |
| THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS MEDICAID OR GOVT-HOSPITAL/ |
| PHYSICIAN |
| AND |
| - PERSON IS AN RU MEMBER FLAGGED AS COVERED |
| BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING |
| THE CURRENT ROUND |

| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW), THERE IS NO INSURER |
| ASSOCIATED WITH THE CURRENT ROUND FOR MEDICAID/ |
| GOVT-HOSPITAL/PHYSICIAN. |

| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW) AND IF ASKING ABOUT MEDICAID, |
| GO TO BOX_32 |

| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW) AND ASKING ABOUT GOVT- |
| HOSPITAL/PHYSICIAN, GO TO HX45 |

| OTHERWISE, (I.E., IF CODED ‘1’ (YES, ALL REQUIRED) |
| OR ‘2’ (YES, SOME REQUIRED)), CONTINUE WITH HX44 |

| NOTE: ASKING PREMIUM QUESTIONS FOR NON-MANAGED |
| CARE GOVT-HOSPITAL/PHYSICIAN INSURANCE IS NEW FOR |
| ROUND 2. |

26-75
HX44
=====

(STR-DT)

What is the name of the {{Medicaid/{STATE NAME FOR MEDICAID}}}
{HMO/health insurance} {from the program sponsored by a
state or local government agency which provides hospital and
physician benefits)?

[Enter Plan Name] ....................
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF |
| ASKING ABOUT MEDICAID. IF ASKING ABOUT GOVT- |
| HOSPITAL/PHYSICIAN, USE A NULL DISPLAY. |
| DISPLAY 'from the....benefits’ IF ASKING ABOUT |
| GOVT-HOSPITAL/PHYSICIAN. IF ASKING ABOUT MEDICAID,|
| USE A NULL DISPLAY. |
| |
| DISPLAY 'HMO' IF HX42 IS CODED '1' (YES, ALL ARE) |
| OR '2' (YES, SOME ARE). |
| DISPLAY 'health insurance' IF HX43 IS CODED '1' |
| (YES, ALL REQUIRED) OR '2' (YES, SOME REQUIRED). |

----------------------------------------------------

----------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY|
| ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME|
| ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY |
| STATE, SEE BOX ON HX06. |

----------------------------------------------------

----------------------------------------------------
| FLAG INSURER CODED ABOVE AS CURRENT ROUND’S |
| INSURER FOR MEDICAID OR GOVT-HOSPITAL/PHYSICIAN. |

----------------------------------------------------

----------------------------------------------------
| IF ASKING ABOUT MEDICAID, GO TO BOX_32 |

----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH HX45 |

----------------------------------------------------
HX45
====

(STR-DT)

(PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}/NAME OF PLAN FROM HX44})

Does anyone in the family pay anything for the coverage through
{{PLAN NAME}/the program sponsored by a state or local
government agency which provides hospital and physician
benefits}?

[Do not include the cost of any copayments, coinsurance or
deductibles anyone in the family may have had to pay.]

YES .................................... 1
NO ..................................... 2 {HX47}
REF ................................... -7 {BOX_32}
DK .................................... -8 {BOX_32}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

---
| DISPLAY ‘PLAN NAME: ...’ IF THERE IS A CURRENT ROUND |
| ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ |
| PHYSICIAN INSURANCE. OTHERWISE, USE A NULL |
| DISPLAY. |
| |
| DISPLAY ‘{PLAN NAME ENTERED IN HX41OV}’ IF A PLAN |
| LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
| AT HX41OV FOR THIS STATE. |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR |
| ‘NAME OF PLAN FROM HX44’ IF A PLAN NAME WAS |
| ENTERED. |
| |
| DISPLAY ‘{(PLAN NAME)’ IF THERE IS A CURRENT ROUND |
| INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ |
| PHYSICIAN INSURANCE. OTHERWISE, DISPLAY, ‘the |
| program sponsored ...’.
---

26-77
HX46
====

(STR-DT)

(PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}/{{NAME OF PLAN FROM HX44}}})

How much does anyone in the family pay for {{the (PLAN NAME)/ that}} coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF ................................... -7 {HX47}
DK .................................... -8 {HX47}
HX460V1
=======

ENTER UNIT OF COVERAGE:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER YEAR</td>
<td>1</td>
</tr>
<tr>
<td>QUARTERLY/EVERY 3 MONTHS</td>
<td>2</td>
</tr>
<tr>
<td>BIMONTHLY/EVERY 2 MONTHS</td>
<td>3</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>4</td>
</tr>
<tr>
<td>PER WEEK</td>
<td>5</td>
</tr>
<tr>
<td>BIWEEKLY/EVERY 2 WEEKS</td>
<td>6</td>
</tr>
<tr>
<td>SEMI-ANNUALLY/2 TIMES PER YEAR</td>
<td>7</td>
</tr>
<tr>
<td>SEMI-MONTHLY/2 TIMES PER MONTH</td>
<td>8</td>
</tr>
<tr>
<td>OTHER</td>
<td>91</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

HX460V2
=======

ENTER OTHER:

[Enter Other Specify] ..............
REF .................................. -7
DK .................................. -8

BOX_31A
=======

OMITTED.
Who {else} pays {some of/for} the premium or cost of this insurance?

FEDERAL GOVERNMENT ......................  1
STATE GOVERNMENT ......................  2
LOCAL GOVERNMENT ......................  3
SOME GOVERNMENT .......................  4
OTHER ................................. 91
REF ................................... -7
DK .................................... -8

[Code All That Apply]

| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX41OV FOR THIS STATE. |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS ENTERED. |
| DISPLAY 'else' IF HX45 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY 'some of' IF HX45 IS CODED '1' (YES). DISPLAY 'for' IF HX45 IS CODED '2' (NO). |

-----------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX470V |
-----------------------------------------------

| OTHERWISE, GO TO BOX_32 |
-----------------------------------------------
HX47OV

ENTER OTHER:

[Enter Other Specify] .................
REF ..................................... -7
DK ...................................... -8

BOX_32

-----------------------------------------------------
| IF ANY ESTABLISHMENT RECORDED AS PROVIDING PRIVATE |
| INSURANCE (THAT WAS CREATED DURING THE CURRENT      |
| ROUND) TO A CURRENT RU MEMBER, CONTINUE WITH        |
| LOOP_12                                            |
-----------------------------------------------------

-----------------------------------------------------
| OTHERWISE, GO TO BOX_45                            |
-----------------------------------------------------

LOOP_12

-----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-    |
| PAIRS-ROSTER, ASK HX48-END_LP12                     |
-----------------------------------------------------

-----------------------------------------------------
| LOOP DEFINITION: LOOP_12 COLLECTS PRIVATE HEALTH    |
| INSURANCE INFORMATION. THIS LOOP CYCLES ON          |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE            |
| FOLLOWING CONDITIONS:                               |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH       |
|  INSURANCE TO A CURRENT RU MEMBER                   |
|  AND                                               |
| - THE INSURANCE COVERAGE PROVIDED BY THE            |
|  ESTABLISHMENT IS CREATED DURING THE CURRENT ROUND |
-----------------------------------------------------

26-81
SHOW CARD HX-7.

Now I’d like to ask a few questions about (POLICYHOLDER)’s health insurance through (ESTABLISHMENT). What type of health insurance ((do/does)/did) (POLICYHOLDER) get through (ESTABLISHMENT)?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN HMO ...... 1
DENTAL ........................................ 2
PRESCRIPTION DRUGS ...................... 3
VISION ........................................ 4
MEDICARE SUPPLEMENT/MEDIGAP .......... 5
LONG TERM CARE IN A NURSING HOME ...... 6
EXTRA CASH FOR HOSPITAL STAYS ........ 7
SERIOUS DISEASE OR DREAD DISEASE ...... 8
DISABILITY ................................. 9
WORKER'S COMPENSATION ................. 10
ACCIDENT ................................. 11
OTHER ................................. 91
REF ................................. -7
DK ................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.
NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.

HX48OV

ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK .................................... -8

BOX_33

IF ESTABLISHMENT TYPE IS NOT INSURANCE CO. OR HMO AND HX48 IS CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP) ONLY OR '5' AND ANY OTHER CODES, CONTINUE WITH HX49

IF ESTABLISHMENT TYPE IS INSURANCE CO. OR HMO AND HX48 IS CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP) ONLY OR '5' AND ANY OTHER CODES, AUTOMATICALLY CODE HX49 WITH APPROPRIATE RESPONSES BY CAPI AND THEN GO TO BOX_34

OTHERWISE (I.E., HX48 IS NOT CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP)), GO TO BOX_35
HX49
====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF ESTABLISHMENT.........)  {STR-DT}

What is the name of the insurance company or HMO from which (POLICYHOLDER) receives the Medicare Supplement or Medigap benefits?

PROBE: Any other insurance company or HMO from which (POLICYHOLDER) receives the Medicare Supplement or Medigap benefits?

1=INS CO  2=HMO  3=SELF-INSURED COMPANY

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>ROSTER. NAME OF INSURER</th>
<th>HX49 02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Insurer</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. Insurer</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. Insurer</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

-- ------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU-                              |
| ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER TO                       |
| DISPLAY ONLY THOSE INSURERS THAT ARE PART OF                         |
| TRIPLES THAT MEET THE FOLLOWING CONDITIONS:                          |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE                     |
| AND                                                                   |
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE                       |
|   PROVIDED THROUGH THIS ESTABLISHMENT                                |
| AND                                                                   |
| - INSURER IS THE SOURCE OF BENEFITS PROVIDED TO                      |
|   PERSON THROUGH THE ESTABLISHMENT (I.E., THE                        |
|   INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY)                  |
-- ------------------------------------------------------------------------
FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS'. ALSO FLAG AS CURRENT ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

INSURER ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER IS ONLY CARRIED FORWARD FOR EACH INDIVIDUAL ESTABLISHMENT-PERSON-PAIR. THEREFORE, INTERVIEWERS ARE NOT ALLOWED TO SELECT AN INSURANCE COMPANY ALREADYListed (BECAUSE EACH QUESTION WHICH DISPLAYS THIS ROSTER OF INSURANCE COMPANIES/HMOs ALREADY ENTERED FOR THIS ESTABLISHMENT-PERSON-PAIR IS DESIGNED TO COLLECT A DIFFERENT INSURANCE COMPANY/HMO NAME).
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.’

IF ROUND 1, CONTINUE WITH LOOP_13

OTHERWISE, GO TO BOX_35
LOOP_13

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK HX50-END_LP13

LOOP DEFINITION: LOOP_13 COLLECTS OTHER POLICY NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOs PROVIDING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (THAT IS, INSURERS ENUMERATED AT HX49). THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE WHICH PROVIDES MEDICARE SUPPLEMENT/MEDIGAP BENEFITS AND
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT AND
- INSURER IS THE SOURCE OF THE BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY)
(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF ESTABLISHMENT........} {STR-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO NAME.} policy, such as low option or high option?

YES, ANOTHER NAME ...................... 1
NO OTHER NAMES ......................... 2 {END_LP13}
REF ................................... -7 {END_LP13}
DK .................................... -8 {END_LP13}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

| DISPLAY THE NAME OF THE INSURANCE CO/HMO | |
| RECORDED IN HX49_01 WHICH IS BEING LOOPED ON FOR | |
| ‘INSURANCE...NAME.’ | |

HX50
====

ENTER OTHER NAME:

[Enter Insurance Company or HMO] .......
REF ................................... -7
DK .................................... -8

END_LP13
====
IF ESTABLISHMENT TYPE IS INSURANCE COMPANY,
INSURANCE COMPANY - FROM AGENT, OR HMO,
AND HX48 IS CODED '1' (HOSPITAL AND
PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN
HMO) (BUT NOT '5' (MEDIGAP)), FLAG INSURANCE
COMPANY/HMO AS 'SUPPLYING HOSPITAL AND PHYSICIAN
BENEFITS' AND AUTOMATICALLY CODE HX51 WITH
APPROPRIATE RESPONSES BY CAPI AND GO TO BOX_36

IF ESTABLISHMENT TYPE IS NOT INSURANCE COMPANY,
INSURANCE COMPANY - FROM AGENT, OR HMO,
AND HX48 IS CODED '1' (HOSPITAL AND PHYSICIAN
BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) AND
NOT ALSO CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP),
CONTINUE WITH HX51

IF HX48 IS CODED '1' (HOSPITAL AND PHYSICIAN
BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) AND
'5' (MEDICARE SUPPLEMENT/MEDIGAP) (IN COMBINATION
WITH ANY OTHER CODES), GO TO BOX_38

IF HX48 IS NOT CODED '1' (HOSPITAL AND PHYSICIAN
BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) BUT
IS CODED '2' (DENTAL), '3' (PRESCRIPTION DRUGS),
'4' (VISION), '5' (MEDICARE SUPPLEMENT/MEDIGAP),
'6' (LONG TERM CARE IN A NURSING HOME), '7' (EXTRA
CASH FOR HOSPITAL STAYS), '8' (SERIOUS DISEASE OR
DREAD DISEASE), OR '91' (OTHER), GO TO BOX_38

IF HX48 IS CODED ANY COMBINATION OF ONLY CODES '9'
(DISABILITY), '10' (WORKER'S COMPENSATION) OR '11'
(ACCIDENT), GO TO END_LP12

IF HX48 IS CODED '-7' (REFUSED) OR '-8' (DON'T
KNOW), GO TO BOX_38
What is the name of the insurance company or HMO from which (POLICYHOLDER) receives hospital and physician benefits?

PROBE: Any other insurance company or HMO from which (POLICYHOLDER) receives hospital and physician benefits?

1=INS CO  2=HMO  3=SELF-INSURED COMPANY

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>ROSTER. NAME OF INSURER</th>
<th>HX51_02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Insurer</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. Insurer</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. Insurer</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU- |
| ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER TO |
| DISPLAY ONLY THOSE INSURERS THAT ARE PART OF |
| TRIPLES THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE |
| AND |
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE |
| PROVIDED THROUGH THIS ESTABLISHMENT |
| AND |
| - INSURER IS THE SOURCE OF BENEFITS PROVIDED TO |
| PERSON THROUGH THE ESTABLISHMENT (I.E., THE |
| INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY) |
----------------------------------------------------
| FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL AND | PHYSICIAN BENEFITS'. ALSO FLAG AS CURRENT ROUND’S | INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR. |

| INSURER ROSTER BEHAVIOR SPECIFICATIONS: |

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).

2. THIS ROSTER IS ONLY CARRIED FORWARD FOR EACH INDIVIDUAL ESTABLISHMENT-PERSON-PAIR. THEREFORE, INTERVIEWERS ARE NOT ALLOWED TO SELECT AN INSURANCE COMPANY ALREADY LISTED (BECAUSE EACH QUESTION WHICH DISPLAYS THIS ROSTER OF INSURANCE COMPANIES/HMOs ALREADY ENTERED FOR THIS ESTABLISHMENT-PERSON-PAIR IS DESIGNED TO COLLECT A DIFFERENT INSURANCE COMPANY/HMO NAME).

3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.’

-----------------------------
BOX_36

-----------------------------
IF ROUND 1, CONTINUE WITH LOOP_14

-----------------------------
 OTHERWISE, GO TO BOX_37

-----------------------------

26-90
LOOP_14  =====

----------------------------------------------------
| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-   |
| INSURER-TRIPLES-ROSTER, ASK HX52-END_LP14       |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_14 COLLECTS OTHER POLICY   |
| NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOS |
| PROVIDING HOSPITAL/PHYSICIAN BENEFITS BUT NOT    |
| MEDICARE SUPPLEMENT OR MEDIGAP. THIS LOOP CYCLES |
| ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:   |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE |
| - WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS BUT  |
| - NOT MEDICARE SUPPLEMENT OR MEDIGAP             |
| AND                                              |
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE   |
| - PROVIDED THROUGH THIS ESTABLISHMENT            |
| AND                                              |
| - INSURER IS THE SOURCE OF THE BENEFITS PROVIDED |
| - TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE |
| - INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY) |
----------------------------------------------------

HX52  ====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT.........} {STR-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO NAME.} policy, such as low option or high option?

YES, ANOTHER NAME ....................... 1
NO OTHER NAMES .......................... 2 {END_LP14}
REF .................................... -7 {END_LP14}
DK ..................................... -8 {END_LP14}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

----------------------------------------------------
| DISPLAY THE NAME OF THE INSURANCE CO/HMO          |
| RECORDED IN HX51_01 WHICH IS BEING LOOPED ON FOR  |
| ‘INSURANCE...NAME.’                               |
----------------------------------------------------
HX520V
======

ENTER OTHER NAME:

[Enter Insurance Company or HMO] .......
REF ........................................ -7
DK .......................................... -8

END_LP14
======

----------------------------------------------------
| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION                      |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS,     |
| END LOOP_14 AND CONTINUE WITH BOX_37              |
----------------------------------------------------

BOX_37
======

----------------------------------------------------
| IF ROUND 1, CONTINUE WITH HX53                     |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_38                           |
----------------------------------------------------
(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF ESTABLISHMENT.........} {STR-DT}

{Besides (READ INSURANCE COMPANY/HMO NAMES BELOW), are/Are} there any other insurance companies or HMOs for (POLICYHOLDER)'s (ESTABLISHMENT) insurance?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURANCE COMPANY OR HMO NAME.}
{INSURANCE COMPANY OR HMO NAME.}
{INSURANCE COMPANY OR HMO NAME.}
{INSURANCE COMPANY OR HMO NAME.}

YES ................................. 1
NO .................................... 2 {BOX_38}
REF .................................. -7 {BOX_38}
DK .................................... -8 {BOX_38}

----------------------------------------------------
DISPLAY "Besides...are' IF INSURERS COLLECTED AT HX51. OTHERWISE, DISPLAY 'Are'. FOR '{INSURANCE COMPANY OR HMO NAME}', DISPLAY ALL THE INSURER NAMES COLLECTED AT HX51.
----------------------------------------------------

----------------------------------------------------
ROSTER DEFINITION: THIS ITEM USES THE RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER TO DISPLAY ONLY THOSE INSURERS THAT ARE A PART OF TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH INSURANCE WITH HOSPITAL/PHYSICIAN BENEFITS
AND
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT
AND
- INSURER IS THE SOURCE OF THE HOSPITAL/PHYSICIAN BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY)
----------------------------------------------------
HX54
====

(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF
ESTABLISHMENT........} {STR-DT}

What is the name of the {other} insurance company or HMO for
(POLICYHOLDER)'s (ESTABLISHMENT) insurance?

PROBE: Any other insurance company or HMO?

1=INS CO  2=HMO  3=SELF-INSURED COMPANY

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>ROSTER. NAME OF INSURER</th>
<th>HX54 02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Insurer</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. Insurer</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. Insurer</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

-----------------------------------------------
| DISPLAY 'other' IF INSURERS COLLECTED AT HX51. |
| OTHERWISE, USE A NULL DISPLAY.                |
-----------------------------------------------

-----------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU-    |
| ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER TO |
| DISPLAY ONLY THOSE INSURERS THAT ARE A PART OF |
| TRIPLES THAT MEET THE FOLLOWING CONDITIONS:  |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH |
|   INSURANCE WITH HOSPITAL/PHYSICIAN BENEFITS  |
| AND                                         |
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE|
|   PROVIDED THROUGH THIS ESTABLISHMENT         |
| AND                                         |
| - INSURER IS THE SOURCE OF THE HOSPITAL/PHYSICIAN |
|   BENEFITS PROVIDED TO PERSON THROUGH THE     |
|   ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, |
|   OR SELF-INSURED COMPANY)                   |
-----------------------------------------------

26-94
FLAG INSURANCE CO./HMO AS ‘SUPPLYING OTHER BENEFITS’. ALSO FLAG AS CURRENT ROUND’S INSURER(S) FOR THIS SOURCE-POLICYHOLDER PAIR.

---

INSURER ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).

2. THIS ROSTER IS ONLY CARRIED FORWARD FOR EACH INDIVIDUAL ESTABLISHMENT-PERSON-PAIR. THEREFORE, INTERVIEWERS ARE NOT ALLOWED TO SELECT AN INSURANCE COMPANY ALREADY LISTED (BECAUSE EACH QUESTION WHICH DISPLAYS THIS ROSTER OF INSURANCE COMPANIES/HMOs ALREADY ENTERED FOR THIS ESTABLISHMENT-PERSON-PAIR IS DESIGNED TO COLLECT A DIFFERENT INSURANCE COMPANY/HMO NAME).

3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.’
LOOP_15
=======

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK HX55-END_LP15</th>
</tr>
</thead>
</table>

---

<p>| LOOP DEFINITION: LOOP_15 COLLECTS OTHER POLICY NAMES FOR THE INSURANCE COMPANIES OR HMOS PROVIDING OTHER BENEFITS. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH INSURANCE WITH HOSPITAL/PHYSICIAN BENEFITS BUT NOT MEDICARE SUPPLEMENT OR MEDIGAP |
| AND |
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT |
| AND |</p>
<table>
<thead>
<tr>
<th>- INSURER IS THE SOURCE OF THE OTHER BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY SELECTED AT HX54)</th>
</tr>
</thead>
</table>

---

26-96
HX55
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF ESTABLISHMENT.........} {STR-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO NAME.} policy, such as low option or high option?

YES, ANOTHER NAME .................. 1
NO OTHER NAME ..................... 2 {END_LP15}
REF .................................. -7 {END_LP15}
DK ................................... -8 {END_LP15}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

----------------------------------------------------
| DISPLAY THE NAME OF THE INSURANCE CO/HMO          |
| RECORDERED IN HX54_01 WHICH IS BEING LOOPED ON FOR |
| ‘INSURANCE...NAME.’                                 |
----------------------------------------------------

HX550V
=====

ENTER OTHER NAME:

[Enter Policy Name] ....................
REF .................................. -7
DK ................................... -8

END_LP15
=====

----------------------------------------------------
| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |
| INSURER-TRIPLES-ROSTER THAT MEET THE CONDITIONS  |
| STATED IN THE LOOP DEFINITION.                   |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS,    |
| END LOOP_15 AND CONTINUE WITH BOX_38             |
----------------------------------------------------
BOX_38

<table>
<thead>
<tr>
<th>IF ROUND 1, CONTINUE WITH HX56</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_40</td>
</tr>
</tbody>
</table>

HX56

(POLICYHOLDER FIRST MIDDLE LAST NAME)  {NAME OF ESTABLISHMENT........}  {STR-DT}

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see the identification card or cards for (POLICYHOLDER)'s (ESTABLISHMENT) insurance?

CARD AVAILABLE ...................... 1
CARD NOT AVAILABLE ................... 2 {BOX_39}
REF ................................. -7 {BOX_39}
DK .................................. -8 {BOX_39}

[Code One]
LOOP_16
========

<table>
<thead>
<tr>
<th>FOR EACH OF THE FOLLOWING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSURANCE IDENTIFICATION CARD 1</td>
</tr>
<tr>
<td>INSURANCE IDENTIFICATION CARD 2</td>
</tr>
<tr>
<td>INSURANCE IDENTIFICATION CARD 3</td>
</tr>
<tr>
<td>INSURANCE IDENTIFICATION CARD 4</td>
</tr>
<tr>
<td>INSURANCE IDENTIFICATION CARD 5</td>
</tr>
<tr>
<td>ASK HX57-END_LP16</td>
</tr>
</tbody>
</table>

LOOP DEFINITION: LOOP_16 COLLECTS INSURANCE IDENTIFICATION CARD INFORMATION. THIS LOOP CYCLES ON INSURANCE IDENTIFICATION CARDS THAT ARE AVAILABLE. THE NUMBER OF LOOP CYCLES IS DETERMINED BY THE RESPONSE TO HX58. IF HX58 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT INFORMATION FROM THE NEXT INSURANCE CARD. IF HX58 IS CODED '2' (NO), THE LOOP ENDS.
HX57
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF ESTABLISHMENT........} {STR-DT}

INTERVIEWER: RECORD THE INFORMATION FROM THE CARD {(BE SURE TO RECORD PLAN’S CODE)}:

IF INFORMATION IS NOT AVAILABLE, PRESS ENTER.

NAME: [Enter Name] ....................................
INSURANCE COMPANY: [Enter Company Name].................
POLICYNUMBER: [Enter Policynumber]......................
PLAN NAME: [Enter name - 30].........................
MEMBER ID NUMBER: [Enter ID Number].................
EFFECTIVE DATE: [Enter Month-2, Day-2, Year-2]........

PRESS F1 FOR DEFINITION OF ENTRY FIELDS.

------------------------------------------
| DISPLAY `%(BE SURE TO RECORD PLAN’S CODE)’ IF |
| ESTABLISHMENT-POLICYHOLDER PAIR BEING ASKED |
| ABOUT IS FLAGGED AS THROUGH THE FEDERAL GOVERNMENT |
| (EM96 IS CODED ’2’ (THE FEDERAL GOVERNMENT) OR |
| HP13 IS CODED ’1’ (YES)). |
|------------------------------------------

------------------------------------------
| IF ESTABLISHMENT-POLICYHOLDER PAIR BEING ASKED |
| ABOUT IS FLAGGED AS THROUGH THE FEDERAL GOVERNMENT |
| (EM96 IS CODED ’2’ (THE FEDERAL GOVERNMENT) OR |
| HP13 IS CODED ’1’ (YES)), CONTINUE WITH HX57OV |
|------------------------------------------

------------------------------------------
| OTHERWISE, GO TO HX58 |
|------------------------------------------

HX57OV
=====

ENTER PLAN CODE NUMBER:

[Enter Code Number] .................
REF ................................. -7
DK ................................. -8

26-100
HX58
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  {NAME OF
ESTABLISHMENT.........} {STR-DT}

INTERVIEWER:

IS THERE ANOTHER CARD AVAILABLE {OTHER THAN A DEPENDENT CARD
FOR THE SAME POLICY}?

  YES ................................................................  1
  NO ..................................................................  2

________________________________________________________________________

| DISPLAY 'OTHER...POLICY' IF THERE ARE ANY COVERED |
| PERSONS, OTHER THAN THE POLICYHOLDER, FOR THIS |
| ESTABLISHMENT-PERSON-PAIR.                        |

END_LP16
=======

-----------------------------------------------------------------------------

| IF HX58 IS CODED '1' (YES), CYCLE FOR NEXT CARD. |

-----------------------------------------------------------------------------

| OTHERWISE, CONTINUE WITH BOX_39 |

-----------------------------------------------------------------------------

BOX_39
=====

-----------------------------------------------------------------------------

| IF ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT |
| IS FLAGGED AS THROUGH THE FEDERAL GOVERNMENT |
| (EM96 IS CODED '2' (THE FEDERAL GOVERNMENT) OR |
| HP13 IS CODED '1' (YES)), |
| CONTINUE WITH HX59 |

-----------------------------------------------------------------------------

| OTHERWISE, GO TO BOX_40 |

-----------------------------------------------------------------------------
HX59
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.........} {STR-DT}

SHOW CARD HX-8.

Is the name of (POLICYHOLDER)’s insurance plan through (ESTABLISHMENT) listed on this card?

YES .................................... 1
NO ..................................... 2 {BOX_40}
REF ................................... -7 {BOX_40}
DK .................................... -8 {BOX_40}

HX59OV
======

Which insurance plan is (POLICYHOLDER)’s (ESTABLISHMENT) insurance?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ..........

----------------------------------------------------
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY | |
| THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN ENTERED.’ WHEN INTERVIEWER PRESSES ENTER TO CLEAR |
| THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN. | |
----------------------------------------------------

BOX_40
======

----------------------------------------------------
| IF THIS ESTABLISHMENT-PERSON-PAIR HAS AT LEAST ONE |
| INSURER THAT PROVIDES HOSPITAL AND PHYSICIAN |
| BENEFITS OR THAT PROVIDES MEDICARE SUPPLEMENT/ |
| MEDIGAP COVERAGE AND THE POLICYHOLDER IS NOT |
| LISTED AS A COVERED PERSON WITH MEDICAID OR GOVT- |
| HOSPITAL/PHYSICIAN FOR THE CURRENT ROUND, |
| CONTINUE WITH LOOP_17 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_42 |
----------------------------------------------------
LOOP_17
=====

| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX_41 - END_LP17 |

-----------------------------
| LOOP DEFINITION: LOOP_17 COLLECTS INFORMATION ON PLANS THAT PROVIDE HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP COVERAGE TO EACH POLICYHOLDER NOT ALSO COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN TO DETERMINE IF THAT PLAN IS AN HMO. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS PROVIDER OF HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP COVERAGE |
| AND |
| - PERSON IS NOT LISTED AS A COVERED PERSON WITH MEDICAID OR GOVT-HOSPITAL/PHYSICIAN |
| AND |
| - INSURER IS THE SOURCE OF THE HOSPITAL AND PHYSICIAN BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY OR SELF-INSURED COMPANY) |
| AND |
| - INSURER IS NOT AN HMO |

-----------------------------

BOX_41
=====

| PRESENT MANAGED CARE (MC) SECTION FOR THIS INSURER |

-----------------------------
| AT COMPLETION OF THE MC SECTION, CONTINUE WITH END_LP17 |

-----------------------------
END_LP17

---

| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION. |

---

| IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |
| END LOOP_17 AND CONTINUE WITH BOX_42 |

---

BOX_42

---

| IF ROUND 1 AND IF HX48 IS CODED '5' (MEDICARE |
| SUPPLEMENT/MEDIGAP), CONTINUE WITH HX60 |

---

| OTHERWISE, GO TO BOX_43 |

---

HX60

---

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF
ESTABLISHMENT........) (STR-DT)

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

Many Medicare Supplemental or Medigap Plans are referred to by
a Plan Letter. Do you know the Plan Letter for (PERSON)'s
plan?

PROBE: What is it?

[Enter Plan Letter] .................
REF .................................. -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PLAN LETTER.
| IF ROUND 1 |
| AND |
| (ESTABLISHMENT TYPE IS NOT ‘EMPLOYER’ OR ‘UNION’) |
| (CHECK FLAGS SET IN EM AND HP)) |
| OR |
| ESTABLISHMENT-POLICY HOLDER WAS CREATED AT HX03 |
| OR |
| HX23 WAS CODED ‘8’ (FROM ANYONE’S PREVIOUS |
| EMPLOYER (COBRA)) |
| OR |
| HP14 WAS CODED ‘1’ (YES – COBRA)), |
| CONTINUE WITH HX61 |
| OTHERWISE, GO TO END_LP12 |

OMITTED.
For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES, PAY ALL OF PREMIUM/COST ........... 1
YES, PAY SOME OF PREMIUM/COST .......... 2
YES, BUT DON'T KNOW IF PAY ALL OR SOME
OF PREMIUM/COST ........................ 3
NO, DO NOT PAY ........................... 4 {HX63}
REF ................................... -7 {END_LP12}
DK .................................... -8 {END_LP12}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

-----------------------------------------------------------------------------------
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE DISPLAYED HERE FOR THE INSURANCE FROM A |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR DIRECTLY PURCHASED CATEGORY. |
-----------------------------------------------------------------------------------
HX62
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF ESTABLISHMENT...........} {STR-DT}

How much {(do/does)/did} (POLICYHOLDER) pay for the (ESTABLISHMENT) coverage?

PROBE:  {Is/Was} that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF ................................... -7 {BOX_44A}
DK .................................... -8 {BOX_44A}

----------------------------------------------------
| DISPLAY '(do/does)’ AND 'Is’ IF INSURANCE BEING | |
| ASKED ABOUT IS CURRENT (I.E., HQ02 IS CODED '1’ | |
| (YES, COVERED NOW)) FOR THE POLICYHOLDER.      | |
| OTHERWISE, DISPLAY ‘did’ AND ‘Was’.             | |
----------------------------------------------------

----------------------------------------------------
| NOTE:  THE ESTABLISHMENT NAME WHICH SHOULD BE     | |
| DISPLAYED HERE FOR THE INSURANCE FROM A           | |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM     | |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF| |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR      | |
| DIRECTLY PURCHASED CATEGORY.                     | |
----------------------------------------------------

HX62OV1
=======

ENTER UNIT OF COVERAGE:

PER YEAR .............................. 1 {BOX_44A}
QUARTERLY/EVERY 3 MONTHS ............. 2 {BOX_44A}
BIMONTHLY/EVERY 2 MONTHS ............. 3 {BOX_44A}
PER MONTH ............................. 4 {BOX_44A}
PER WEEK ................................ 5 {BOX_44A}
BIWEEKLY/EVERY 2 WEEKS ............... 6 {BOX_44A}
SEMI-ANNUALLY/2 TIMES PER YEAR ...... 7 {BOX_44A}
SEMI-MONTHLY/2 TIMES PER MONTH ..... 8 {BOX_44A}
OTHER ................................. 91
REF ................................... -7 {BOX_44A}
DK .................................... -8 {BOX_44A}

[Code One]
ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK ..................................... -8

IF HX61 IS CODED '1' (YES, PAY ALL OF PREMIUM/COST), GO TO END_LP12

OTHERWISE, CONTINUE WITH HX63
{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT...........} (STR-DT)

Who {else} pays {some of/for} the premium or cost of this insurance?

FEDERAL GOVERNMENT ......................... 1
STATE GOVERNMENT ........................... 2
LOCAL GOVERNMENT ........................... 3
SOME GOVERNMENT ............................ 4
EMPLOYER .................................... 5
UNION ....................................... 6
OTHER ....................................... 91
REF ......................................... -7
DK .......................................... -8

[Code All That Apply]

| DISPLAY 'else' IF HX61 IS CODED '2' (YES, PAY SOME|
| OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW IF |
| PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, USE |
| A NULL DISPLAY |

| DISPLAY 'some of' IF HX61 IS CODED '2' (YES, PAY |
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |
| IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for'|
| IF HX61 IS CODED '4' (NO, DO NOT PAY). |

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
| WITH ANY OTHER CODE, CONTINUE WITH HX63OV |

| OTHERWISE, GO TO END_LP12 |
HX63OV
======

ENTER OTHER:

[Enter Other Specify] .................
REF ...................................... -7
DK ....................................... -8

END_LP12
=======

------------------------------------------------------
| CYCLE ON NEXT PAIR IN RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
------------------------------------------------------

------------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_12 AND CONTINUE WITH BOX_45 |
------------------------------------------------------

BOX_45
======

------------------------------------------------------
| IF ROUND 1, CONTINUE WITH BOX_46 |
------------------------------------------------------

------------------------------------------------------
| OTHERWISE, GO TO BOX_50 |
------------------------------------------------------
BOX_46
=======

| IF ALL PERSONS IN RU HAVE HEALTH INSURANCE (I.E., |
| FLAGGED AS HAVING MEDICARE, MEDICAID, GOVT-HOSPITAL/|
| PHYSICIAN, CHAMPUS/CHAMPVA, OTHER PUBLIC OR PRIVATE |
| INSURANCE) COVERAGE ON JANUARY 1, 1996, GO TO BOX_48|

LOOP_18
=======

| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |
| HX64-END_LP18 |

| LOOP DEFINITION: LOOP_18 COLLECTS INFORMATION |
| ABOUT RU MEMBERS WITH NO HEALTH INSURANCE ON |
| JANUARY 1, 1996. THIS LOOP CYCLES ON RU MEMBERS |
| WHO ARE NOT A COVERED PERSON IN ANY ESTABLISHMENT-|
| POLICYHOLDER-COVERED-PERSON-TRIPLE THAT MEETS THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS MEDICARE, MEDICAID, GOVT- |
| HOSPITAL/PHYSICIAN, OTHER PUBLIC, CHAMPUS/ |
| CHAMPVA, OR PRIVATE INSURANCE |
| AND |
| - PERSON IS A CURRENT RU MEMBER (PART OF THE RU ON |
| 1/1/96) WITH A BIRTH DATE PRIOR TO DECEMBER 31, |
| 1995 (OR AGE CATEGORY > 1) |
| AND |
| - PERIOD OF COVERAGE INCLUDES JANUARY 1, 1996 |
HX64
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

I have recorded that (PERSON) (were/was) without insurance on January 1, 1996. (Were/Was) (PERSON) covered by a health insurance plan or program at any time in the years 1994 or 1995?

YES .................................... 1
NO ..................................... 2 {HX67}
REF ........................................ -7 {HX67}
DK ......................................... -8 {HX67}

HX65
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

When (were/was) (PERSON) most recently covered by health insurance? That is, in what month and year did that health insurance end for the last time in 1994 or 1995?

[Enter Month,Year-2] ...................
REF ....................................... -7
DK ......................................... -8

----------------------------------------------------
| '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED | |
| ON THE MONTH AND YEAR FIELDS.                     |
HX66
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  {STR-DT}

Was (PERSON)'s health insurance that ended in {MONTH AND YEAR FROM HX65/in 1994 or 1995} obtained through an employer or a union, was it a government program such as Medicaid, or what?

CODE ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE EMPLOYER OR PUBLIC EMPLOYER (FEDERAL, STATE, OR LOCAL GOVT.) .................. 1
MEDICARE ............................... 2
MEDICAID ............................... 3
CHAMPUS/TRICARE/CHAMPVA ............... 4
VA OR MILITARY HEALTH CARE ............ 5
PURCHASED DIRECTLY FROM GROUP, ASSOC., OR INS. AGENT, INS. CO. OR HMO ........ 6
OTHER TYPE OF GOVERNMENT SPONSORED PROGRAM ..................................... 7
OTHER PUBLIC PROGRAM:
AFDC ...................................... 8
SSI ........................................ 9
{STATE PROGRAM 1} .................... 10
{STATE PROGRAM 2} .................... 11
{STATE PROGRAM 3} .................... 12
{STATE PROGRAM 4} .................... 13
{STATE PROGRAM 5} .................... 14
{STATE PROGRAM 6} .................... 15
OTHER .................................... 91
REF ...................................... -7
DK ...................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

---

IF HX65 IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), DISPLAY THE DATE ENTERED AT HX65 FOR 'MONTH AND YEAR FROM HX65'. DISPLAY 'in 1994 or 1995' IF HX65 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW).
FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A STATE THAT HAS OTHER STATE PROGRAMS, THAT IS, A STATE OTHER THAN ONE OF THE FOLLOWING:

- ALASKA
- MISSISSIPPI
- SOUTH CAROLINA
- DELAWARE
- NEVADA
- SOUTH DAKOTA
- KANSAS
- NORTH DAKOTA
- VIRGINIA
- MINNESOTA
- OREGON
- WISCONSIN

FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE, SEE BOX ON HX16.

USE A NULL DISPLAY WHEN INTERVIEW IS BEING CONDUCTED IN ONE OF THE STATES LISTED ABOVE.

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX66OV

OTHERWISE, GO TO HX67

HX66OV

ENTER OTHER:

[Enter Other Specify] .................
REF ..................................... -7
DK ..................................... -8

HX67

(PERSON'S FIRST MIDDLE AND LAST NAME) {STR-DT}

(Have/Has) (PERSON) ever been denied health insurance because of poor health?

YES .................................... 1
NO ..................................... 2 {BOX_47}
REF ..................................... -7 {BOX_47}
DK ..................................... -8 {BOX_47}
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

SHOW CARD HX-9.

Looking at this card, which conditions caused (PERSON) to be denied health insurance?

CODE ALL THAT APPLY.

CANCER ................................  1
HYPERTENSION ..........................  2
DIABETES ..............................  3
CORONARY ARTERY DISEASE ...............  4
OTHER ................................. 91
REF ................................... -7
DK .................................... -8

[Code All That Apply.]

-----------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH HX68OV       |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO END_LP18                     |
-----------------------------------------------

HX68OV

ENTER OTHER:

[Enter Other Specify] .................... {END_LP18}
REF ................................... -7 {END_LP18}
DK .................................... -8 {END_LP18}
BOX_47

<table>
<thead>
<tr>
<th>IF PERSON LESS THAN 65 YEARS OF AGE (OR IN AGE CATEGORIES 1-7), CONTINUE WITH HX69</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP18</th>
</tr>
</thead>
</table>

HX69

<table>
<thead>
<tr>
<th>(PERSON'S FIRST MIDDLE AND LAST NAME) {STR-DT}</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Have/Has) (PERSON) ever tried to purchase health insurance?</td>
</tr>
</tbody>
</table>

| YES .................................... 1 |
| NO ..................................... 2 |
| REF ................................... -7 |
| DK .................................... -8 |

END_LP18

<table>
<thead>
<tr>
<th>CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_18 AND CONTINUE WITH BOX_48</th>
</tr>
</thead>
</table>

26-116
IF NO CURRENT RU MEMBERS WHO WERE BORN BEFORE DECEMBER 31, 1995 HAVE ANY TYPE OF COMPREHENSIVE PUBLIC INSURANCE (I.E., MEDICARE, MEDICAID, GOVT-HOSPITAL/PHYSICIAN, OR CHAMPUS/CHAMPVA) AND NO CURRENT RU MEMBERS WHO WERE BORN BEFORE DECEMBER 31, 1995 HAVE ANY PRIVATE INSURANCE THAT INCLUDED HOSPITAL AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON 1/1/96, GO TO BOX_49

OTHERWISE, CONTINUE WITH LOOP_19
LOOP_19
=======

| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |
| HX70-END_LP19                                |

LOOP DEFINITION: LOOP_19 COLLECTS INFORMATION ON ALL RU MEMBERS WITH PUBLIC AND PRIVATE HEALTH INSURANCE PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON JANUARY 1, 1996 TO DETERMINE PERIODS OF COVERAGE IN 1995 AND POLICY LIMITATIONS DUE TO SPECIFIC PHYSICAL/MENTAL HEALTH CONDITIONS. THIS LOOP CYCLES ON PERSONS THAT MEET THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT RU MEMBER
- PERSON WAS PART OF RU ON 1/1/96
- PERSON’S DATE OF BIRTH IS BEFORE 12/31/95 OR IN AGE CATEGORIES 2-9
- PERSON HAD COMPREHENSIVE HEALTH INSURANCE COVERAGE ON 1/1/96. COMPREHENSIVE HEALTH INSURANCE REFERS TO THE PERSON BEING A COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING ESTABLISHMENT-POLICYHOLDER-COVERED PERSON-TRIPLES ON 1/1/96:
  - ESTABLISHMENT IS MEDICARE
  - ESTABLISHMENT IS MEDICAID
  - ESTABLISHMENT IS CHAMPUS/CHAMPVA
  - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN
  - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP (I.E., HX48 = 1 OR 5)
HX70
====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  {STR-DT}

I have recorded that (PERSON) had health insurance coverage on January 1, 1996. (Were/Was) (PERSON) ever without health insurance coverage at any time in 1995?

YES ........................................ 1
NO ........................................... 2 {HX72}
REF ......................................... -7 {HX72}
DK .......................................... -8 {HX72}

HX71
====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  {STR-DT}

Altogether, how many weeks or months (were/was) (PERSON) without health insurance coverage in the year 1995?

[Enter Small Number] ....................
REF ......................................... -7 {HX72}
DK .......................................... -8 {HX72}

HX71OV
======

ENTER UNIT:

WEEKS ........................................ 1
MONTHS ....................................... 2
REF ........................................... -7
DK .......................................... -8

[Code One]
Thinking about all the health insurance (PERSON) (are/is) covered under, are there any limits or restrictions on any of the plans due to any physical or mental health condition (PERSON) had before the insurance went into effect?

YES .................................... 1
NO ..................................... 2 {HX74}
REF .................................... -7 {HX74}
DK ..................................... -8 {HX74}

What conditions caused (PERSON) to have limited or restricted insurance?

CODE ALL THAT APPLY.

ASTHMA ................................. 1
SPINE/BACK DISORDERS ............... 2
MIGRAINE HEADACHES ................. 3
CATARACTS ............................. 4
OTHER .................................... 91
REF ..................................... -7
DK ..................................... -8

[Code All That Apply.]

| IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH HX73OV        |

| OTHERWISE, GO TO HX74                    |

|------------------------------------------|

26-120
HX730V

ENTER OTHER:

[Enter Other Specify] .................
REF ..................................... -7
DK ....................................... -8

HX74

(Person's First Middle and Last Name) {STR-DT}

(Have/Has) (PERSON) ever been denied health insurance because of poor health?

YES ..................................... 1
NO ......................................... 2 {END_LP19}
REF ...................................... -7 {END_LP19}
DK ........................................ -8 {END_LP19}

HX75

(Person's First Middle and Last Name) {STR-DT}

Show card HX-9.

Looking at this card, which conditions caused (PERSON) to be denied health insurance?

Code all that apply.

CANCER .................................. 1
HYPERTENSION .......................... 2
DIABETES ................................. 3
CORONARY ARTERY DISEASE ............ 4
OTHER ....................................... 91
REF ....................................... -7
DK ......................................... -8

[Code All That Apply.]
| IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX75OV |
-----------------------------------------------

| OTHERWISE, GO TO END_LP19 |
-----------------------------------------------

HX75OV
======

ENTER OTHER:

[Enter Other Specify] .................
REF ..................................... -7
DK .................................... -8

END_LP19
=======

| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
-----------------------------------------------

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_19 AND CONTINUE WITH BOX_49 |
-----------------------------------------------

BOX_49
======

| IF ALL CURRENT RU MEMBERS WHO WERE BORN BEFORE DECEMBER 31, 1995 HAVE ONLY PRIVATE INSURANCE THAT INCLUDES HOSPITAL AND PHYSICIAN BENEFITS AND/OR ALL CURRENT RU MEMBERS HAVE ONLY COMPREHENSIVE PUBLIC INSURANCE ON JANUARY 1, 1996, GO TO BOX_50 |
-----------------------------------------------

| OTHERWISE, CONTINUE WITH LOOP_20 |
-----------------------------------------------
FOR EACH ELEMENT IN RU-MEMBERS-ROSTER,
ASK HX76-END_LP20

LOOP DEFINITION: LOOP_20 COLLECTS INFORMATION FOR EACH RU MEMBER WHOSE DATE OF BIRTH IS PRIOR TO 12/31/95 (OR AGE CATEGORY > 1), AND WHO IS COVERED BY PRIVATE INSURANCE THAT DOES NOT INCLUDE EITHER HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON JANUARY 1, 1996. THIS LOOP DETERMINES IF THESE PERSONS WERE EVER COVERED BY A MORE COMPREHENSIVE PLAN THAT PROVIDED HOSPITAL/PHYSICIAN COVERAGE DURING 1994 OR 1995. THE LOOP CYCLES ON PERSONS THAT MEET THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT RU MEMBER
AND
- PERSON WAS PART OF RU ON 1/1/96
AND
- PERSON’S DATE OF BIRTH IS BEFORE 12/31/95 OR IN AGE CATEGORIES 2-9
AND
- PERSON DID NOT HAVE COMPREHENSIVE HEALTH INSURANCE COVERAGE ON 1/1/96. COMPREHENSIVE HEALTH INSURANCE REFERS TO THE PERSON BEING A COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING ESTABLISHMENT-POLICY HOLDER-COVERED PERSON-TRIPLES ON 1/1/96:
  - ESTABLISHMENT IS MEDICARE
  - ESTABLISHMENT IS MEDIACID
  - ESTABLISHMENT IS CHAMPUS/CHAMPVA
  - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN
  - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP (I.E., HX48 = 1 OR 5)
AND
- PERSON IS COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-TRIPLES ON 1/1/96
  - ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER PUBLIC
  - ESTABLISHMENT IS PRIVATE WITHOUT HOSPITAL AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP (I.E., HX48 ≠ 1 OR 5)
HX76  
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

I have recorded that (PERSON) {had health insurance coverage for} {was covered by a public program} on January 1, 1996. (Were/Was) (PERSON) ever covered by a more comprehensive health insurance plan or program that paid for medical and doctor's bills at any time in the years 1994 or 1995?

{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}

YES .................................... 1  
NO ..................................... 2  
REF ................................... -7  
DK .................................... -8  

----------------------------------------------------

| DISPLAY ‘had health...{(BELOW)}’ IF PERSON CONFIRMED AS POLICYHOLDER (HP09 IS CODED ‘1’) (YES)) OR SELECTED AS POLICYHOLDER (SELECTED AT HP11) OR SELECTED AS A DEPENDENT (SELECTED AT HP16) FOR ANY PRIVATE ESTABLISHMENT-POLICYHOLDER PAIR WHERE HX48 IS NOT CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS) AND NOT CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) EITHER ALONE OR WITH ANY COMBINATION OF CODES FOR ALL OF THOSE PRIVATE ESTABLISHMENT-POLICYHOLDER PAIRS. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ‘was....program’ IF PERSON SELECTED AT HX19 (FOR EITHER GROUP 1 OR GROUP 2 PROGRAM). OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ‘and’ IF PERSON CONFIRMED AS POLICYHOLDER (HP09 IS CODED ‘1’ (YES)) OR SELECTED AS POLICYHOLDER (SELECTED AT HP11) OR SELECTED AS A DEPENDENT (SELECTED AT HP16) FOR ANY PRIVATE ESTABLISHMENT-POLICYHOLDER PAIR WHERE HX48 IS NOT CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS) AND NOT CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) EITHER ALONE OR WITH ANY COMBINATION OF CODES FOR ALL OF THOSE PRIVATE ESTABLISHMENT-POLICYHOLDER PAIRS AND PERSON SELECTED AT HX19 (FOR EITHER GROUP 1 OR GROUP 2 PROGRAM). |

----------------------------------------------------

26-124
HX77
====

(PERSON’S FIRST MIDDLE AND LAST NAME)

When (were/was) (PERSON) most recently covered by this kind of health insurance? That is, in what month and year did the health insurance that paid for medical and doctor's bills end for the last time in 1994 or 1995?

[Enter Month,Year-2] .....................
REF .................................... -7
DK ..................................... -8

----------------------------------------------------
| '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED |
| ON THE MONTH AND YEAR FIELDS.                     |
----------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)

Was (PERSON)'s health insurance that ended in {DATE FROM HX77/1994 or 1995} obtained through an employer or union, was it a government program such as Medicare or Medicaid, or what?

CODE ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE EMPLOYER OR PUBLIC EMPLOYER (FEDERAL, STATE, OR LOCAL GOVERNMENT) ............ 1
MEDICARE ..................................... 2
MEDICAID ................................. 3
CHAMPUS/TRICARE/CHAMPVA .............. 4
VA OR MILITARY HEALTH CARE .......... 5
PURCHASED DIRECTLY FROM GROUP, ASSOCIATION, OR INSURANCE AGENT, INSURANCE COMPANY OR HMO ............... 6
OTHER TYPE OF GOVERNMENT SPONSORED PROGRAM ........................................ 7
OTHER PUBLIC PROGRAM:
   AFDC ..................................... 8
   SSI ....................................... 9
   {STATE PROGRAM 1}.................... 10
   {STATE PROGRAM 2} .................. 11
   {STATE PROGRAM 3} .................. 12
OTHER ........................................ 91
REF ....................................... -7
DK ....................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

| IF HX77 IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), DISPLAY THE DATE ENTERED AT HX77 FOR 'MONTH AND YEAR FROM HX77'. DISPLAY 'in 1994 or 1995' IF HX77 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). |
| FOR 'STATE PROGRAM N’, DISPLAY AN ACTUAL NAME OF |
| STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A |
| STATE THAT HAS OTHER STATE PROGRAMS, THAT IS, A |
| STATE OTHER THAN ONE OF THE FOLLOWING:            |
| ALASKA       MISSISSIPPI        SOUTH CAROLINA |
| DELAWARE     NEVADA             SOUTH DAKOTA |
| KANSAS       NORTH DAKOTA       VIRGINIA |
| MINNESOTA    OREGON             WISCONSIN |
| FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE, SEE |
| BOX ON HX16. |
| USE A NULL DISPLAY WHEN INTERVIEW IS BEING |
| CONDUCTED IN ONE OF THE STATES LISTED ABOVE. |

----------------------------------------------------

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH HX780V |

----------------------------------------------------

| OTHERWISE, GO TO HX79 |

----------------------------------------------------

HX780V
======

ENTER OTHER:

[Enter Other Specify] .................
REF .................................... -7
DK .................................... -8

HX79
====

(PERSON’S FIRST MIDDLE AND LAST NAME)  {STR-DT}

(Have/Has) (PERSON) ever been denied health insurance because of poor health?

YES .................................... 1
NO ..................................... 2 {END_LP20}
REF .................................... -7 {END_LP20}
DK ..................................... -8 {END_LP20}

26-127
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

SHOW CARD HX-9.

Looking at this card, which conditions caused (PERSON) to be denied health insurance?

CODE ALL THAT APPLY.

CANCER ................................ 1
HYPERTENSION .......................... 2
DIABETES .............................. 3
CORONARY ARTERY DISEASE ............... 4
OTHER ................................. 91
REF ................................. -7
DK ................................. -8

[Code All That Apply.]

------------------------------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH HX80OV              |
------------------------------------------------------------------------

------------------------------------------------------------------------
| OTHERWISE, GO TO END_LP20                                            |
------------------------------------------------------------------------

HX80OV

ENTER OTHER:

[Enter Other Specify] .................
REF ................................. -7
DK ................................. -8
END_LP20

=============

| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |

=============

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_20 AND CONTINUE WITH BOX_50 |

BOX_50

======

=============

| GO TO NEXT QUESTIONNAIRE SECTION. |

=============
For the next questions, it might be useful to have out some of the family’s financial records, such as a copy of the family’s tax forms or materials used to complete the tax form, such as year end bank statements, financial summaries, pay stubs, W-2 forms, and the like.

| NOTE: FOR ALL DOLLAR AMOUNT RANGE CHECKS, ALLOW | THE ENTRY OF DOLLARS AND CENTS. |
|-------------------------------------------------|

---

| LOOP DEFINITION: LOOP_01 DETERMINES WHICH RU | MEMBERS HAVE OR WILL FILE A 1996 FEDERAL INCOME |
| TAX FORM. IF A JOINT RETURN WAS OR WILL BE FILED, | IT DETERMINES WHO IS THE SECONDARY FILER. THIS |
| LOOP CYCLES ON PERSONS WHO MEET THE FOLLOWING | CONDITION: |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES | DECEASED AND INSTITUTIONALIZED RU MEMBERS) |

---

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,</th>
<th>ASK BOX_00 - END_LP01</th>
</tr>
</thead>
</table>

---

28-1
BOX_00

---

| IF PERSON BEING LOOPED ON IS FLAGGED AS | 'SECONDARY FILER ON JOINT FEDERAL TAX RETURN', GO | TO END_LP01 |

---

| OTHERWISE, CONTINUE WITH IN02 |

---

IN02

---

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has (PERSON) filed a 1996 Federal income tax return?

YES .................................... 1 {IN04}
NO ..................................... 2
REF ........................................ -7
DK ........................................... -8

PRESS F1 FOR DEFINITION OF TAX RETURN.

IN03

---

{PERSON'S FIRST MIDDLE AND LAST NAME}

Will (PERSON) file a 1996 Federal income tax return?

YES ........................................... 1
NO ........................................... 2 {END_LP01}
REF ........................................... -7 {END_LP01}
DK ........................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF TAX RETURN.
What {was/will be} (PERSON)’s filing status ...

single; ......................... 1 {IN06}
married filing joint return; .......... 2
married filing separately; .......... 3 {IN06}
head of household with qualifying
person; or ........................... 4 {IN06}
qualifying widow(er) with dependent
children? ........................... 5 {IN06}
REF ................................. -7 {IN06}
DK ................................. -8 {IN06}

[Code One]

PRESS F1 FOR DEFINITION OF RESPONSE CATEGORIES.
IN05
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Who is the other taxpayer that (PERSON) is filing jointly with?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code One]

PRESS F1 FOR DEFINITION OF 'FILING JOINTLY'.

-------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE |                          |
| RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET |                |
| THE FOLLOWING CONDITIONS: |                                |
|                           |                                  |
|   - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |                     |
|      DECEASED AND INSTITUTIONALIZED RU MEMBERS) |                     |
|   - PERSON IS NOT ALREADY FLAGGED AS A 'PRIMARY |                     |
|      FILER ON FEDERAL TAX RETURN' |                             |
|   - PERSON IS NOT ALREADY FLAGGED AS A 'SECONDARY |                     |
|      FILER ON JOINT FEDERAL TAX RETURN' |                     |
-------------------------------------------------------------------

-------------------------------------------------------------------
| DISPLAY 'PERSON NOT IN RU' AS THE LAST ENTRY |                                |
| ON THE ROSTER. |                                                      |
-------------------------------------------------------------------

-------------------------------------------------------------------
| FLAG PERSON SELECTED AT IN05 AS 'SECONDARY FILER |                  |
| ON JOINT FEDERAL TAX RETURN'. |                                      |
-------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) claim any dependents on (PERSON)’s Federal tax return?

YES ........................................ 1
NO ......................................... 2 {IN09}
REF ......................................... -7 {IN09}
DK .......................................... -8 {IN09}

PRESS F1 FOR DEFINITION OF DEPENDENTS.

| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY |
| 'Will' IF IN03 IS CODED '1' (YES). |
{PERSON'S FIRST MIDDLE AND LAST NAME}

Who {is/will be} listed as (PERSON)’s dependents?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]
{PERSON'S FIRST MIDDLE AND LAST NAME}

How many of the dependents that are being claimed on (PERSON)'s Federal income tax return live outside of this household?

[Enter Number of Dependents] .......... 
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF HOUSEHOLD.

---------------------------------------------------------------------
| SOFT RANGE CHECK: 1-10                                                   |
---------------------------------------------------------------------

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) file on the long form (1040), the short form 1040A, or the short form 1040EZ?

LONG FORM 1040 .............................. 1
SHORT FORM 1040A ................................. 2 {IN16}
SHORT FORM 1040EZ ................................. 3 {END_LP01}
OTHER ....................................... 91
REF ........................................ -7 {END_LP01}
DK ........................................ -8 {END_LP01}

[Code One]

---------------------------------------------------------------------
| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY |
| 'Will' IF IN03 IS CODED '1' (YES).              |
---------------------------------------------------------------------
IN10

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) itemize deductions or take the standard deduction?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 28 (ITEMIZED DEDUCTIONS) OR LINE 34 (SCHEDULE A IS NOT COMPLETED) (STANDARD DEDUCTION) TO DETERMINE THE TYPE OF DEDUCTION.

ITEMIZED DEDUCTIONS .................... 1
STANDARD DEDUCTION ..................... 2 {END_LP01}
REF .................................... -7 {END_LP01}
DK ..................................... -8 {END_LP01}

[Code One]

PRESS F1 FOR DEFINITION OF ITEMIZED AND STANDARD DEDUCTIONS.

__________________________________________________________
<p>| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY |</p>
<table>
<thead>
<tr>
<th>'Will' IF IN03 IS CODED '1' (YES).</th>
</tr>
</thead>
</table>

IN11

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) itemize medical expenses?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 1 TO SEE IF THERE IS AN ENTRY.

YES ................................. 1
NO .................................... 2 {IN14}
REF ................................... -7 {IN14}
DK .................................... -8 {IN14}

PRESS F1 FOR DEFINITION OF ITEMIZE MEDICAL EXPENSES.

__________________________________________________________
<p>| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY |</p>
<table>
<thead>
<tr>
<th>'Will' IF IN03 IS CODED '1' (YES).</th>
</tr>
</thead>
</table>
IN12
====

(Person's first middle and last name)

About how much (was/will be) the total amount (person) (claimed/claims) for medical expenses?

If tax form is available, have respondent refer to form 1040, schedule A, line 1 for amount.

[Enter $ Amount] .......................
REF .................................... -7
DK ..................................... -8

Press F1 for description of amounts to include.

----------------------------------------------------
<table>
<thead>
<tr>
<th>SOFT RANGE CHECK: 0-100,000</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY 'was' AND 'claimed' IF IN02 IS CODED '1' |
| (YES). DISPLAY 'will be' AND 'claims' IF IN03 IS |</p>
<table>
<thead>
<tr>
<th>CODED '1' (YES).</th>
</tr>
</thead>
</table>
IN13
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how much {was/will be} (PERSON)’s net deduction for medical and dental expenses?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 4 FOR AMOUNT.

[Enter $ Amount] .......................
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF NET DEDUCTION.

--------------------------------------------------------------------------
| SOFT RANGE CHECK:  0-100,000                                              |
--------------------------------------------------------------------------

--------------------------------------------------------------------------
| DISPLAY 'was’ IF IN02 IS CODED ‘1’ (YES). DISPLAY| |
| 'will be’ IF IN03 IS CODED ‘1’ (YES).            |
--------------------------------------------------------------------------

IN14
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how much {was/will be} the total of all the itemized deduction expenses?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 28 FOR AMOUNT.

[Enter $ Amount] .......................
REF .................................... -7
DK ..................................... -8

--------------------------------------------------------------------------
| SOFT RANGE CHECK:  0-200,000                                              |
--------------------------------------------------------------------------

--------------------------------------------------------------------------
| DISPLAY 'was’ IF IN02 IS CODED ‘1’ (YES). DISPLAY| |
| 'will be’ IF IN03 IS CODED ‘1’ (YES).            |
--------------------------------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)

(Did/Will) (PERSON) claim a deduction for health insurance premiums?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 26

[Code One]

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE DEDUCTION.
IN16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Did/Will) (PERSON) receive credit for the elderly or disabled?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 40
FORM 1040A, LINE 24b

YES .................................... 1
NO ........................................ 2
NOT APPLICABLE .......................... 3
REF ...................................... -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF ELDERLY OR DISABLED CREDIT.

----------------------------------------------------
| DISPLAY 'Did' IF IN02 IS CODED '1' (YES).  DISPLAY|
| 'Will' IF IN03 IS CODED '1' (YES).            |
----------------------------------------------------

IN17
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Did/Will) (PERSON) receive earned income credits?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 54
FORM 1040A, LINE 29c

YES .................................... 1
NO ........................................ 2
NOT APPLICABLE .......................... 3
REF ...................................... -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF EARNED INCOME CREDITS.
END_LP01

---------------------------------------------
| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY|  
| 'Will' IF IN03 IS CODED '1' (YES). |  
---------------------------------------------

END_LP01

---------------------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO |  
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|  
---------------------------------------------

---------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
| END LOOP_01 AND CONTINUE WITH BOX_01 |  
---------------------------------------------

BOX_01

---------------------------------------------
| IF IN02 CODED '1' (YES) OR IN03 CODED '1' (YES) FOR|  
| AT LEAST ONE RU MEMBER, CONTINUE WITH LOOP_02 |  
---------------------------------------------

---------------------------------------------
| OTHERWISE, GO TO IN34 |  
---------------------------------------------
LOOP_02
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
| ASK IN18 - END_LP02                         |

LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION ON TAXABLE INCOME FOR EACH RU MEMBER WHO HAS OR WILL FILE A 1996 FEDERAL TAX RETURN. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:

[- PERSON HAS FILED A 1996 FEDERAL INCOME TAX RETURN (IN02 = 1) OR
- PERSON WILL FILE A 1996 FEDERAL INCOME TAX RETURN (IN03 = 1)] AND
- PERSON FLAGGED AS ‘PRIMARY FILER ON FEDERAL TAX RETURN’

IN17A
=====
OMITTED
(People get money from many different sources, such as wages and salaries, social security, and interest on savings. The next few questions ask about different sources of income that (READ NAME(S) ABOVE) received in 1996. It would be useful to have out any tax materials that you may have.)

During 1996, how much money did (READ NAME(S) ABOVE) receive from wages or salary, tips, commissions, or bonuses?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 7
FORM 1040A, LINE 7
FORM 1040EZ, LINE 1

[Enter $ Amount] .......................
REF .................................... -7 (IN19)
DK ..................................... -8 (IN18A)

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.
BOX_IN18

----------------------------------------
| IF AMOUNT OTHER THAN ZERO ENTERED AT IN18 AND IN04| |
| IS CODED ‘2’ (MARRIED FILING JOINT RETURN),       | |
| CONTINUE WITH IN18OV                              | |
|----------------------------------------
| OTHERWISE, GO TO IN19                         | |

IN18OV

What percentage of this amount was received by (PRIMARY FILER)?

[Enter Percent] .......................  {IN19}
REF .................................... -7 {IN19}
DK ..................................... -8 {IN19}

----------------------------------------
| RANGE CHECK:  0-100                    | |
----------------------------------------
SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from wages or salary, tips, commissions, or bonuses in 1996]?

1 - 2,500 ....................................... 1  
2,501 - 5,000 ................................ 2  
5,001 - 10,000 ............................... 3  
10,001 - 20,000 .............................. 4  
20,001 - 30,000 ............................... 5  
30,001 - 40,000 ............................... 6  
40,001 - 50,000 ............................... 7  
50,001 - 75,000 ............................... 8  
75,001 - 100,000 ............................. 9  
100,001 OR MORE ................................ 10  
REF ........................................... -7  
DK ............................................ -8  

[Code One]
IN19
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF SECONDARY FILER}

During 1996, how much did (READ NAME(S) ABOVE) receive in interest from savings accounts, bonds, NOW accounts, money market accounts, or similar types of investments?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 8a
FORM 1040A, LINE 8a
FORM 1040EZ, LINE 2

[Enter $ Amount] .......................

REF ................................. -7 {IN19B}
DK .................................... -8 {IN19A}

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

____________________________________________________________________
| FOR 'NAME OF SECONDARY FILER', DISPLAY THE                          |
| PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR                    |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF                   |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE                  |
| A NULL DISPLAY.                                                     |
____________________________________________________________________

____________________________________________________________________
| SOFT RANGE CHECK: 0-100,000                                        |
____________________________________________________________________

BOX_IN19
=======

____________________________________________________________________
| IF AMOUNT OTHER THAN ZERO ENTERED AT IN19,                          |
| CONTINUE WITH IN19OV                                                |
____________________________________________________________________

____________________________________________________________________
| OTHERWISE, GO TO IN19B                                             |
____________________________________________________________________
What percentage of this interest amount was taxable?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 8b
FORM 1040A, LINE 8b
FORM 1040EZ, NO LINE REFERENCE

[Enter Percent] ...................... {IN19B}
REF .................................. -7 {IN19B}
DK ..................................... -8 {IN19B}

| RANGE CHECK: 0-100 |
IN19A
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [in interest from savings accounts, bonds, NOW accounts, money market accounts, or similar types of investments in 1996]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 ........................ 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ...................... 9
100,001 OR MORE ...................... 10
REF .................................... -7
DK ..................................... -8

[Code One]
INTERVIEWER: IS RESPONDENT WILLING TO CONTINUE ANSWERING TAXABLE INCOME QUESTIONS FOR THIS FILING UNIT?

YES .................................... 1
NO ..................................... 2 [END_LP02]

FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

IF IN09 IS CODED ‘1’ (LONG FORM), ‘2’ (SHORT FORM 1040A), OR ‘91’ (OTHER), CONTINUE WITH IN20

OTHERWISE, GO TO IN30
During 1996, how much money did (READ NAME(S) ABOVE) receive from dividends?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 9
FORM 1040A, LINE 9

[Enter $ Amount] .......................    {BOX_02A}
REF .................................... -7 {BOX_02A}
DK ..................................... -8

PRESS F1 FOR DEFINITION OF DIVIDENDS.

| FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE |
| PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |
| A NULL DISPLAY. |

| SOFT RANGE CHECK: 0-100,000 |

28-22
IN20A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from dividends in 1996]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ....................... 9
100,001 OR MORE ...................... 10
REF .................................... -7
DK ..................................... -8

[Code One]

| FOR 'NAME OF SECONDARY FILER', DISPLAY THE | |
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR | |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF | |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE | |
| A NULL DISPLAY. | |

BOX_02A
=====

| IF IN09 IS CODED '2' (SHORT FORM 1040A), GO TO | |
| IN25 | |

| OTHERWISE, CONTINUE WITH IN21 | |
IN21
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

During 1996, how much money did (READ NAME(S) ABOVE) receive from refunds of state or local income taxes?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 10

[Enter $ Amount] ....................... {IN22}
REF .................................... -7 {IN22}
DK ..................................... -8

PRESS F1 FOR DEFINITION OF INCOME TAX REFUNDS.

---------------------------------------------------------------------
| FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| SOFT RANGE CHECK: 0-100,000 |
---------------------------------------------------------------------

28-24
SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from refunds of state or local taxes in 1996]?

1 - 2,500 ............................... 1
2,501 - 5,000 ............................ 2
5,001 - 10,000 ........................... 3
10,001 - 20,000 .......................... 4
20,001 - 30,000 ........................... 5
30,001 - 40,000 .......................... 6
40,001 - 50,000 .......................... 7
50,001 - 75,000 ........................... 8
75,001 - 100,000 .......................... 9
100,001 OR MORE ........................ 10
REF .................................... -7
DK ..................................... -8

[Code One]
During 1996, how much money did (READ NAME(S) ABOVE) receive from alimony?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 11

[Enter $ Amount] ....................... {IN23}
REF .................................... -7 {IN23}
DK ..................................... -8

PRESS F1 FOR DEFINITION OF ALIMONY.

| SOFT RANGE CHECK: 0-100,000 |
SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from alimony in 1996]?

<table>
<thead>
<tr>
<th>Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 2,500</td>
<td>1</td>
</tr>
<tr>
<td>2,501 - 5,000</td>
<td>2</td>
</tr>
<tr>
<td>5,001 - 10,000</td>
<td>3</td>
</tr>
<tr>
<td>10,001 - 20,000</td>
<td>4</td>
</tr>
<tr>
<td>20,001 - 30,000</td>
<td>5</td>
</tr>
<tr>
<td>30,001 - 40,000</td>
<td>6</td>
</tr>
<tr>
<td>40,001 - 50,000</td>
<td>7</td>
</tr>
<tr>
<td>50,001 - 75,000</td>
<td>8</td>
</tr>
<tr>
<td>75,001 - 100,000</td>
<td>9</td>
</tr>
<tr>
<td>100,001 OR MORE</td>
<td>10</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]
IN23
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

During 1996, how much money did (READ NAME(S) ABOVE) earn or lose from (his/her/their) own non-farm business or practice?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 12

[Enter $ Amount] .......................
REF .................................... -7 {IN24}
DK ..................................... -8 {IN23A}

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

---------------------------------------------------------------------------------------------------------------------------------|
<p>| FOR 'NAME OF SECONDARY FILER’, DISPLAY THE |
| PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |</p>
<table>
<thead>
<tr>
<th>A NULL DISPLAY.</th>
</tr>
</thead>
</table>

---------------------------------------------------------------------------------------------------------------------------------|
<table>
<thead>
<tr>
<th>SOFT RANGE CHECK: 0-300,000</th>
</tr>
</thead>
</table>

BOX_IN23
========

---------------------------------------------------------------------------------------------------------------------------------|
<p>| IF AMOUNT OTHER THAN ZERO ENTERED AT IN23, |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH IN23OV1</th>
</tr>
</thead>
</table>

---------------------------------------------------------------------------------------------------------------------------------|
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO IN24</th>
</tr>
</thead>
</table>
INTERVIEWER: WAS THE AMOUNT ENTERED EARNINGS OR LOSS?

EARNINGS ............................... 1
LOSS ................................. 2

[Code One]

What percentage of this amount was {received/lost} by (PRIMARY FILER)?

[Enter Percent] ......................... {IN24}
REF .................................... -7 {IN24}
DK ..................................... -8 {IN24}

| IF IN23OV1 IS CODED '1' (EARNINGS), DISPLAY 'received'. IF IN23OV1 IS CODED '2' (LOSS), DISPLAY 'lost'. |
| RANGE CHECK: 0-100 |
IN23A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was earned or lost [from (his/her/their) own non-farm business or practice in 1996]?

1 - 2,500 ......................... 1
2,501 - 5,000 ....................... 2
5,001 - 10,000 ..................... 3
10,001 - 20,000 .................... 4
20,001 - 30,000 .................... 5
30,001 - 40,000 .................... 6
40,001 - 50,000 .................... 7
50,001 - 75,000 .................... 8
75,001 - 100,000 ................... 9
100,001 OR MORE .................. 10
REF .................................. -7 {IN24}
DK .................................. -8 {IN24}

[Code One]

-----------------------------------------------------------------------------------
| FOR 'NAME OF SECONDARY FILER', DISPLAY THE | | PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR | | THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF | | IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE | | A NULL DISPLAY. | |-----------------------------------------------------------------------------------

IN23AOV
=====

INTERVIEWER: DOES THE RANGE SELECTED REPRESENT EARNINGS OR LOSS?

EARNINGS ......................... 1
LOSS .............................. 2

[Code One]
During 1996, how much money was (READ NAME(S) ABOVE)’s net gain or net loss from the sale of property or other assets, including the sale of (his/her/their) home, if it was taxable?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINES 13 & 14

[Enter $ Amount] .......................
REF .................................... -7 {IN25}
DK ..................................... -8 {IN24A}

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

| SOFT RANGE CHECK: 0-300,000 |
INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN ........................................... 1 {IN25}
NET LOSS ........................................... 2 {IN25}

[Code One]

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF SECONDARY FILER)

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was earned or lost [from the sale of property or other assets, including the sale of (his/her/their) home, if it was taxable, in 1996]?

1 - 2,500 ....................................... 1
2,501 - 5,000 .................................. 2
5,001 - 10,000 ............................... 3
10,001 - 20,000 .............................. 4
20,001 - 30,000 .............................. 5
30,001 - 40,000 .............................. 6
40,001 - 50,000 .............................. 7
50,001 - 75,000 .............................. 8
75,001 - 100,000 ............................. 9
100,001 OR MORE ............................ 10
REF .................................................. -7 {IN25}
DK ............................................... -8 {IN25}

[Code One]
INTERVIEWER: DOES THE RANGE SELECTED REPRESENT
NET GAIN OR NET LOSS?

NET GAIN ...................................... 1
NET LOSS ...................................... 2

[Code One]

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF SECONDARY FILER)

During 1996, how much money did (READ NAME(S) ABOVE) receive from
payments from Individual Retirement Accounts (IRAs)?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 15a
FORM 1040A, LINE 10a

[Enter $ Amount] .........................
REF ........................................ -7 {IN26}
DK ......................................... -8 {IN25A}

PRESS F1 FOR DEFINITION OF IRA.

-------------------------------------------------------------------
| FOR 'NAME OF SECONDARY FILER', DISPLAY THE |
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |
| A NULL DISPLAY. |
-------------------------------------------------------------------

-------------------------------------------------------------------
| SOFT RANGE CHECK: 0-100,000 |
-------------------------------------------------------------------

28-33
BOX_IN25

-----------------------------------------------
| IF AMOUNT OTHER THAN ZERO ENTERED AT IN25,    |
| CONTINUE WITH IN25OV                          |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO IN26                         |
-----------------------------------------------

IN25OV

What percentage of this IRA amount was taxable?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 15b
FORM 1040A, LINE 10b

[Enter Percent] ........................    {IN26}
REF .................................... -7 {IN26}
DK ..................................... -8 {IN26}

-----------------------------------------------
| RANGE CHECK:  0-100                        |
-----------------------------------------------
Looking at this card, which range best estimates how much money was received [from payments from IRAs in 1996]?

- 1 - 2,500 .................................. 1
- 2,501 - 5,000 ............................ 2
- 5,001 - 10,000 .......................... 3
- 10,001 - 20,000 ......................... 4
- 20,001 - 30,000 ......................... 5
- 30,001 - 40,000 ......................... 6
- 40,001 - 50,000 ......................... 7
- 50,001 - 75,000 ......................... 8
- 75,001 - 100,000 ....................... 9
- 100,001 OR MORE ........................ 10
- REF .................................... -7
- DK ..................................... -8

[Code One]
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

During 1996, how much money did (READ NAME(S) ABOVE) receive from private pensions, military retirement, other Federal government employee pensions, state or local government employee pensions, or annuities?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 16b
FORM 1040A, LINE 11b

[Enter $ Amount] ....................... {BOX_02B}
REF .................................... -7 {BOX_02B}
DK ..................................... -8

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

------------------------------------------------------------------------
| FOR 'NAME OF SECONDARY FILER’, DISPLAY THE | |
| PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR | |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF | |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE | |
| A NULL DISPLAY. | |
------------------------------------------------------------------------

------------------------------------------------------------------------
| SOFT RANGE CHECK: 0-300,000 | |
------------------------------------------------------------------------
SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from private pensions, military retirement, other Federal government employee pensions, state or local government employee pensions, or annuities in 1996]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ....................... 9
100,001 OR MORE ...................... 10
REF .................................... -7
DK ..................................... -8

[Code One]

FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

IF IN09 IS CODED '2' (SHORT FORM 1040A), GO TO IN30

OTHERWISE, CONTINUE WITH IN28
During 1996, how much money did (READ NAME(S) ABOVE) receive as a net gain or loss from estates or trusts, partnerships, S corporations, royalties, or from rental income?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 17

[Enter $ Amount] .......................
REF .................................... -7 {IN29}
DK ..................................... -8 {IN28A}

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

| FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY. |
| SOFT RANGE CHECK: 0-300,000 |

IF AMOUNT OTHER THAN ZERO ENTERED AT IN28, CONTINUE WITH IN28OV

OTHERWISE, GO TO IN29
INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN ............................... 1 {IN29}
NET LOSS ............................... 2 {IN29}

[Code One]

(Person's first middle and last name) (Name of secondary filer)

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was earned or lost [from estates or trusts, partnerships, S corporations, royalties, or from rental income in 1996]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 ........................... 3
10,001 - 20,000 ........................... 4
20,001 - 30,000 ........................... 5
30,001 - 40,000 ........................... 6
40,001 - 50,000 ........................... 7
50,001 - 75,000 ........................... 8
75,001 - 100,000 ........................ 9
100,001 OR MORE ........................ 10
REF .................................... -7 {IN29}
DK ..................................... -8 {IN29}

[Code One]

| FOR 'NAME OF SECONDARY FILER', DISPLAY THE |
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |
| A NULL DISPLAY. |
INTERVIEWER: DOES THE RANGE SELECTED REPRESENT NET GAIN OR NET LOSS?

NET GAIN ........................................... 1
NET LOSS ........................................... 2

[Code One]

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF SECONDARY FILER)

During 1996, how much money did (READ NAME(S) ABOVE) earn or lose from (his/her/their) own farm?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 18

[Enter $ Amount] .........................
REF ................................................... -7 {IN30}
DK ................................................... -8 {IN29A}

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

------------------------------------------------------------------------------------------------------------------
| FOR 'NAME OF SECONDARY FILER’, DISPLAY THE |
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |
| A NULL DISPLAY. |
------------------------------------------------------------------------------------------------------------------

----

SOFT RANGE CHECK: 0-100,000

---
BOX_IN29
========

| IF AMOUNT OTHER THAN ZERO ENTERED AT IN29, | CONTINUE WITH IN29OV1 |
| | | |
----------------------------------------------------

| OTHERWISE, GO TO IN30 |
| | |
----------------------------------------------------

IN29OV1
=======

INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN ....................... 1
NET LOSS ....................... 2

[Code One]

BOX_IN29OV1
==========

| IF IN04 CODED ‘2’ (MARRIED FILING JOINT RETURN), |
| CONTINUE WITH IN29OV2 |
| | |
----------------------------------------------------

| OTHERWISE, GO TO IN30 |
| | |
----------------------------------------------------
What percentage of this amount was {received/lost} by (PRIMARY FILER)?

[Enter Percent] .................. {IN30}
REF .................................. -7 {IN30}
DK .................................. -8 {IN30}

| RANGE CHECK: 0-100 |
Looking at this card, which range best estimates how much money was earned or lost [from (his/her/their) own farm in 1996]? 

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 ......................... 3
10,001 - 20,000 ......................... 4
20,001 - 30,000 ......................... 5
30,001 - 40,000 ......................... 6
40,001 - 50,000 ......................... 7
50,001 - 75,000 ......................... 8
75,001 - 100,000 ....................... 9
100,001 OR MORE ...................... 10
REF .................................... -7 {IN30}
DK ..................................... -8 {IN30}

INTERVIEWER: DOES THE RANGE SELECTED REPRESENT NET GAIN OR NET LOSS?

NET GAIN ............................... 1
NET LOSS ............................... 2
During 1996, how much money did (READ NAME(S) ABOVE) receive from unemployment compensation?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 19
FORM 1040A, LINE 12
FORM 1040EZ, LINE 3

[Enter $ Amount] ........................
REF .................................... -7 {BOX_03}
DK ..................................... -8 {IN30A}

PRESS F1 FOR DEFINITION OF UNEMPLOYMENT COMPENSATION.

| FOR 'NAME OF SECONDARY FILER', DISPLAY THE|
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR|
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF|
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE|
| A NULL DISPLAY. |

| SOFT RANGE CHECK: 0-100,000 |

| IF AMOUNT OTHER THAN ZERO ENTERED AT IN30, |
| CONTINUE WITH IN30OV |

| OTHERWISE, GO TO BOX_03 |

28-44
IN300V

What percentage of this amount was taxable?

[Enter Percent] ...................... (BOX_03)
REF .................................... -7 (BOX_03)
DK ..................................... -8 (BOX_03)

| RANGE CHECK: 0-100 |

IN30A

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from unemployment compensation in 1996]?

1 - 2,500 ......................... 1
2,501 - 5,000 ...................... 2
5,001 - 10,000 ..................... 3
10,001 - 20,000 .................... 4
20,001 - 30,000 ................... 5
30,001 - 40,000 ................... 6
40,001 - 50,000 ................... 7
50,001 - 75,000 .................... 8
75,001 - 100,000 .................. 9
100,001 OR MORE ................... 10
REF .................................... -7
DK ..................................... -8

[Code One]
IF IN09 IS CODED '1' (LONG FORM), '2' (SHORT FORM 1040A), OR '91' (OTHER), CONTINUE WITH IN31

OTHERWISE, GO TO IN33

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}
During 1996, how much money did (READ NAME(S) ABOVE) receive from Social Security and equivalent tier 1 Railroad Retirement benefits?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 20a FORM 1040A, LINE 13a

[Enter $ Amount] .......................
REF ............................... -7 (IN33)
DK ................................. -8 (IN32)

PRESS F1 FOR DEFINITION OF SOCIAL SECURITY.

FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

SOFT RANGE CHECK: 0-100,000
IN31

-------------
| IF AMOUNT OTHER THAN ZERO ENTERED AT IN31, |
| CONTINUE WITH IN31OV                        |
-------------

-------------
| OTHERWISE, GO TO IN33                         |
-------------

IN31OV

What percentage of this amount was taxable?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 20b
FORM 1040A, LINE 13b

[Enter Percent] ....................... (IN33)
REF .................................. -7 (IN33)
DK .................................. -8 (IN33)

-------------
| RANGE CHECK: 0-100                          |
-------------
IN32
====

{PERSON'S FIRST MIDDLE AND LAST NAME}    {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from Social Security and equivalent tier 1 Railroad Retirement benefits in 1996]?

1 - 2,500 ............................... 1  
2,501 - 5,000 ............................ 2  
5,001 - 10,000 ........................... 3  
10,001 - 20,000 ........................... 4  
20,001 - 30,000 ........................... 5  
30,001 - 40,000 ........................... 6  
40,001 - 50,000 ........................... 7  
50,001 - 75,000 ........................... 8  
75,001 - 100,000 ........................ 9  
100,001 OR MORE .......................... 10
REF ................................... -7  
DK .................................... -8

[Code One]

---------------------------------------------
| FOR 'NAME OF SECONDARY FILER', DISPLAY THE |  
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR |  
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF|  
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE|  
| A NULL DISPLAY. |
Interviewer: What records were used in completing the taxable income questions for the person(s) listed above?

Code all that apply.

- Respondent’s/family member’s memory .... 1
- W-2 forms .................................. 2
- Completed tax return form ............... 3
- Bank statements ............................ 4
- Respondent’s/family member’s check book 5
- Year end financial statements .......... 6
- Pay stubs ................................. 7
- Other .................................... 91

[Code all that apply]

---

Box_IN33

---

| If IN33 is coded '91' (other) alone or in combination with other codes, continue with IN33OV |

---

| Otherwise, go to END_LP02 |

---

IN33OV

---

Enter other:

[Other Specify] .........................
- REF .................. -7
- DK .................... -8
During 1996, did anyone in the family receive Worker's Compensation?

YES ........................................... 1
NO ............................................. 2 {IN37}
REF ........................................... -7 {IN37}
DK ............................................. -8 {IN37}

PRESS F1 FOR DEFINITION OF WORKER’S COMPENSATION.

| IF CODED ‘1’ (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS ‘RECEIVED WORKER’S |
| COMPENSATION’ AT IN35 AND GO TO LOOP_03 |

-------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION. |
-------------------------------

-------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH IN34 |
-------------------------------
Who received Worker’s Compensation in 1996?

PROBE: Anyone else receive Worker’s Compensation in 1996?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

ROSTER DEFINITION: THIS ITEM USES THE
RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET
THE FOLLOWING CONDITION:
- PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES
  DECEASED AND INSTITUTIONALIZED RU MEMBERS)

LOOP_03

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
ASK IN36 - END_LP03

LOOP DEFINITION: LOOP_03 DETERMINES HOW MUCH
MONEY WAS RECEIVED FROM WORKER’S COMPENSATION FOR
RU MEMBERS WHO RECEIVED WORKER’S COMPENSATION IN
1996. THIS LOOP CYCLES ON EACH PERSON ON THE
RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING
CONDITIONS:
- PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES
  DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON RECEIVED WORKER’S COMPENSATION IN 1996
  (SELECTED AT IN35)
IN36
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How much money did (PERSON) receive from Worker’s Compensation [in 1996]?

[Enter $ Amount] ....................... {END_LP03}
REF .................................... -7 {END_LP03}
DK ..................................... -8

---------------------------------------------------------------------
| SOFT RANGE CHECK: 0-50,000                                    |
---------------------------------------------------------------------

IN36A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from Worker’s Compensation in 1996]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ........................ 9
100,001 OR MORE ........................ 10
REF .................................... -7
DK ..................................... -8

[Code One]
During 1996, did anyone in the family receive Supplemental Security Income, also known as S.S.I.?

YES ........................................ 1
NO .......................................... 2 {IN41}
REF .......................................... -7 {IN41}
DK .......................................... -8 {IN41}

PRESS F1 FOR DEFINITION OF S.S.I.

<p>| IF CODED ’1’ (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS ’RECEIVED S.S.I.’ AT |</p>
<table>
<thead>
<tr>
<th>IN38 AND GO TO LOOP_04</th>
</tr>
</thead>
</table>
Who received Supplemental Security Income in 1996?

PROBE: Anyone else receive S.S.I. in 1996?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

-----------------------------
| ROSTER DEFINITION: THIS ITEM USES THE |
| RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET |
| THE FOLLOWING CONDITION: |
| |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |
| DECEASED AND INSTITUTIONALIZED RU MEMBERS) |

LOOP_04

-------

-----------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
| ASK BOX_03A - END_LP04 |

-----------------------------
| LOOP DEFINITION: LOOP_04 DETERMINES HOW MUCH |
| MONEY WAS RECEIVED FROM SUPPLEMENTAL SECURITY |
| INCOME (S.S.I) FOR RU MEMBERS WHO RECEIVED S.S.I. |
| IN 1996. THIS LOOP CYCLES ON EACH PERSON ON THE |
| RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING |
| CONDITIONS: |
| |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |
| DECEASED AND INSTITUTIONALIZED RU MEMBERS) |
| - PERSON RECEIVED SUPPLEMENTAL SECURITY INCOME IN |
| 1996 (SELECTED AT IN38) |
| IF PERSON IS LESS THAN 65 YEARS OLD OR IN AGE |
| CATEGORIES 1-8, CONTINUE WITH IN39 |
| OTHERWISE, GO TO IN40A |

IN39
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did (PERSON) receive money from Supplemental Security Income because of (PERSON)'s **own** disability or for some other reason?

- DISABILITY ....................... 1
- SOME OTHER REASON ............... 2
- REF .................................. -7
- DK .................................. -8

[Code One]

IN40A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

For how many months in 1996 did (PERSON) receive money from Supplemental Security Income?

- [Enter Number of Months] ..............
- REF .................................. -7
- DK .................................. -8

<table>
<thead>
<tr>
<th>RANGE CHECK: 1-12</th>
</tr>
</thead>
</table>
IN40B

{PERSON'S FIRST MIDDLE AND LAST NAME}

On average, how much money did (PERSON) get per month [from Supplemental Security Income in 1996]?

[Enter $ Amount] ......................... {END_LP04}
REF .................................... -7 {END_LP04}
DK ..................................... -8

| SOFT RANGE CHECK: 0-50,000 |
----------------------------------

IN40C

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-2.

Looking at this card, which range best estimates how much money was received per month [from Supplemental Security Income in 1996]?

1 - 250 .................................. 1
251 - 500 ................................ 2
501 - 750 ................................ 3
751 - 1,000 .............................. 4
1,001 OR MORE ........................... 5
REF .................................... -7
DK ..................................... -8

[Code One]
During 1996, did anyone in the family receive any money from public assistance (such as AFDC or general assistance)?

YES ............................................. 1
NO ............................................... 2 {IN46}
REF .............................................. -7 {IN46}
DK ............................................... -8 {IN46}

PRESS F1 FOR DEFINITION OF PUBLIC ASSISTANCE.

| IF CODED '1' (YES) AND A SINGLE PERSON RU,
| AUTOMATICALLY CODE PERSON AS 'RECEIVED PUBLIC
| ASSISTANCE' AT IN42 AND GO TO LOOP_05 |
Whose name was on the checks?

PROBE: Does anyone else receive a check from public assistance in their name?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]
{PERSON'S FIRST MIDDLE AND LAST NAME}

Sometimes checks from public assistance cover more than one person in the family, even though only one person’s name is on the check.

Who is covered by (PERSON)’s checks from public assistance?

PROBE: Did (PERSON)’s checks cover anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE |
| RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET |
| THE FOLLOWING CONDITIONS: |
| |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |
|  DECEASED AND INSTITUTIONALIZED RU MEMBERS) |
| - PERSON IS NOT SELECTED AS RECEIVING HIS OWN |
|  PUBLIC ASSISTANCE CHECKS, THAT IS PERSON WAS NOT |
|  SELECTED AT IN42 |
|---------------------------------------------------------------------

---------------------------------------------------------------------
| DISPLAY ‘PERSON NOT IN RU’ AS THE 2ND TO LAST |
| ENTRY ON THE ROSTER. |
|---------------------------------------------------------------------

---------------------------------------------------------------------
| DISPLAY ‘CHECK ONLY COVERS (PERSON) IN HEADER’ |
| AS THE LAST ENTRY ON THE ROSTER. |
|---------------------------------------------------------------------
IN44
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did any of (PERSON)’s checks include money from Aid to Families with Dependent Children, also known as AFDC or ADC?

YES .............................................. 1
NO ............................................... 2
REF ............................................. -7
DK .............................................. -8

PRESS F1 FOR DEFINITION OF AFDC.

IN45A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

For how many months in 1996 did (PERSON) receive checks from public assistance?

[Enter Number of Months] ..............
REF ............................................. -7
DK .............................................. -8

---------------------------------------------------------------------
| RANGE CHECK:  1-12                                                  |
---------------------------------------------------------------------

IN45B
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On average, how much money did (PERSON) get per month [from public assistance in 1996]?

[Enter $ Amount] ...................... {END_LP05}
REF ............................................. -7 {END_LP05}
DK .............................................. -8

---------------------------------------------------------------------
| SOFT RANGE CHECK:  0-50,000                                         |
---------------------------------------------------------------------

28-60
Looking at this card, which range best estimates how much money was received per month [from public assistance in 1996]?

1 - 250 .................................. 1  
251 - 500 ................................. 2  
501 - 750 ................................. 3  
751 - 1,000 ............................... 4  
1,001 OR MORE ........................... 5  
REF .................................... -7  
DK ..................................... -8 

[Code One]
During 1996, did anyone in the family receive any money from child support?

YES .................................... 1
NO ..................................... 2 {IN49}
REF ................................... -7 {IN49}
DK .................................... -8 {IN49}

PRESS F1 FOR DEFINITION OF CHILD SUPPORT.

---
| IF CODED ‘1’ (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS ‘RECEIVED CHILD |
| SUPPORT’ AT IN47 AND GO TO LOOP_06 |
---

Who received child support in 1996?

PROBE: Anyone else receive child support in 1996?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

PRESS F1 FOR DESCRIPTION OF WHO TO INCLUDE.

---
| ROSTER DEFINITION: THIS ITEM USES THE |
| RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET |
| THE FOLLOWING CONDITION: |
| |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |
| DECEASED AND INSTITUTIONALIZED RU MEMBERS) |
---

28-62
LOOP_06

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,        |
| ASK IN48A - END_LP06                              |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION:  LOOP_06 DETERMINES HOW MUCH     |
| MONEY WAS RECEIVED FROM CHILD SUPPORT FOR RU      |
| MEMBERS WHO RECEIVED CHILD SUPPORT IN 1996.       |
| THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-|
| ROSTER WHO MEETS THE FOLLOWING CONDITIONS:        |
|                                                   |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |
|   DECEASED AND INSTITUTIONALIZED RU MEMBERS)      |
| - PERSON RECEIVED CHILD SUPPORT IN 1996 (SELECTED |
|   AT IN47)                                       |
----------------------------------------------------

IN48A

{PERSON'S FIRST MIDDLE AND LAST NAME}

For how many months in 1996 did (PERSON) receive money from child support?

[Enter Number of Months] ...............  
REF .................................. -7  
DK .................................... -8

----------------------------------------------------
| RANGE CHECK:  1-12                      |
----------------------------------------------------
IN48B
=====
{PERSON'S FIRST MIDDLE AND LAST NAME}

On average, how much money did (PERSON) get per month [from child support in 1996]?

[Enter $ Amount] ........................ {END_LP06}
REF ................................. -7 {END_LP06}
DK ................................. -8

----------------------------------------------------
| SOFT RANGE CHECK: 0-100,000                      |
----------------------------------------------------

IN48C
=====
{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-2.

Looking at this card, which range best estimates how much money was received per month [from child support in 1996]?

1 - 250 ................................. 1
251 - 500 ............................... 2
501 - 750 ............................... 3
751 - 1,000 ............................. 4
1,001 OR MORE ........................... 5
REF ................................. -7 {END_LP06}
DK ................................. -8

[Code One]
Not counting military retirement, during 1996, did anyone in the family receive any veteran’s payments such as education or disability benefits?

YES .................................... 1
NO ..................................... 2 {IN52}
REF ................................... -7 {IN52}
DK .................................... -8 {IN52}

PRESS F1 FOR DEFINITION OF VETERAN’S PAYMENTS.

| IF CODED ‘1’ (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS ‘RECEIVED VETERAN’S PAYMENTS’ AT IN50 AND GO TO LOOP_07 |
Who received veteran’s payments such as education or disability benefits [in 1996]?

PROBE: Anyone else receive veteran’s payments in 1996?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]
How much money did (PERSON) receive from veterans payments such as education or disability benefits in 1996? [Do not include military retirement.]

[Enter $ Amount] .......................    {END_LP07}
REF .................................... -7 {END_LP07}
DK ..................................... -8

----------------------------------------------------
|  SOFT RANGE CHECK:  0-100,000                      |
----------------------------------------------------

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from veteran’s payments such as education or disability benefits in 1996]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 .......................... 4
20,001 - 30,000 .......................... 5
30,001 - 40,000 .......................... 6
40,001 - 50,000 .......................... 7
50,001 - 75,000 .......................... 8
75,001 - 100,000 ........................ 9
100,001 OR MORE ........................ 10
REF .................................... -7
DK ..................................... -8

[Code One]
Besides what we have already talked about, during 1996, did any one in the family receive any money from regular cash contributions from people who do not live in this household?

YES .................................... 1
NO ..................................... 2 {IN55}
REF ................................... -7 {IN55}
DK .................................... -8 {IN55}

PRESS F1 FOR DESCRIPTION OF REGULAR CASH CONTRIBUTIONS AND HOUSEHOLD.

| IF CODED ‘1’ (YES) AND A SINGLE PERSON RU, | |
| AUTOMATICALLY CODE PERSON AS ‘RECEIVED REGULAR CASH CONTRIBUTIONS FROM OUTSIDE HOUSEHOLD’ AT | |
| IN53 AND GO TO LOOP_08 | |
IN53
====

Who received regular cash contributions from people who do not live in this household [in 1996]?

PROBE: Anyone else receive regular cash contributions, in 1996, from people who do not live here?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

-----------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE |
| RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET |
| THE FOLLOWING CONDITION: |
| |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |
| DECEASED AND INSTITUTIONALIZED RU MEMBERS) |

LOOP_08
======

-----------------------------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
| ASK IN54A - END_LP08 |

-----------------------------------------------------------------------------

LOOP DEFINITION: LOOP_08 DETERMINES HOW MUCH |
MONEY WAS RECEIVED FROM REGULAR CASH |
CONTRIBUTIONS FROM OUTSIDE THE HOUSEHOLD FOR RU |
MEMBERS WHO RECEIVED THESE TYPES OF CONTRIBUTIONS |
IN 1996. THIS LOOP CYCLES ON EACH PERSON ON THE |
RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING |
CONDITIONS:
|
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |
| DECEASED AND INSTITUTIONALIZED RU MEMBERS) |
| - PERSON RECEIVED REGULAR CASH CONTRIBUTIONS |
| FROM SOMEONE OUTSIDE OF THE HOUSEHOLD IN 1996 |
| (SELECTED AT IN53) |

28-69
IN54A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

For how many months in 1996 did (PERSON) receive money from regular cash contributions from people who do not live in this household?

[Enter Number of Months] ...............  
REF ........................................ -7
DK .......................................... -8

-------------------------------------------------------------------------
| RANGE CHECK:  1-12 |
-------------------------------------------------------------------------

IN54B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On average, how much money did (PERSON) get per month [from regular cash contributions from people who do not live in this household, in 1996]?

[Enter $ Amount] ....................... {END_LP08}
REF ........................................ -7 {END_LP08}
DK .......................................... -8

-------------------------------------------------------------------------
| SOFT RANGE CHECK:  0-100,000 |
-------------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-2.

Looking at this card, which range best estimates how much money was received per month [from regular cash contributions from people who do not live in this household, in 1996]?

1 - 250 ...................................... 1
251 - 500 .................................... 2
501 - 750 .................................... 3
751 - 1,000 .................................. 4
1,001 OR MORE .............................. 5
REF ........................................ -7
DK ........................................ -8

[Code One]

END_LP08

------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION.                                     |
------------------------------

------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_08 AND CONTINUE WITH IN55            |
------------------------------

IN55

====

During 1996, did anyone in the family purchase or receive food stamps?

YES ...................................... 1
NO ....................................... 2 {IN59}
REF ...................................... -7 {IN59}
DK ....................................... -8 {IN59}

PRESS F1 FOR DEFINITION OF FOOD STAMPS.
For how many months in 1996 were these food stamps purchased or received?

[Enter Months] .........................
REF ................................... -7
DK .................................... -8

| RANGE CHECK: 1-12 |

About how much did the family pay each month for food stamps?

[Enter $ Amount] .......................
REF ................................... -7
DK .................................... -8

| SOFT RANGE CHECK: 0-500 |

What was the approximate monthly value of the stamps?

[Enter $ Amount] .......................
REF ................................... -7
DK .................................... -8

| SOFT RANGE CHECK: 0-1,000 |
IN59
====

SHOW CARD IN-3.

This card lists some sources of income. Has anyone in the family received any income, other than income we have already talked about, such as income from sources listed on this card?

YES ..................................... 1
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK ..................................... -8 {BOX_04}

PRESS F1 FOR DEFINITIONS OF SHOW CARD CATEGORIES.

LOOP_09
======

---------------------------------------------------------------------
| FOR EACH OF THE FOLLOWING:                                       |
|                                                               |
| OTHER INCOME SOURCE CATEGORY 1                                 |
| OTHER INCOME SOURCE CATEGORY 2                                 |
| OTHER INCOME SOURCE CATEGORY 3                                 |
| OTHER INCOME SOURCE CATEGORY 4                                 |
| OTHER INCOME SOURCE CATEGORY 5                                 |
|                                                               |
| ASK IN60 - END_LP09                                           |
---------------------------------------------------------------------

---------------------------------------------------------------------
| LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION ABOUT OTHER SOURCES |
| OF TAXABLE INCOME. THIS LOOP CYCLES ON SOURCES OF TAXABLE        |
| INCOME LISTED AT IN60. THE FIRST CYCLE OF THIS LOOP COLLECTS THE  |
| FIRST SOURCE OF TAXABLE INCOME. SUBSEQUENT CYCLES OF THE LOOP    |
| ARE DETERMINED BY THE RESPONSE AT IN63. IF IN63 IS CODED '1' (YES)|
| (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT SOURCE OF TAXABLE | INCOME. IF IN63 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS. |
---------------------------------------------------------------------
SHOW CARD IN-3.

From which of the sources on this card did anyone in the family receive income [that we have not yet talked about]?

- WAGES AND SALARY ...................... 1 {BOX_03B}
- FARM INCOME (OR LOSS) ............... 2 {BOX_03B}
- BUSINESS INCOME (OR LOSS) ........ 3 {BOX_03B}
- SOCIAL SECURITY/RAILROAD RETIREMENT ... 4 {BOX_03B}
- PRIVATE, MILITARY, OR GOVERNMENT
  - PENSIONS ............................ 5 {BOX_03B}
- INTEREST .............................. 6 {BOX_03B}
- DIVIDENDS ............................. 7 {BOX_03B}
- RENTAL INCOME (OR LOSS) ............ 8 {BOX_03B}
- OTHER SOURCE .......................... 91
- REF ................................... -7 {BOX_03B}
- DK ..................................... -8 {BOX_03B}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

- [Other Specify] ............................
- REF ................................... -7 {BOX_03B}
- DK ..................................... -8 {BOX_03B}

---

| IF SINGLE PERSON RU, AUTOMATICALLY CODE PERSON AS    |
| ‘RECEIVED INCOME FROM IN60 SOURCE’ AT IN61 AND GO    |
| TO IN62 OTHERWISE CONTINUE WITH IN61               |

---

28-74
INCOME SOURCE: {DISPLAY CATEGORY SELECTED AT IN60........} 

Who received income from (INCOME SOURCE) in 1996? 

PROBE: Anyone else receive income from (INCOME SOURCE) in 1996? 

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC. 

[1. First Name, [Middle Name], Last name-65] 
[2. First Name, [Middle Name], Last name-65] 
[3. First Name, [Middle Name], Last name-65] 

[Code All That Apply] 

----------- ----------------------------- 
| ROSTER DEFINITION: THIS ITEM USES THE | 
| RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET | 
| THE FOLLOWING CONDITION: | 
| | 
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES | 
| DECEASED AND INSTITUTIONALIZED RU MEMBERS) | 
----------- ----------------------------- 

----------- ----------------------------- 
| FOR 'DISPLAY CATEGORY SELECTED AT IN60..', | 
| DISPLAY THE RESPONSE CATEGORY NAME SELECTED AT | 
| IN60 DURING THE CURRENT LOOP. | 
----------- ----------------------------- 

28-75
INCOME SOURCE: {DISPLAY CATEGORY SELECTED AT IN60.........}

What is the total amount received from (INCOME SOURCE), in 1996, for all of the people just mentioned?

[Enter $ Amount] .......................
REF .............................. -7  {IN63}
DK .............................. -8  {IN62A}

-------------------------------------------------------------------
| FOR 'DISPLAY CATEGORY SELECTED AT IN60.....',                  |
| DISPLAY THE RESPONSE CATEGORY NAME SELECTED AT                  |
| IN60 DURING THE CURRENT LOOP.                                    |
-------------------------------------------------------------------

-------------------------------------------------------------------
| SOFT RANGE CHECK:  0-100,000                                      |
-------------------------------------------------------------------

BOX_IN62

-----------------------------------------------
| IF AMOUNT OTHER THAN ZERO ENTERED AT IN62 AND |
| IN60 IS CODED ‘2’ (FARM INCOME OR LOSS), ‘3’ |
| (BUSINESS INCOME OR LOSS), ‘8’ (RENTAL INCOME OR |
| LOSS), OR ‘91’ (OTHER SOURCE), CONTINUE WITH     |
| IN62OV                                         |
-----------------------------------------------

-------------------------------------------------------------------
| OTHERWISE, GO TO IN63                                       |
-------------------------------------------------------------------

IN62OV

-----------------------------
INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN .......................... 1 {IN63}
NET LOSS .......................... 2 {IN63}

[Code One]
INCOME SOURCE: {DISPLAY CATEGORY SELECTED AT IN60...........}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from (INCOME SOURCE) in 1996]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ....................... 9
100,001 OR MORE ...................... 10
REF .................................... -7
DK ..................................... -8

[Code One]
INTERVIEWER: DOES THE RANGE SELECTED REPRESENT NET GAIN OR NET LOSS?

NET GAIN ........................................ 1
NET LOSS ........................................ 2

[Code One]

SHOW CARD IN-3.

Aside from what you already told me about, has anyone in the family received any other income, such as income from another source listed on this card?

YES ........................................ 1
NO ............................................. 2
REF ........................................ -7
DK ........................................ -8

PRESS F1 FOR DEFINITIONS OF SHOW CARD CATEGORIES.

| IF IN63 IS CODED '1' (YES), CYCLE TO COLLECT THE NEXT OTHER INCOME CATEGORY. |
----------------------------------------------------

| OTHERWISE END LOOP_09, AND CONTINUE WITH BOX_04 |
----------------------------------------------------

| GO TO NEXT QUESTIONNAIRE SECTION |
----------------------------------------------------

28-78
Now I will ask you a few questions about how (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) works for non-emergency care.

We are interested in knowing if (POLICYHOLDER)'s (ESTABLISHMENT) plan is an HMO, that is, a Health Maintenance Organization. With an HMO, you must generally receive care from HMO physicians. For other doctors, the expense is not covered unless you were referred by the HMO or there was a medical emergency.

(When answering this question, do not consider (POLICYHOLDER)'s insurance through Medicare.)

Is (POLICYHOLDER)'s (INSURER NAME) an HMO?

YES .............................................. 1 {MC05}
NO ............................................... 2
REF ................................................ -7
DK ................................................. -8

PRESS F1 FOR DEFINITION OF HMO.

| DISPLAY 'When answering this question, do not consider (POLICYHOLDER)'s insurance through Medicare.' IF POLICYHOLDER BEING ASKED ABOUT IS ALSO COVERED BY MEDICARE. OTHERWISE, USE A NULL DISPLAY. |
MC02
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT........) (STR-DT)
(END-DT)

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

(Do/Does) (POLICYHOLDER)’s insurance plan require (POLICYHOLDER) to sign up with a certain primary care doctor, group of doctors, or a certain clinic which (POLICYHOLDER) must go to for all of (POLICYHOLDER)’s routine care?

PROBE: Do not include emergency care or care from a specialist you were referred to.

YES .................................... 1 {MC04}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

MC03
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT........) (STR-DT)
(END-DT)

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Is there a book or list of doctors associated with the plan?

YES ........................................... 1 {MC04}
NO .......................................... 2 {BOX_01}
REF ......................................... -7 {BOX_01}
DK ........................................... -8 {BOX_01}
Will {POLICYHOLDER}'s plan pay for any of the costs of visits to doctors who are not associated with {POLICYHOLDER}'s plan, even if {POLICYHOLDER} (do/does) not have a referral?

YES .................................... 1 {BOX_01}
NO ........................................ 2 {BOX_01}
REF ....................................... -7 {BOX_01}
DK ....................................... -8 {BOX_01}

Will {POLICYHOLDER}'s plan pay for any of the costs of visits to doctors who are not part of {POLICYHOLDER}'s HMO, even if {POLICYHOLDER} (do/does) not have a referral?

YES .................................... 1
NO ........................................ 2
REF ....................................... -7
DK ....................................... -8
Medical Provider Visits (MV) Section

MV01
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

Did (PERSON) visit (PROVIDER) on (VISIT DATE) in person or was this a telephone call?

SAW PROVIDER ......................... 1
TELEPHONE CALL ....................... 2
REF .................................. -7
DK ................................... -8

[Code One]

----------------------------------------
<table>
<thead>
<tr>
<th>IF MV01 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS 'MV-IN-PERSON.'</th>
</tr>
</thead>
</table>
----------------------------------------
<table>
<thead>
<tr>
<th>IF MV01 IS CODED '2' (TELEPHONE CALL), '-7', (REFUSED), OR '-8' (DON'T KNOW), FLAG EVENT AS 'MV-TELEPHONE.'</th>
</tr>
</thead>
</table>
(Were/Was) (PERSON) referred for this particular {visit/telephone call} by another physician or medical person?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF REFERRED.
MV03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

(Did (PERSON) see a medical doctor during this particular visit?/Was this telephone call about (PERSON)'s health with a medical doctor?)

YES .................................... 1
NO ..................................... 2 {MV04}
REF ................................... -7 {MV04}
DK .................................... -8 {MV04}

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

| DISPLAY 'Did (PERSON) see a medical doctor during this particular visit?' IF MV01 IS CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS EVENT. |
| DISPLAY 'Was this telephone call about (PERSON)'s health with a medical doctor?' IF MV01 IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT. |

| IF CODED '1' (YES) AND MV01 IS CODED '1' (SAW PROVIDER), GO TO MV05 |

| IF CODED '1' (YES) AND MV01 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_01 |
What type of medical person did (PERSON) talk to on (VISIT DATE)?

IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN PROVIDER.

1. CHIROPRACTOR
2. DENTIST/DENTAL CARE PERSON
3. MIDWIFE
4. NURSE/NURSE PRACTITIONER
5. OPTOMETRIST
6. PODIATRIST
7. PHYSICIAN’S ASSISTANT
8. PHYSICAL THERAPIST
9. OCCUPATIONAL THERAPIST
10. PSYCHOLOGIST
11. SOCIAL WORKER
12. TECHNICIAN
13. RECEPTIONIST, CLERK, SECRETARY
91. OTHER
-7. REF
-8. DK

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
MV05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

Approximately how much time did (PERSON) actually spend with 
{the doctor/that medical person}?

Would you say ...

5 minutes or less, ....................... 1
6 to 10 minutes, ......................... 2
11 - 15 minutes, ......................... 3
16 - 25 minutes, ......................... 4
26 - 40 minutes, or ...................... 5
41 minutes or more? ..................... 6
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| DISPLAY 'the doctor' IF MV03 IS CODED '1' (YES). |
| DISPLAY 'that medical person' IF MV03 IS CODED '2' |
| (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW).       |

----------------------------------------------------

BOX_01
=====

----------------------------------------------------
| IF MV01 IS CODED '1' (SAW PROVIDER) AND MV03 IS |
| CODED '1' (YES), GO TO MV07                      |

----------------------------------------------------
| IF MV01 IS CODED '2' (TELEPHONE CALL), '-7'     |
| (REFUSED), OR '-8' (DON'T KNOW) AND MV03 IS CODED |
| '1' (YES), GO TO MV08                           |

----------------------------------------------------
| OTHERWISE, CONTINUE WITH MV06                    |

14-5
(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

TYPE OF PERSON HAD CONTACT: (MEDICAL PERSON TYPE FROM MV04)

CODE WITHOUT ASKING IF OBVIOUS. OTHERWISE, ASK:

Do any medical doctors work at {the same location as (PROVIDER)/(PROVIDER)}?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

--------------------------------------------------------------------------------------------------------------------------
| DISPLAY 'the same location as (PROVIDER)' IF PROVIDER IS FLAGGED AS 'PERSON-TYPE-PROVIDER'. |
| DISPLAY '(PROVIDER)' IF PROVIDER IS FLAGGED AS 'FACILITY-PROVIDER'.                        |
--------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------
| FOR 'MEDICAL PERSON TYPE FROM MV04', DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT MV04: |
|                                                                                                    |
| CODE ‘1’ = CHIROPRACTOR                                                                           |
| CODE ‘2’ = DENTIST/DENTAL CARE PERSON                                                             |
| CODE ‘3’ = MIDWIFE                                                                               |
| CODE ‘4’ = NURSE/NURSE PRACTITIONER                                                              |
| CODE ‘5’ = OPTOMETRIST                                                                            |
| CODE ‘6’ = PODIATRIST                                                                            |
| CODE ‘7’ = PHYSICIAN’S ASSISTANT                                                                  |
| CODE ‘8’ = PHYSICAL THERAPIST                                                                    |
| CODE ‘9’ = OCCUPATIONAL THERAPIST                                                                |
| CODE ‘10’ = PSYCHOLOGIST                                                                         |
| CODE ‘11’ = SOCIAL WORKER                                                                        |
| CODE ‘12’ = TECHNICIAN                                                                           |
| CODE ‘13’ = RECEPTIONIST/CLERK/SECRETARY                                                          |
| CODE ‘91’ = OTHER                                                                                |
| CODE ‘-7’ = REFUSED PROVIDER TYPE                                                                 |
| CODE ‘-8’ = DON’T KNOW PROVIDER TYPE                                                              |
--------------------------------------------------------------------------------------------------------------------------
| IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO MV08 |
| OTHERWISE, CONTINUE WITH MV07 |

---

14-7
MV07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

SHOW CARD MV-1.

Please look at this card and tell me which category **best** describes the care (PERSON) received during the visit to (PROVIDER) on (VISIT DATE)?

- GENERAL CHECKUP ........................ 1
- DIAGNOSIS OR TREATMENT ................. 2
- EMERGENCY (E.G., ACCIDENT OR INJURY) ... 3
- PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING ........................ 4
- FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5
- IMMUNIZATIONS OR SHOTS ................. 6
- VISION EXAM ............................ 7
- MATERNITY CARE (PRE/POSTNATAL) ........ 8
- WELL CHILD EXAM ........................ 9
- OTHER .................................. 91
- REF .................................... -7
- DK ..................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---

| EDITS: IF MV07 IS CODED '8' (MATERNITY CARE (PRE/POSTNATAL)), CHECK THAT PERSON IS FEMALE. |
| IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER. |
| IF MV07 IS CODED '9' (WELL CHILD EXAM), CHECK THAT PERSON IS < 7 YEARS OLD (OR AGE CATEGORIES 1 THROUGH 3). IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE UNAVAILABLE FOR PERSONS 7 AND OLDER. VERIFY AND RE-ENTER. |
---
WAS THIS VISIT/TELEPHONE CALL RELATED TO ANY SPECIFIC HEALTH CONDITION OR WERE ANY CONDITIONS DISCOVERED DURING THIS VISIT/TELEPHONE CALL?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

What conditions were discovered or led (PERSON) to make this {visit/telephone call}?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same {NAME OF CONDITION} that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Medical Condition] ................
OTHER SPECIFY: (__________) ............ 91
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.'

---

IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO MV14

---

IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE WITH BOX_03
MEPS FAMES Panel 1 Round 3 Medical Provider Visits (MV) Section
January 31, 1997

BOX_03
=====

| IF MV04 IS CODED '2' (DENTIST/DENTAL CARE PERSON), |  '3' (MIDWIFE), '5' (OPTOMETRIST), OR '13'        |
| (RECEPTIONIST, CLERK, SECRETARY), GO TO MV11     |
|  OTHERWISE, CONTINUE WITH MV10                     |

MV10
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER......}   {EVN-DT}

SHOW CARD MV-2.

Looking at this card, which of these treatments, if any, did (PERSON) receive during this visit?

CODE ‘95’ IF NO TREATMENTS WERE RECEIVED.
CODE ALL THAT APPLY.

PHYSICAL THERAPY ......................... 1
OCCUPATIONAL THERAPY ..................... 2
SPEECH THERAPY ............................ 3
CHEMOTHERAPY .............................. 4
RADIATION THERAPY ....................... 5
KIDNEY DIALYSIS ........................... 6
IV THERAPY ................................. 7
DRUG OR ALCOHOL TREATMENT ............. 8
ALLERGY SHOT ............................. 9
PSYCHOTHERAPY/COUNSELING .............. 10
NO TREATMENTS RECEIVED ................. 95
REF ...................................... -7
DK ...................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
ALLOW CODE ‘95’ (NO TREATMENTS RECEIVED), ‘-7’ (REFUSED), AND ‘-8’ (DON’T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE ‘95’ WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.

EDIT: IF CODED ‘95’ (NO TREATMENTS RECEIVED), NO OTHER TREATMENT CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.’

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

- CODE ‘1’ = ‘PHYS’
- CODE ‘2’ = ‘OCCPT’
- CODE ‘3’ = ‘SPCH’
- CODE ‘4’ = ‘CHEMO’
- CODE ‘5’ = ‘RADIA’
- CODE ‘6’ = ‘KIDNY’
- CODE ‘7’ = ‘IV’
- CODE ‘8’ = ‘DRUG’
- CODE ‘9’ = ‘ALRGY’
- CODE ‘10’ = ‘PSYCH’
- CODE ‘95’ = ‘NONE’

NOTE: ‘NO TREATMENT RECEIVED’ IS NOT DISPLAYED ON SHOW CARD.
MV11
=====

(Person’s First Middle and Last Name)   (Name of Medical Care Provider.....)   (EVN-DT)

Show card MV-3.

Looking at this card, which of these services, if any, did (Person) have during this visit?

Code ‘95’ if no services were received.
Code all that apply.

- Laboratory Tests ..................... 1
- Sonogram or Ultrasound ............... 2
- X-Rays ................................ 3
- Mammogram ............................ 4
- MRI or CATScan ....................... 5
- EKG or ECG ............................ 6
- EEG .................................... 7
- Vaccination ........................... 8
- Anesthesia ............................ 9
- Other Diagnostic Test ............... 10
- No Services Received ............... 95
- REF .................................. -7
- DK .................................. -8

[Code All That Apply]

Press F1 for definitions of answer categories.

-----------------------------------------------------------------------------------------------
| Allow code ‘4’ (Mammogram) only if person is female and age is > 17 years (or age categories 4 |
| through 9).                                                                                  |
|                                                                                              |
-----------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------
| Allow code ‘95’ (No services received), ‘-7’ (Refused), and ‘-8’ (Don’t know) as entries in |
| the first field only. All other response codes may be entered in any entry field, in any order. |
| Code ‘95’ will not appear as a response category on the screen.                             |
|                                                                                              |
-----------------------------------------------------------------------------------------------
EDIT: IF CODED ‘95’ (NO SERVICES RECEIVED), NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.’

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

- CODE ‘1’ = ‘LAB’
- CODE ‘2’ = ‘ULTRA’
- CODE ‘3’ = ‘X-RAYS’
- CODE ‘4’ = ‘MAMMO’
- CODE ‘5’ = ‘MRI’
- CODE ‘6’ = ‘EKG’
- CODE ‘7’ = ‘EEG’
- CODE ‘8’ = ‘VACIN’
- CODE ‘9’ = ‘ANEST’
- CODE ‘10’ = ‘OTHER’
- CODE ‘95’ = ‘NONE’

NOTE: ‘NO SERVICES RECEIVED’ IS NOT DISPLAYED ON SHOW CARD.

MV12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

Was a surgical procedure performed on (PERSON) during this visit?

YES .................................... 1
NO ..................................... 2 {MV14}
REF ................................... -7 {MV14}
DK .................................... -8 {MV14}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.
What was the name of the main surgical procedure?

- ARTHROSCOPIC (VISUALIZATION OF JOINTS) SURGERY ................. 1
- CLEANING OR MEDICAL TREATMENT OF WOUND, INFECTION, OR BURN .......... 2
- REMOVAL OF DISEASED TISSUE (EXCISION OF LESION) .................. 3
- STITCHES (WOUND SUTURE) ................. 4
- EAR TUBES (TYMPANOSTOMY TUBES) .......... 5
- OTHER ..................................... 91
- REF ..................................... -7
- DK ..................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

-----------------------------------------------
| NOTE: CODE '5 [EAR TUBES (TYMPANOSTOMY TUBES) | UNAVAILABLE IN ROUND 1. |
MEPS FAMES Panel 1 Round 3 Medical Provider Visits (MV) Section  
January 31, 1997

MV14
====

{PERSON'S FIRST MIDDLE AND LAST NAME} (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

During this {visit/telephone call}, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES ........................................... 1
NO ........................................... 2 (BOX_04)
REF ......................................... -7 (BOX_04)
DK ........................................... -8 (BOX_04)

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

----------------------------------------------------------------------------------------------------------------------------------
| DISPLAY 'visit' IF MV01 IS CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS EVENT. DISPLAY 'telephone call' IF MV01 IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT. |
----------------------------------------------------------------------------------------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER......)  (EVN-DT)

Please tell me the names of the prescriptions from this visit that were filled.

PROBE:  Any other prescribed medicines from this visit that were filled?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A.  TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Prescribed Medicine] ............
[2. Prescribed Medicine] ............
[3. Prescribed Medicine] ............
OTHER SPECIFY: (__________) ............ 91

----------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS PERSON’S- |
| PRESCRIBED-MEDICINES-ROSTER.                    |
----------------------------------------------------

----------------------------------------------------
| ROSTER BEHAVIOR SPECIFICATIONS:                  |
| 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY |
| LISTED ON THE ROSTER.                           |
| 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER  |
| OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO  |
| LIMIT TO THE NUMBER OF MEDICINES).              |
| 3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE|
| THAT WASRecordED ON THE SCREEN WHERE DELETE IS|
| USED. THAT IS, AS LONG AS THE INTERVIEWER HAS |
| NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO     |
| DELETE A MEDICINE ENTERED IN ERROR. IF DELETE |
| IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED   |
| (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY |
| THE FOLLOWING ERROR MESSAGE: ’DELETE ALLOWED    |
| ONLY WHEN MEDICINE IS FIRST ENTERED.’           |

----------------------------------------------------

14-18
BOX_04

| IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE WITH BOX_05 |

| IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_07 |

BOX_05

| IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO THIS PROVIDER FOR THIS PERSON, GO TO BOX_07 |

| OTHERWISE, CONTINUE WITH BOX_06 |

BOX_06

| IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS PERSON HAVE NOT COMPLETED THE MEDICAL PROVIDER VISITS UTILIZATION MODULE AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, CONTINUE WITH MV16 |

| OTHERWISE, GO TO BOX_07 |
Earlier I recorded that (PERSON) had some other visits to (PROVIDER). Were any of these visits related to any condition associated with (PERSON)'s visit on (VISIT DATE)? That is, were any of the other visits for the (READ CONDITIONS BELOW) and did (PERSON) receive ((READ SERVICES BELOW)/the same services)?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>{PERSON'S MV MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
<tr>
<td>{PERSON'S MV MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
<tr>
<td>{PERSON'S MV MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
</tbody>
</table>

YES .................................... 1
NO ..................................... 2  {BOX_07}
REF ................................... -7  {BOX_07}
DK .................................... -8  {BOX_07}

PRESS F1 FOR DEFINITION OF REPEAT VISITS.

| DISPLAY '(READ SERVICES BELOW)' IF MV11 IS NOT CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW). IF MV11 IS CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW), DISPLAY 'the same services'. |

| FOR 'PERSON'S MV MEDICAL CONDITION.', DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL-CONDITIONS-ROSTER AT MV09. |
| FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT MV11: |
| CODE '1' = LABORATORY TESTS |
| CODE '2' = SONOGRAM/ULTRASOUND |
| CODE '3' = X-RAYS |
| CODE '4' = MAMMOGRAM |
| CODE '5' = MRI/CATSCAN |
| CODE '6' = EKG/ECG |
| CODE '7' = EEG |
| CODE '8' = VACCINATION |
| CODE '9' = ANESTHESIA |
| CODE '10' = OTHER SERVICES |

14-20
Did any of these visits or calls cost the same amount as (PERSON)'s visit on (VISIT DATE)?

YES .................................... 1
NO ..................................... 2 {BOX_07}
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

PRESS F1 FOR DEFINITION OF COST THE SAME AMOUNT.

----------------------------------------------------
| NOTE: THE ISSUES OF COST WHEN THE PERSON HAS A    |
| COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE   |
| HANDLED IN THE F1 DEFINITION.                      |
----------------------------------------------------

Which of the following visits were related to the (READ CONDITIONS BELOW) and {(READ SERVICES BELOW)/the same services} and cost the same amount as the (VISIT DATE) visit we’ve just talked about?

PROBE: Any other visits related to this condition and cost the same amount?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PERSON'S MV MEDICAL CONDITION.)</td>
<td>(SERVICES RECEIVED..)</td>
</tr>
<tr>
<td>(PERSON'S MV MEDICAL CONDITION.)</td>
<td>(SERVICES RECEIVED..)</td>
</tr>
<tr>
<td>(PERSON'S MV MEDICAL CONDITION.)</td>
<td>(SERVICES RECEIVED..)</td>
</tr>
</tbody>
</table>

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. Month,Day,Year-2]
[2. Month,Day,Year-2]
[3. Month,Day,Year-2]
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EVENTS (DATES) IN PERSON’S-MEDICAL-EVENTS-ROSTER THAT WERE CREATED THIS ROUND, ARE NOT YET PROCESSED IN UTILIZATION, HAVE EVENT TYPE ‘MV’, AND ARE ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT BEING ASKED ABOUT.

DISPLAY '(READ SERVICES BELOW)' IF MV11 IS NOT CODED ‘95’ (NO SERVICES), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW). IF MV11 IS CODED ‘95’ (NO SERVICES), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), DISPLAY 'the same services'.

FOR ‘PERSON’S MV MEDICAL CONDITION.’, DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON’S-MEDICAL-CONDITIONS-ROSTER AT MV09.

FOR ‘SERVICES RECEIVED..’, DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT MV11:

- CODE ‘1’ = LABORATORY TESTS
- CODE ‘2’ = SONOGRAM/ULTRASOUND
- CODE ‘3’ = X-RAYS
- CODE ‘4’ = MAMMOGRAM
- CODE ‘5’ = MRI/CATSCAN
- CODE ‘6’ = EKG/ECG
- CODE ‘7’ = EEG
- CODE ‘8’ = VACCINATION
- CODE ‘9’ = ANESTHESIA
- CODE ‘10’ = OTHER SERVICES

FLAG EACH VISIT SELECTED AT MV18 AS A REPEAT VISIT RELATED TO THE EVENT BEING ASKED ABOUT.

FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT VISIT AS ‘PROCESSED’.

LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH THE EVENT BEING ASKED ABOUT WITH EACH REPEAT VISIT.

THE EVENT DRIVER WILL NOT SERVE THESE REPEAT VISITS FOR THE MV SECTION.
MV19

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS SELECTED IN PREVIOUS QUESTION:

[Enter Repeat Visit Group] ............

BOX_07

| IF THE CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS MEDICAL PROVIDER VISIT (MV) EVENT, GO TO THE CHARGE/PAYMENT (CP) SECTION |
| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION |
Over-the-Counter Medicines (OC) Section

OC01
====

{STR-DT}   {END-DT}

SHOW CARD OC-1.

Looking at this card, has anyone in the family purchased any of these types of over-the-counter medications since (START DATE)?

YES ................................. 1
NO .................................. 2 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

PRESS F1 FOR DESCRIPTION OF OTC CATEGORIES LISTED ON CARD.

OC02
====

{STR-DT}   {END-DT}

SHOW CARD OC-1.

Which of the categories on this card best describe the types of over-the-counter medications anyone in the family has purchased since (START DATE)?

PROBE: Any others?

CODE ALL THAT APPLY.

DIGESTIVE SYSTEM PROBLEMS.............. 1
RESPIRATORY PROBLEMS .................. 2
PAIN PROBLEMS ......................... 3
SKIN PROBLEMS .......................... 4
EYE/EAR/MOUTH PROBLEMS .............. 5
FEMININE PROBLEMS .................... 6
GENERAL WELL-BEING PROBLEMS .......... 7
REF .................................. -7 {BOX_01}
DK .................................... -8 {BOX_01}

[Code All That Apply]

PRESS F1 FOR DESCRIPTION OF OTC CATEGORIES LISTED ON CARD.
OC03
====

{STR-DT}   {END-DT}

{OTC CATEGORIES: {DIGESTIVE SYSTEM PROBLEMS} {RESPIRATORY PROBLEMS} {PAIN PROBLEMS} {SKIN PROBLEMS} {EYE/EAR/MOUTH PROBLEMS} {FEMININE PROBLEMS} {GENERAL WELL-BEING PROBLEMS}}

Thinking about all purchases of over-the-counter medications {for (READ OTC CATEGORIES)}, please give me your best estimate of how much the family has spent since (START DATE).

PROBE: Is that since (START DATE), per month, per week, or what?

[Enter $ Amount] ......................
REF .................................. -7 {OC04}
DK .................................... -8 {OC04}

----------------------------------------------------
| DISPLAY 'OTC CATEGORIES:...' AND 'FOR (READ OTC CATEGORIES)' ONLY IF OC02 ≠ '-7' (REFUSED) OR '-8' (DON'T KNOW). IF OC02 = '-7' (REFUSED) OR '-8' (DON'T KNOW), USE A NULL DISPLAY.
| DISPLAY 'DIGESTIVE SYSTEM PROBLEMS' IF OC02 IS CODED 1. DISPLAY 'RESPIRATORY PROBLEMS' IF OC02 IS CODED 2. DISPLAY 'PAIN PROBLEMS' IF OC02 IS CODED 3. DISPLAY 'SKIN PROBLEMS' IF OC02 IS CODED 4. DISPLAY 'EYE/EAR/MOUTH PROBLEMS' IF OC02 IS CODED 5. DISPLAY 'FEMININE PROBLEMS' IF OC02 IS CODED 6. DISPLAY 'GENERAL WELL-BEING PROBLEMS' IF OC02 IS CODED 7.
MEPS FAMES Panel 1 Round 3 Over-the-Counter Medicines (OC) Section
January 31, 1997

OC03OV1
=========

ENTER UNIT:

- SINCE (START DATE) ..................... 1 {BOX_01}
- PER MONTH .............................. 2 {BOX_01}
- EVERY OTHER WEEK (2 TIMES PER MONTH) ... 3 {BOX_01}
- PER WEEK ............................... 4 {BOX_01}
- OTHER .................................... 91
- REF ................................... -7 {BOX_01}
- DK .................................... -8 {BOX_01}

[Code One]

OC03OV2
=========

ENTER OTHER:

- [Enter Other Specify] ..................   {BOX_01}
- REF ................................... -7 {BOX_01}
- DK .................................... -8 {BOX_01}

OC04
====

(STR-DT) (END-DT)

[About how much has the family spent on all purchases of over-the-counter medications since (START DATE)??]

Would you say $5 to $10, $10 to $25, or what?

OC04_01
========

ENTER DOLLAR AMOUNT OF LOWER RANGE:

- [Enter $ Amount] ......................
- REF ................................... -7 {BOX_01}
- DK .................................... -8 {BOX_01}
TO -

ENTER DOLLAR AMOUNT OF UPPER RANGE:

[Enter $ Amount] ......................
REF .................................  -7
DK .................................  -8

| EDIT: LOWER RANGE OF ESTIMATE MUST BE LESS THAN OR EQUAL TO UPPER RANGE OF ESTIMATE. |

| GO TO NEXT QUESTIONNAIRE SECTION |
Old Employment and Private Related Insurance (OE) Section

BOX_01

IF ONE OR MORE RU MEMBERS STILL HOLD A 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS ROUND THAT WAS REPORTED DURING THE PREVIOUS ROUND AS PROVIDING HEALTH INSURANCE ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW, THAT IS:

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE RU MEET THE FOLLOWING CONDITIONS:
- RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1,

CONTINUE WITH LOOP_01

OTHERWISE, GO TO BOX_10

NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND'S INTERVIEW DATE, THE FIFTH CONDITION IN THE ABOVE BOX CAN BE MET IF AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER’S INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE. THE LOOP WILL CYCLE ON THE POLICYHOLDER’S NAME.

26-165
NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED, INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT ROUND’S INTERVIEW DATE, BUT WHERE THE ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO ARE STILL RU MEMBERS MAY STILL QUALIFY FOR LOOP_01.

LOOP_01
======

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK OE01 - END_LP01.

LOOP DEFINITION:

LOOP_01 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH A 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THAT WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ01 WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1
OE01
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health
insurance. (Are/Is) (POLICYHOLDER) or anyone in the family
covered by (POLICYHOLDER)’s health insurance through
(ESTABLISHMENT) as of today, (END DATE)?

YES ...................................  1 {BOX_02}
NO ....................................  2
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

OE02
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

On what date did (POLICYHOLDER)’s health insurance through
(ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-2] ..........
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

---------------------------------------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON’T |
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) | |
| OR '-8' (DON’T KNOW), CONTINUE WITH OE02OV        |
---------------------------------------------

---------------------------------------------
| OTHERWISE, GO TO BOX_02                     |
---------------------------------------------
Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ..................... 2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT |
| THE PREVIOUS ROUND'S INTERVIEW DATE BY THE        |
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,    |
| AUTOMATICALLY CODE OE03 AS ‘1’ (YES) AND GO TO    |
| BOX_03                                            |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH OE03                     |
----------------------------------------------------
OE03
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT........)    {STR-DT}
{END-DT}

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT).

(Are/Were) they all covered by this health insurance (until
{(OE02 DATE)/it ended}/on (END-DT))?  

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

(Person with Estab-Person-Pair Insurance on Prev Rd Intv Dt)
(Person with Estab-Person-Pair Insurance on Prev Rd Intv Dt)
(Person with Estab-Person-Pair Insurance on Prev Rd Intv Dt)

| YES ...................................  1 |
| NO ....................................  2 |
| REF ................................... -7 |
| DK .................................... -8 |

ROS
ter Definition: This item uses the Ru-Estb-
Plcyhdr-Covrd-Pers-Trpls-Roster to display only
those persons who meet the following conditions:
- Person was covered at the previous round’s
  interview date by the insurance from this
  establishment-person-pair, including the
  policyholder
- Person is an Ru member

Display 'Are' if OE01 is coded '1' (Yes).
Display 'Were' if OE01 is coded '2' (No).
Display 'until {OE02 DATE}' if OE01 is coded '2'
(NO).
Display 'on (END-DT)' if OE01 is coded '1' (YES).
Display the date recorded at OE02 for 'OE02 Date'.
If the month and day field at OE02 is coded '-7'
(refused) or '-8' (Don’t know), display 'it ended'
for 'OE02 Date'.

26-169
BOX_03

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND | TO THE END DATE OF THE CURRENT ROUND, THAT IS: |
| IF OE01 IS CODED '1' (YES) AND OE03 IS CODED '1' (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD END DATE AND |
| GO TO BOX_05 |

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND | TO PART OF THE CURRENT ROUND, THAT IS: |
| IF OE01 IS CODED '2' (NO) AND OE03 IS CODED '1' (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE02 AND |
| GO TO BOX_05 |

| OTHERWISE (I.E., OE03 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)), |
| CONTINUE WITH OE04 |
OE04

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT............}    {STR-DT}
(END-DT)

Who {is/was} no longer covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {until {{OE02 DATE}/it ended}/on
(END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S
| INTERVIEW DATE BY THE INSURANCE FROM THIS
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE
| POLICYHOLDER
| - PERSON IS AN RU MEMBER
|----------------------------------------------------

----------------------------------------------------
| DISPLAY 'is' IF OE01 IS CODED ‘1’ (YES).
| DISPLAY 'was' IF OE01 IS CODED ‘2’ (NO).
| DISPLAY 'until {OE02 DATE}' IF OE01 IS CODED ‘2’
| (NO).
| DISPLAY 'on (END-DT)' IF OE01 IS CODED ‘1’ (YES).
| DISPLAY THE DATE記錄 AT OE02 FOR ‘OE02 DATE’.
| IF THE MONTH AND DAY FIELD AT OE02 IS CODED ‘-7’
| (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’
| FOR ‘OE02 DATE’.
|----------------------------------------------------

----------------------------------------------------
| IF FAMILY STILL HAS INSURANCE THROUGH THIS
| ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED ‘1’
| (YES)), FLAG INSURANCE FOR ALL PERSONS NOT
| SELECTED AT OE04 AS CONTINUOUS COVERAGE FROM THE
| REFERENCE PERIOD START DATE UNTIL THE REFERENCE
| PERIOD END DATE.
|----------------------------------------------------

26-171
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH
THIS ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '2'
(NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED
AT OE04 AS 'CONTINUOUS COVERAGE' FROM THE
REFERENCE PERIOD START DATE UNTIL DATE RECORDED
AT OE02.

LOOP_02

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-
PERS-TRPLS-ROSTER, ASK OE05 - END_LP02.

LOOP DEFINITION: LOOP_02 COLLECTS THE DATE ON
WHICH THE INSURANCE COVERAGE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER
WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE
PERIOD END DATE OR THE DATE REPORTED IN OE02.
THIS LOOP CYCLES ON PERSONS SELECTED AT OE04.
OE05
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF
ESTABLISHMENT.........}    {STR-DT}
{END-DT}

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-2] ........
REF ................................... -7
DK .................................... -8

<p>| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |</p>
<table>
<thead>
<tr>
<th>OR '-8' (DON'T KNOW), CONTINUE WITH OE05OV</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_04</th>
</tr>
</thead>
</table>

OE05OV
=====

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ........................ 2
REF ................................... -7
DK .................................... -8

BOX_04
=====

<p>| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE'| |
| THROUGH THE COMPLETE DATE RECORDED AT OE05 AND    |</p>
<table>
<thead>
<tr>
<th>OE05OV.</th>
</tr>
</thead>
</table>

26-173
END_LP02
=======

| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |  
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |  
| STATED IN THE LOOP DEFINITION. |  

--------------------------

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
| END LOOP_02 AND CONTINUE WITH BOX_05 |  

--------------------------

BOX_05
======

--------------------------

| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY |  
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |  
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |  
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE |  
| PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU |  
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE04), |  
| CONTINUE WITH OE06 |  

--------------------

| OTHERWISE, GO TO OE08A |  

--------------------

OE06
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT.........}    {STR-DT}
{END-DT}

Since (START DATE), have any persons living here, we have
not yet mentioned, been covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT)?

YES ..................................... 1
NO ...................................... 2 {OE08A}
REF .................................... -7 {OE08A}
DK ..................................... -8 {OE08A}

PRESS F1 FOR DEFINITION OF DEPENDENT.
Who has been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) since (START DATE) that we have not yet mentioned?

PROBE: Who else has been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) since (START DATE) that we have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
MEPS FAMES Panel 1 Round 3 Old Employment and Private Related Insurance (OE) Section
January 31, 1997

LOOP_03
=======
----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
| PERS-TRPLS-ROSTER, ASK OE08 - END_LP03. |  
----------------------------------------------------
----------------------------------------------------
| LOOP DEFINITION: LOOP_03 COLLECTS THE COVERAGE |  
| START DATE FOR ALL PERSONS NEWLY COVERED DURING |  
| THE CURRENT ROUND BY THE INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON |  
| PERSONS SELECTED AT OE07. |  
----------------------------------------------------

OE08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF  
ESTABLISHMENT.......}    {STR-DT}   
{END-DT}  

On what date did the health insurance through (ESTABLISHMENT)   
begin for (PERSON)?  

[Enter Month-2, Day-2, Year-2] ...........  
REF .................................... -7  
DK ...................................... -8  

----------------------------------------------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T |  
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |  
| OR '-8' (DON'T KNOW), CONTINUE WITH OE08OV |  
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_06 |  
----------------------------------------------------
OE08OV
=======

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH .....................  2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
<p>| EDIT: COMPLETE DATE AT OE08 MUST BE &lt; THAN       |
| COMPLETE DATE AT OE02 IF A DATE IS RECORDED AT    |
| OE02 OR &lt; THAN REFERENCE PERIOD END DATE IF NO    |</p>
<table>
<thead>
<tr>
<th>DATE IS RECORDED AT OE02.</th>
</tr>
</thead>
</table>

BOX_06
=======

----------------------------------------------------
<p>| IF FAMILY STILL HAS INSURANCE THROUGH THIS         |
| ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '1'      |
| (YES)), FLAG INSURANCE FOR THIS PERSON AS '        |
| 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE08   |</p>
<table>
<thead>
<tr>
<th>UNTIL THE REFERENCE PERIOD END DATE.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH    |
| ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '2' (NO)|
| FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS     |
| COVERAGE' FROM DATE RECORDED AT OE08 UNTIL DATE    |</p>
<table>
<thead>
<tr>
<th>RECORDED AT OE02.</th>
</tr>
</thead>
</table>
Does (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

----------------------------------------------------
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS    |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
| LISTED IN RU' IN OE07                              |
----------------------------------------------------
BOX_07
=======

---------------------------------------------
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE |
| INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR  |
| ON THE CURRENT ROUND’S INTERVIEW DATE, THAT IS,   |
| OE01 IS CODED ‘1’ (YES), CONTINUE WITH OE09    |
---------------------------------------------

---------------------------------------------
| OTHERWISE, GO TO END_LP01                   |
---------------------------------------------
{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT..........}    {STR-DT}
{END-DT}

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME(S) BELOW).}

Since (START DATE), has there been any change in the plan name
of the health insurance (POLICYHOLDER) has through
(ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ...................................  1
NO ....................................  2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES- |
| ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND |
| PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED |
| WITH THE INSURANCE THROUGH THIS ESTABLISHMENT- |
| PERSON-PAIR.                                      |
----------------------------------------------------

----------------------------------------------------
| DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER |
| NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-|
| PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING |
| MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME |
| DURING THE PREVIOUS ROUND.                          |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T |
| KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT |
| ROUND’S INSURER FOR THIS ESTABLISHMENT-PERSON- |
| PAIR.                                            |
----------------------------------------------------

26-180
SHOW CARD OE-1.

What type of health insurance (do/does) (POLICYHOLDER) now have through (ESTABLISHMENT)'s new plan?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS,
INCLUDING COVERAGE THROUGH AN HMO ... 1
DENTAL .................................... 2
PRESCRIPTION DRUGS ...................... 3
VISION .................................... 4
MEDICARE SUPPLEMENT/MEDIGAP ............ 5
LONG TERM CARE IN A NURSING HOME ...... 6
EXTRA CASH FOR HOSPITAL STAYS .......... 7
SERIOUS DISEASE OR DREAD DISEASE ...... 8
DISABILITY .............................. 9
WORKER'S COMPENSATION .................. 10
ACCIDENT ................................. 11
OTHER .................................... 91
REF ...................................... -7
DK ....................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
| WITH ANY OTHER CODES, CONTINUE WITH OE100V |

| OTHERWISE, GO TO BOX_08 |

26-181
ENTER OTHER:

[Enter Other Specify] .................
REF .................................. -7
DK .................................... -8

NOTE: ALL ESTABLISHMENTS WHICH ARE BEING LOOPED ON HERE ARE EMPLOYERS. THEREFORE, IT IS NOT NECESSARY TO AUTOMATICALLY CODE OE11 IF THE ESTABLISHMENT IS AN INSURANCE CO. OR HMO (BECAUSE WE KNOW IT IS NOT).
OE11
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT........}    {STR-DT} {END-DT}

What is the new plan name for (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare Supplement or Medigap benefit}?

PROBE: Any other new plan names? RECORD NAMES OF ALL INSURERS THAT PROVIDE {HOSPITAL/MEDIGAP} BENEFITS FOR THIS PAIR.

1=INS CO  2=HMO  3=COMPANY IS SELF-INSURED

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>OE11_01. NAME OF INSURER</th>
<th>OE11_02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

-----------------------------------------------------
| DISPLAY 'hospital and physician benefits' AND 'HOSPITAL' IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP). DISPLAY 'Medicare supplement or Medigap benefits' AND 'MEDIGAP' IF OE10 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP). |
| WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. |

-----------------------------------------------------
FLAG INSURER(S) COLLECTED AT OE11 AS CURRENT ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

If OE10 is coded '5' (Medicare Supplement/Medigap), flag insurance co./HMO as 'supplying Medicare Supplement/Medigap benefits (which includes hospital/physician benefits)’ for the current round.

If OE10 is coded '1' (hospital and physician benefits), but not '5' (Medicare Supplement/Medigap), flag insurance co./HMO as 'supplying hospital/physician benefits’ for the current round.

INSURER ROSTER BEHAVIOR SPECIFICATIONS:

1. Interviewer should be able to add any number of insurance companies or HMOs at the roster questions (i.e., no limit to the number of insurance companies/HMOs).
2. This roster should be blank. All previous insurers providing hospital/physician benefits or Medigap are being replaced for the current round with all insurers collected here.
3. Interviewer should be able to delete an insurance company/HMO that was recorded on the screen where delete is used. That is, as long as the interviewer has not left the screen, she should be able to delete an insurance company/HMO entered in error. If delete is attempted at a time when it is not allowed (i.e., after the link is established), display the following error message: 'delete allowed only when ins. co./HMO first entered.'
LOOP_04
=======

FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX_09 - END_LP04.

LOOP DEFINITION: LOOP_04 COLLECTS MANAGED CARE INFORMATION FOR INSURERS COLLECTED AT OE11 THAT ARE NOT ALREADY FLAGGED AS 'HMO'. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT
- INSURER IS ENTERED AT OE11 AND INSURER IS CODED '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT NOT '2' (HMO)

BOX_09
======

ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER

AT COMPLETION OF MANAGED CARE (MC) SECTION, CONTINUE WITH END_LP04

END_LP04
========

CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER INSURERS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH END_LP01
END_LP01

-------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
-------------

-------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_10 |
-------------
IF ONE OR MORE RU MEMBERS DOES NOT STILL HOLD A 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS ROUND THAT WAS REPORTED DURING THE PREVIOUS ROUND AS PROVIDING HEALTH INSURANCE ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW, THAT IS:

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE RU MEET THE FOLLOWING CONDITIONS:
- RJ01 OR RJ06 WAS CODED '2' (NO), '-7' (REFUSED), '-8' (DON'T KNOW) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1,

CONTINUE WITH LOOP_05

-------------------------------

OTHERWISE, GO TO BOX_19

-------------------------------

NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND’S INTERVIEW DATE, THE FIFTH CONDITION IN THE ABOVE BOX CAN BE MET IF AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER’S INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE. COVERAGE FOR THE POLICYHOLDER IS ASSUMED IN THAT CASE AND THE LOOP WILL CYCLE ON THE POLICYHOLDER’S NAME.

-------------------------------
NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED, INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT ROUND’S INTERVIEW DATE, BUT WHERE THE ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO ARE STILL RU MEMBERS MAY STILL QUALIFY FOR LOOP_05.

LOOP_05
=======

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK OE12-END_LP05.

LOOP DEFINITION:

LOOP_05 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH A NO LONGER HELD 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THAT WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED '2' (NO), '-7' (REFUSED), '-8' (DON'T KNOW) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1.

26-188
During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health insurance. (Are/Is) (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) as of today, (END DATE)?

YES ................................... 1 {OE16}
NO .................................... 2
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

Did the health insurance (POLICYHOLDER) had through (ESTABLISHMENT) continue for any period of time after (POLICYHOLDER) stopped working at (ESTABLISHMENT)?

YES ................................... 1
NO .................................... 2 {OE15}
REF ................................... -7 {OE15}
DK .................................... -8 {OE15}

Did that health insurance continue through COBRA?

YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF COBRA.
On what date did (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-2] ...........
REF ........................................ -7
DK ........................................ -8

| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE15OV |

| OTHERWISE, GO TO BOX_11 |

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1 {BOX_11}
PART OF THE MONTH ........................  2 {BOX_11}
REF ........................................ -7 {BOX_11}
DK ........................................ -8 {BOX_11}
OE16
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

Is (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) now extended through COBRA?

YES ...................................  1
NO .....................................  2
REF ................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF COBRA.

BOX_11
=====

Eye

| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT |
| THE PREVIOUS ROUND’S INTERVIEW DATE BY THE |
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |
| AUTOMATICALLY CODE OE17 AS ‘1’ (YES) AND GO TO |
| BOX_12 |

| OTHERWISE, CONTINUE WITH OE17 |

-----------------------------
During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT).

(Are/Were) they all covered by this health insurance (until {{OE15 DATE}/it ended}/on (END-DT))?
BOX_12

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS: |
| IF OE12 IS CODED '1' (YES) AND OE17 IS CODED '1' (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD END DATE AND |
| GO TO BOX_14 |

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS: |
| IF OE12 IS CODED '2' (NO) AND OE17 IS CODED '1' (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE15 AND |
| GO TO BOX_14 |

| OTHERWISE (I.E., OE17 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH OE18 |
Who (is/was) no longer covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) until {{OE15 DATE}/it ended}/on (END-DT)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB- | PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY | THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND'S | INTERVIEW DATE BY THE INSURANCE FROM THIS | ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |
| PERSON IS AN RU MEMBER                           | POLICYHOLDER                                    |
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'is' IF OE12 IS CODED '1' (YES). |
| DISPLAY 'was' IF OE12 IS CODED '2' (NO). |
| DISPLAY 'until {OE15 DATE}' IF OE12 IS CODED '2' (NO). DISPLAY 'on (END-DT)' IF OE12 IS CODED '1' (YES). |
| DISPLAY THE DATERecorded AT OE15 FOR 'OE15 DATE'. | IF THE MONTH AND DAY FIELD AT OE15 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' FOR 'OE15 DATE'. |
----------------------------------------------------

----------------------------------------------------
| IF FAMILY STILL HAS INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '1' (YES)), FLAG INSURANCE FOR ALL PERSONS NOT |
| SELECTED AT OE18 AS 'CONTINUOUS COVERAGE' FROM THE | REFERENCE PERIOD START DATE UNTIL THE REFERENCE |
| PERIOD END DATE. |

----------------------------------------------------
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '2', (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE18 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE15.

LOOP_DEFINITION: LOOP_06 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE15. THIS LOOP CYCLES ON PERSONS SELECTED AT OE18.

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE19 - END_LP06.
On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-2] ...........
REF ................................... -7
DK .................................... -8

| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE19OV |
| OTHERWISE, GO TO BOX_13 |

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ......................... 1
PART OF THE MONTH .................... 2
REF ..................................... -7
DK ..................................... -8

| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' THROUGH THE COMPLETE DATE RECORDED AT OE19 AND OE19OV. |
END_LP06

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDRTRCVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION. |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_06 AND CONTINUE WITH BOX_14 |
----------------------------------------------------

BOX_14

----------------------------------------------------
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY |
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE |
| PREVIOUS ROUND’S INTERVIEW DATE, EXCLUDES RU |
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE18), |
| CONTINUE WITH OE20 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO OE22A |
----------------------------------------------------

OE20

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT.........}    {STR-DT} {END-DT}

Since (START DATE), have any persons living here, that we have not yet mentioned, been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ................................... 1
NO .................................... 2 {OE22A}
REF ..................................... -7 {OE22A}
DK ..................................... -8 {OE22A}

PRESS F1 FOR DEFINITION OF DEPENDENT.

26-197
OE21
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT........)    {STR-DT}
{END-DT}

Who has been covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT) since (START DATE) that we have not yet
mentioned?

PROBE: Who else has been covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) since (START DATE) that we
have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
| PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE.      |
------------------------------------------

------------------------------------------
| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON |
| THIS ROSTER.                                       |
------------------------------------------

------------------------------------------
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER.                       |
------------------------------------------

------------------------------------------
| IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| AS 'COVERING PERSON NOT LISTED IN RU'.            |
------------------------------------------
LOOP_07
========

<p>| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |</p>
<table>
<thead>
<tr>
<th>PERS-TRPLS-ROSTER, ASK OE22 - END_LP07.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| LOOP DEFINITION: LOOP_07 COLLECTS THE COVERAGE    |
| START DATE FOR ALL PERSONS NEWLY COVERED DURING   |
| THE CURRENT ROUND BY THE INSURANCE THROUGH THIS   |
| ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON    |</p>
<table>
<thead>
<tr>
<th>PERSONS SELECTED AT OE21.</th>
</tr>
</thead>
</table>

----------------------------------------------------
| OE22
|====
|---------------------------------------------------
| (PERSON’S FIRST MIDDLE AND LAST NAME)  (NAME OF |
| ESTABLISHMENT..........)  {STR-DT}               |
| {END-DT}                                       |
|--------------------------------------------------
| On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)? |
| [Enter Month-2, Day-2, Year-2] ..........
| REF ................................... -7
| DK .................................... -8
|--------------------------------------------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
| OR '-8' (DON'T KNOW), CONTINUE WITH OE22OV        |
|--------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_15</th>
</tr>
</thead>
</table>

26-199
OE22OV
======

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

| WHOLE MONTH ......................... 1 |
| PART OF THE MONTH ................... 2 |
| REF ................................... -7 |
| DK .................................... -8 |

----------------------------------------------------
| EDIT: COMPLETE DATE AT OE22 MUST BE < THAN COMPLETE DATE AT OE15 IF A DATE IS RECORDED AT OE15 OR < THAN REFERENCE PERIOD END DATE IF NO DATE IS RECORDED AT OE15. |
----------------------------------------------------

BOX_15
======

----------------------------------------------------
| IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '1') (YES)), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE22 UNTIL THE REFERENCE PERIOD END DATE. |
----------------------------------------------------

----------------------------------------------------
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '2') (NO)), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE22 UNTIL DATE RECORDED AT OE15. |
----------------------------------------------------

26-200
END_LP07

----------
<p>| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |<br />
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |</p>
<table>
<thead>
<tr>
<th>STATED IN THE LOOP DEFINITION.</th>
</tr>
</thead>
</table>

----------
<p>| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |</p>
<table>
<thead>
<tr>
<th>END LOOP_07 AND GO TO BOX_16</th>
</tr>
</thead>
</table>

OE22A

----------
(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT........) (STR-DT) (END-DT)

Does (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

----------
<p>| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |<br />
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |</p>
<table>
<thead>
<tr>
<th>LISTED IN RU' IN OE21</th>
</tr>
</thead>
</table>
BOX_16
======

----------------------------------------------------
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR   |
| ON THE CURRENT ROUND’S INTERVIEW DATE, THAT IS,    |
| OE12 IS CODED ‘1’(YES), CONTINUE WITH OE23         |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP05                          |
----------------------------------------------------
OE23
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF ESTABLISHMENT........)   (STR-DT)
(END-DT)

{Last time we recorded that (POLICYHOLDER) (were/was) covered by (READ INSURER NAME(S) BELOW).}

Since (START DATE), has there been any change in the plan name of the health insurance (POLICYHOLDER) has through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL
| INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-
| ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND
| PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE
| SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED
| WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-
| PERSON-PAIR.
----------------------------------------------------

----------------------------------------------------
| DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER
| NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-
| PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING
| MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME
| DURING THE PREVIOUS ROUND.
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T
| KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT
| ROUND’S INSURER FOR THIS ESTABLISHMENT-PERSON-
| PAIR.
----------------------------------------------------

26-203
SHOW CARD OE-1.

What type of health insurance (do/does) (POLICYHOLDER) now have through (ESTABLISHMENT)’s new plan?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN HMO ... 1
DENTAL ................................. 2
PRESCRIPTION DRUGS ........................... 3
VISION ...................................... 4
MEDICARE SUPPLEMENT/MEDIGAP ............... 5
LONG TERM CARE IN A NURSING HOME ........... 6
EXTRA CASH FOR HOSPITAL STAYS .............. 7
SERIOUS DISEASE OR DREAD DISEASE ........... 8
DISABILITY ................................. 9
WORKER’S COMPENSATION ..................... 10
ACCIDENT ................................. 11
OTHER ..................................... 91
REF .................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]

-----------------------------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION | WITH ANY OTHER CODES, CONTINUE WITH OE24OV |
-----------------------------------------------------------------------

-----------------------------------------------------------------------
| OTHERWISE, GO TO BOX_17 |
-----------------------------------------------------------------------
ENTER OTHER:

[Enter Other Specify] ..................
REF ...................................... -7
DX ........................................ -8

-----------------------------------------------------------------------
| IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP), ALONE OR WITH ANY OTHER COMBINATION OF CODES, CONTINUE WITH OE25 |
-----------------------------------------------------------------------

-----------------------------------------------------------------------
| OTHERWISE, GO TO END LP05 |
-----------------------------------------------------------------------

-----------------------------------------------------------------------
| NOTE: ALL ESTABLISHMENTS WHICH ARE BEING LOOPED ON HERE ARE EMPLOYERS. THEREFORE, IT IS NOT NECESSARY TO AUTOMATICALLY CODE OE25 IF THE ESTABLISHMENT IS AN INSURANCE CO. OR HMO (BECAUSE WE KNOW IT IS NOT). |
-----------------------------------------------------------------------
What is the new plan name for (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare supplement or Medigap benefit}?

PROBE: Any other new plan names? RECORD NAMES OF ALL INSURERS THAT PROVIDE {HOSPITAL/MEDIGAP} BENEFITS FOR THIS PAIR.

1=INS CO  2=HMO  3=COMPANY IS SELF-INSURED

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>OE25 01. NAME OF INSURER</th>
<th>OE25 02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

DISPLAY 'hospital and physician benefits' AND 'HOSPITAL' IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP). DISPLAY 'Medicare supplement or Medigap benefits' AND 'MEDIGAP' IF OE24 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP).

WRITE INSURER(S) TO THE RU-ESTB-PERSON-INSURER-TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.
FLAG INSURER(S) COLLECTED AT OE25 AS CURRENT ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF OE24 IS CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)’ FOR THE CURRENT ROUND.

IF OE24 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT ROUND.

INSURER ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER SHOULD BE BLANK. ALL PREVIOUS INSURERS PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR MEDIGAP ARE BEING REPLACED FOR THE CURRENT ROUND WITH ALL INSURERS COLLECTED HERE.
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'
LOOP_08
======

FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX_18 - END_LP08.

LOOP DEFINITION: LOOP_08 COLLECTS MANAGED CARE INFORMATION FOR INSURERS COLLECTED AT OE25 THAT ARE NOT ALREADY FLAGGED AS 'HMO'. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISH-PERSON PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT
- INSURER IS ENTERED AT OE25 AND INSURER IS CODED '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT NOT '2' (HMO)

BOX_18
======

ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER

AT COMPLETION OF MANAGED CARE (MC) SECTION, CONTINUE WITH END_LP08

END_LP08
======

CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER INSURERS MEET THE STATED CONDITIONS, END LOOP_08 AND CONTINUE WITH END_LP05

26-208
END_LP05

=------=

---------------------------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN    |
| THE LOOP DEFINITION.                               |
---------------------------------

---------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS,      |
| END LOOP_05 AND CONTINUE WITH BOX_19              |
---------------------------------
IF ONE OR MORE OR RU MEMBERS WAS COVERED BY INSURANCE THROUGH A NON-CURRENT EMPLOYER FROM THE PREVIOUS ROUND, AN EMPLOYER FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, OR A DIRECT PURCHASE SOURCE ON THE PREVIOUS ROUND'S INTERVIEW DATE, THAT IS:

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE RU MEETS THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES:
  - FLAGGED AS A DIRECT PURCHASE SOURCE
  - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1, FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', OR
  - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-GREATER-THAN-1, FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', AND HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING THE PREVIOUS ROUND:
    - 'FORMER MAIN WITHIN REFERENCE PERIOD'
    - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'
    - 'LAST JOB OUTSIDE REFERENCE PERIOD'
    - 'RETIREMENT JOB'
  - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;
  - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;
  - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND);

CONTINUE WITH LOOP_09

OTHERWISE, GO TO BOX_29
NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND’S INTERVIEW DATE, THE LAST CONDITION IN THE ABOVE BOX CAN BE MET IF AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER’S INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE. THE LOOP WILL CYCLE ON THE POLICYHOLDER’S NAME.


LOOP_09

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-|  |
| PAIRS-ROSTER, ASK BOX_19A - END_LP09              |  |
----------------------------------------------------

LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH A NON-CURRENT EMPLOYER FROM THE PREVIOUS ROUND, AN EMPLOYER FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, OR A DIRECT PURCHASE SOURCE THAT WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES:
  - FLAGGED AS A DIRECT PURCHASE SOURCE
  - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1, FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', OR
  - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-GREATER-THAN-1, FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', AND HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING THE PREVIOUS ROUND:
    - 'FORMER MAIN WITHIN REFERENCE PERIOD'
    - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'
    - 'LAST JOB OUTSIDE REFERENCE PERIOD'
    - 'RETIREMENT JOB'
  - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;
  - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;
  - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND)
BOX_19A
========

<table>
<thead>
<tr>
<th>IF THE POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN RU (DU)' OR 'POLICYHOLDER DECEASED', CONTINUE WITH OE25A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO OE26</th>
</tr>
</thead>
</table>
{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

INTERVIEWER: IF (POLICYHOLDER)'S NAME IS LISTED ON THE
ROSTER BELOW, SELECT IT. IF NOT, SELECT ‘NAME NOT ON ROSTER’
AND CONTINUE.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-35] .
[2. First Name,[Middle Name],Last Name-35] .
[3. First Name,[Middle Name],Last Name-35] .
NAME NOT ROSTER ............................ 99
REF  ........................................ -7
DK ......................................... -8

[Code One]

---------------------------------------------------------------------
|  ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE DU-MEMBERS-ROSTER.                          |
---------------------------------------------------------------------

---------------------------------------------------------------------
|  DISPLAY 'NAME NOT ON ROSTER' AS LAST ENTRY ON THIS |
|  ROSTER.                                           |
---------------------------------------------------------------------

---------------------------------------------------------------------
|  IF A DU MEMBER’S NAME IS SELECTED FROM THE          |
|  ROSTER, REPLACE THIS NAME AS THE CURRENT           |
|  POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR.   |
|  IF ‘NAME NOT ON ROSTER’ SELECTED LEAVE THE         |
|  POLICYHOLDER NAME OF THIS ESTABLISHMENT-PERSON-PAIR|
|  AS IS.                                            |
---------------------------------------------------------------------
OE26
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT........)   (STR-DT)
(END-DT)

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health
insurance.  (Are/Is) (POLICYHOLDER) or anyone in the family
covered by (POLICYHOLDER)’s health insurance through
(ESTABLISHMENT) as of today, (END DATE)?

YES .................................... 1
NO ..................................... 2 {OE28}
REF ................................... -7 {END_LP09}
DK .................................... -8 {END_LP09}

----------------------------------------------------
| IF CODED '1' (YES) AND THIS ESTABLISHMENT-PERSON- |
| PAIR IS AN ESTABLISHMENT FLAGGED AS 'SELF- |
| EMPLOYED' WITH FIRM-SIZE-1, CONTINUE WITH OE27 |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND ESTABLISHMENT-PERSON-PAIR |
| IS NOT AN ESTABLISHMENT WITH FIRM-SIZE-1, GO TO |
| BOX_20                                           |
----------------------------------------------------

OE27
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT........)   (STR-DT)
(END-DT)

Is this insurance still through (POLICYHOLDER)’s self-employed
business?

YES .................................... 1 {BOX_20}
NO ..................................... 2 {BOX_20}
REF ................................... -7 {BOX_20}
DK .................................... -8 {BOX_20}

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.
OE28
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT........} (STR-DT)
{END-DT}

On what date did (POLICYHOLDER)’s health insurance through
(ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-2] ........
REF ........................................ -7
DK ....................................... -8

| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
| OR '-8' (DON'T KNOW), CONTINUE WITH OE28OV |

| OTHERWISE, GO TO BOX_20 |

OE28OV
=====

Can you just tell me if (POLICYHOLDER) was covered under that
insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ..................... 2
REF .......................... -7
DK .............................. -8
IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, AUTOMATICALLY CODE OE29 AS ‘1’ (YES) AND GO TO BOX_21

OTHERWISE, CONTINUE WITH OE29
OE29
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   {NAME OF
ESTABLISHMENT.........}    {STR-DT}
{END-DT}

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT).

(Are/Were) they all covered by this health insurance (until
{{OE28 DATE}/it ended}/on (END-DT))?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

(Person with estab-person-pair insurance on prev rd intv dt)
(Person with estab-person-pair insurance on prev rd intv dt)
(Person with estab-person-pair insurance on prev rd intv dt)

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-    |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY   |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:   |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S       |
| INTERVIEW DATE BY THE INSURANCE FROM THIS           |
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE           |
| POLICYHOLDER                                        |</p>
<table>
<thead>
<tr>
<th>- PERSON IS AN RU MEMBER</th>
</tr>
</thead>
</table>

----------------------------------------------------
| DISPLAY 'Are' IF OE26 IS CODED '1' (YES).           |
| DISPLAY 'Were' IF OE26 IS CODED '2' (NO).           |
| DISPLAY 'until {OE28 DATE}' IF OE26 IS CODED '2'    |
| (NO). DISPLAY 'on (END-DT)' IF OE26 IS CODED '1'   |
| (YES).                                             |
| DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'. |
| IF THE MONTH AND DAY FIELD AT OE28 IS CODED '-7'   |
| (REFUSED) OR '-8' (DON’T KNOW), DISPLAY 'it ended' |
| FOR 'OE28 DATE'.                                   |

26-218
BOX_21
======

-----------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO THE END DATE OF THE CURRENT ROUND, THAT IS:   |
| IF OE26 IS CODED '1' (YES) AND OE29 IS CODED '1' |
| (YES),                                           |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |
| THE REFERENCE PERIOD END DATE AND                |
| GO TO BOX_23                                      |
-----------------------------------------------

-----------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO PART OF THE CURRENT ROUND, THAT IS:            |
| IF OE26 IS CODED '2' (NO) AND OE29 IS CODED '1'   |
| (YES).                                           |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |
| THE DATE RECORDED AT OE28 AND                     |
| GO TO BOX_23                                      |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE (I.E., OE29 CODED '2' (NO), '-7'       |
| (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH   |
| OE30                                             |
-----------------------------------------------

26-219
OE30
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF ESTABLISHMENT...........)   (STR-DT)
(END-DT)

Who {is/was} no longer covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {{until {OE28 DATE}/it ended}/on (END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |  |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER |  |
| - PERSON IS AN RU MEMBER |  |
----------------------------------------------------
----------------------------------------------------
| DISPLAY 'is' IF OE26 IS CODED '1' (YES). |  |
| DISPLAY 'was' IF OE26 IS CODED '2' (NO). |  |
| DISPLAY 'until {OE28 DATE}' IF OE26 IS CODED '2' (NO). |  |
| DISPLAY 'on (END-DT)' IF OE26 IS CODED '1' (YES). |  |
| DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'. IF THE MONTH AND DAY FIELD AT OE28 IS CODED '-7' (REFUSED) OR '-8' (DON’T KNOW), DISPLAY 'it ended' FOR 'OE28 DATE'. |  |
----------------------------------------------------
----------------------------------------------------
| IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '1' (YES)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE30 AS 'CONTINUOUS COVERAGE' FROM THE REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END DATE. |  |
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '2' (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE30 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE28

LOOP_10
=======


LOOP DEFINITION: LOOP_10 collects the date on which the insurance coverage through this establishment-person-pair ended for each ru member whose coverage ended either prior to the reference period end date or the date reported in OE28. This loop cycles on persons selected at OE30.

OE31
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT.......} {STR-DT}
{END-DT}

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-2] .........
REF ................................... -7
DK .................................... -8

IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON’T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON’T KNOW), CONTINUE WITH OE31OV

OTHERWISE, GO TO BOX_22
Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ......................... 1
PART OF THE MONTH .................... 2
REF ..................................... -7
DK ...................................... -8

----------------------------------------------------
| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' |
| THROUGH THE COMPLETE DATE RECORDED AT OE31 AND    |
| OE31OV.                                           |
----------------------------------------------------

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-     |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS  |
| STATED IN THE LOOP DEFINITION.                    |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_10 AND CONTINUE WITH BOX_23             |
----------------------------------------------------

26-222
BOX_23

| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY | 
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, | 
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU | 
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE | 
| PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU | 
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE30), | 
| CONTINUE WITH OE32 | 

----------------------------------------------------

| OTHERWISE, GO TO OE34A |

----------------------------------------------------

OE32

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

Since (START DATE), have any persons living here, we have
not yet mentioned, been covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT)?

YES ................................... 1
NO .................................... 2 {OE34A}
REF .................................... -7 {OE34A}
DK .................................... -8 {OE34A}

PRESS F1 FOR DEFINITION OF DEPENDENT.
OE33
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)    (NAME OF
ESTABLISHMENT........)    (STR-DT)
(END-DT)

Who has been covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT) since (START DATE) that we have not yet
mentioned?

PROBE: Who else has been covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) since (START DATE) that we
have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
| PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.      |
----------------------------------

----------------------------------
| DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON |
| THIS ROSTER.                                      |
----------------------------------

----------------------------------
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER.                       |
----------------------------------

----------------------------------
| IF ‘PERSON NOT LISTED IN RU’ IS SELECTED, FLAG |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| AS ‘COVERING PERSON NOT LISTED IN RU’.          |
----------------------------------
LOOP_11


LOOP DEFINITION: LOOP_11 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE33.

OE34

(PERSON’S FIRST MIDDLE AND LAST NAME) (NAME OF ESTABLISHMENT........) (STR-DT) (END-DT)

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-2] ........
REF ..................................... -7
DK .................................... -8

IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE34OV

OTHERWISE, GO TO BOX_24
OE34OV

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

| WHOLE MONTH | 1 |
| PART OF THE MONTH | 2 |
| REF | -7 |
| DK | -8 |


BOX_24

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '1' (YES)), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE34 UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '2' (NO)), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE34 UNTIL DATE RECORDED AT OE28.
END_LP11

END_LP11

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLD-R-    |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS   |
| STATED IN THE LOOP DEFINITION.                    |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_11 AND GO TO BOX_25                      |
----------------------------------------------------

OE34A

OE34A

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT..........}  {STR-DT}
{END-DT}

Does (POLICYHOLDER)'s health coverage through (ESTABLISHMENT)
cover as dependents any persons who do not live here?

YES ................................. 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

----------------------------------------------------
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS    |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
| LISTED IN RU' IN OE33                            |
----------------------------------------------------
BOX_25
======

----------------------------------------------------
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE |
| INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR ON |
| THE CURRENT ROUND’S INTERVIEW DATE, THAT IS, OE26 |
| IS CODED ’1’(YES), CONTINUE WITH OE35             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP09                         |
----------------------------------------------------
OE35
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME(S) BELOW).}

Since (START DATE), has there been any change in the plan name
of the health insurance (POLICYHOLDER) has through
(ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ...................................  1
NO ....................................  2 {END_LP09}
REF ................................... -7 {END_LP09}
DK .................................... -8 {END_LP09}

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL
| INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-
| ROSTER THAT ARE FLAGGED AS ’SUPPLYING HOSPITAL AND
| PHYSICIAN BENEFITS’ AND/OR ’SUPPLYING MEDICARE
| SUPPLEMENT/MEDIGAP BENEFITS’ AND ARE ASSOCIATED
| WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-
| PERSON-PAIR.                             |
----------------------------------------------------

----------------------------------------------------
| DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER |
| NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT- |
| PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING |
| MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME |
| DURING THE PREVIOUS ROUND.                        |
----------------------------------------------------

----------------------------------------------------
| IF CODED ’2’ (NO), ’-7’ (REFUSED), OR ’-8’ (DON’T |
| KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT |
| ROUND’S INSURER FOR THIS ESTABLISHMENT-PERSON- |
| PAIR.                                              |
----------------------------------------------------
IF CODED '1' (YES) AND ESTABLISHMENT IS FLAGGED AS AN INSURANCE CO. OR HMO, CONTINUE WITH OE36

IF CODED '1' (YES) AND ESTABLISHMENT IS NOT FLAGGED AS AN INSURANCE CO. OR HMO, GO TO OE37

OE36
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) {NAME OF ESTABLISHMENT.........} {STR-DT} {END-DT}

What is the new plan name of (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

[Enter Plan Name/Establishment Name] ..............

WRITE ESTABLISHMENT NAME CORRECTION TO THE RU-ESTABLISHMENT-PERSONS-PAIRS-ROSTER. THIS IS THE CORRECTED ESTABLISHMENT NAME.

FLAG INSURER ENTERED ABOVE AS CURRENT ROUND’S INSURER FOR THIS POLICYHOLDER-ESTABLISHMENT PAIR.

NOTE: IF A SOURCE OF INSURANCE WAS DIRECTLY PURCHASED FROM AN HMO OR INSURANCE COMPANY, THE ESTABLISHMENT NAME IS THE SAME AS THE INSURER NAME. THEREFORE, ANY CHANGE IN PLAN NAME AUTOMATICALLY DICATES A CHANGE IN THE ESTABLISHMENT NAME.
SHOW CARD OE-1.

What type of health insurance (do/does) (POLICYHOLDER) now have through (ESTABLISHMENT)'s new plan?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS,  
INCLUDING COVERAGE THROUGH AN HMO ... 1
DENTAL ................................. 2
PRESCRIPTION DRUGS ..................... 3
VISION ................................. 4
MEDICARE SUPPLEMENT/MEDIGAP .......... 5
LONG TERM CARE IN A NURSING HOME ...... 6
EXTRA CASH FOR HOSPITAL STAYS .......... 7
SERIOUS DISEASE OR DREAD DISEASE ...... 8
DISABILITY ............................. 9
WORKER'S COMPENSATION ................. 10
ACCIDENT .............................. 11
OTHER ................................. 91
REF ................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
| WITH ANY OTHER CODES, CONTINUE WITH OE37OV |
------------------------------------------------------------------------------------------------------------------------

| OTHERWISE, GO TO BOX_26 |
------------------------------------------------------------------------------------------------------------------------
OE370V

ENTER OTHER:

[Enter Other Specify] ..................
REF ................................... -7
DK ................................. -8

BOX_26

<p>| IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN |
| BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP), |
| ALONE OR WITH ANY OTHER COMBINATION OF CODES, |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH BOX_27</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO END_LP09</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
</tbody>
</table>

BOX_27

<p>| IF ESTABLISHMENT ALREADY FLAGGED AS ‘INSURANCE |
| CO.’ OR ‘HMO’, AUTOMATICALLY CODE OE38 WITH |</p>
<table>
<thead>
<tr>
<th>APPROPRIATE RESPONSES AND GO TO LOOP_12</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH OE38</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
</tbody>
</table>
OE38
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   {NAME OF
ESTABLISHMENT........}    {STR-DT}
(END-DT)

What is the new plan name for (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT) which provides the {hospital and
physician benefits/Medicare supplement or Medigap benefit}?

PROBE:  Any other new plan names?  RECORD NAMES OF ALL INSURERS
THAT PROVIDE {HOSPITAL/MEDIGAP} BENEFITS FOR THIS PAIR.

1=INS CO  2=HMO  3=COMPANY IS SELF-INSURED

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS.  TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D.  TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>OE38 01. NAME OF INSURER</th>
<th>OE38 02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

-------------------------------
| DISPLAY 'hospital and physician benefits' AND |
| 'HOSPITAL' IF OE37 IS CODED '1' (HOSPITAL AND |
| PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE |
| SUPPLEMENT/MEDIGAP).  DISPLAY 'Medicare supplement |
| or Medigap benefits' AND 'MEDIGAP' IF OE37 IS CODED|
| '5' (MEDICARE SUPPLEMENT/MEDIGAP). |
-------------------------------

-------------------------------
| WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER- |
| TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR |
-------------------------------
FLAG INSURER(S) COLLECTED AT OE38 AS CURRENT ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

----------------------------------------------------

IF OE37 IS CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)’ FOR THE CURRENT ROUND.

----------------------------------------------------

IF OE37 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT ROUND.

----------------------------------------------------

INSURER COMPANY ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER SHOULD BE BLANK. ALL PREVIOUS INSURERS PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR MEDIGAP ARE BEING REPLACED FOR THE CURRENT ROUND WITH ALL INSURERS COLLECTED HERE.  
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'
LOOP_12
=======

---
FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX_28 - END_LP12.
---

LOOP DEFINITION: LOOP_12 COLLECTS MANAGED CARE INFORMATION FOR INSURERS COLLECTED AT OE38 THAT ARE NOT ALREADY FLAGGED AT 'HMO'. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT
- INSURER IS ENTERED AT OE38 AND INSURER IS CODED '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT NOT '2' (HMO)

BOX_28
======

---
ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER
---

AT COMPLETION OF MANAGED CARE (MC) SECTION, CONTINUE WITH END_LP12
---

END_LP12
=======

---
CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.
---

IF NO OTHER INSURERS MEET THE STATED CONDITIONS, END LOOP_12 AND CONTINUE WITH END_LP09
END_LP09
======

--- CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-PAIR-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. ---

--- IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_09 AND CONTINUE WITH BOX_29 ---

BOX_29
======

--- IF ONE OR MORE RU MEMBERS WAS A COVERED PERSON BY AN ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE WHERE THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE AND THE POLICYHOLDER IS FLAGGED AS 'POLICYHOLDER/DEPENDENT IN DIFFERENT RUS' AT THE CURRENT ROUND'S INTERVIEW DATE, CONTINUE WITH LOOP_13 ---

--- OTHERWISE, GO TO BOX_33 ---

NOTE: WHEN A POLICYHOLDER LEAVES AN RU, WE WILL NEVER ASK RJ AND THAT POLICYHOLDER WILL NEVER QUALIFY FOR LOOPS 01, 05, OR 09. WE CREATED A NEW LOOP, LOOP_13 THAT WILL HANDLE THE SITUATIONS WHERE THE POLICYHOLDER HAS LEFT THE RU AND LEFT DEPENDENTS BEHIND, OR THE SITUATION WHERE THE DEPENDENTS HAVE LEFT THE RU (WITHOUT THE POLICYHOLDER). THIS SITUATION WILL BE FLAGGED AS 'POLICYHOLDER/DEPENDENT IN DIFFERENT RUS'. THIS FLAG CAN BE ASSOCIATED WITH ANY ESTABLISHMENT-PERSON-PAIR IN A PARTICULAR RU WHERE THEY ARE COVERED PERSONS, BUT THE POLICYHOLDER IS IN ANOTHER RU. THIS FLAG SHOULD NEVER EXIST ON A PAIR IN AN RU WHERE THE POLICYHOLDER OF THE PAIR IS IN THE SAME RU AS ALL OF THE DEPENDENTS OR WHERE THE POLICYHOLDER OF THE PAIR WAS ORIGINALLY CREATED AS 'POLICYHOLDER NOT IN RU/DU' OR 'POLICYHOLDER DECEASED'.
LOOP_13


LOOP DEFINITION:

LOOP_13 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH AN ESTABLISHMENT-PERSON-PAIR WHERE THE POLICYHOLDER OR THE ELIGIBLE DEPENDENT(S) HAVE MOVED FROM THE RU. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE
- THE ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS ‘POLICYHOLDER/DEPENDENT MOVED’ AT THE CURRENT ROUND’S INTERVIEW DATE FOR THIS RU
- AT LEAST ONE RU MEMBER WAS A COVERED PERSON FOR THIS ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE
- POLICYHOLDER IS NOT A CURRENT RU MEMBER
OE39
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT.........)    {STR-DT}
{END-DT}

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health
insurance. Is anyone in the family, living here now,
covered by (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) as of today, (END DATE)?

IF RESPONDENT VOLUNTEERS THAT THIS INSURANCE HAS ALREADY BEEN
DISCUSSED, CODE ‘3’.

YES ................................. 1 {OE41}
NO ........................................ 2
INSURANCE ALREADY DISCUSSED .......... 3 {END_LP13}
REF ........................................ -7 {END_LP13}
DK ........................................ -8 {END_LP13}

[Code One]

-----------------------------------------------
| IF CODED ‘3’ (INSURANCE ALREADY DISCUSSED), FLAG |
| ITEM FOR SOURCE CLEAN-UP.                        |
-----------------------------------------------
OE40
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT........)    {STR-DT}
{END-DT}

On what date did this health insurance through (ESTABLISHMENT)
end?

[Enter Month-2, Day-2, Year-2] ..........
REF .................................... -7
DK .................................... -8

| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
| OR '-8' (DON'T KNOW), CONTINUE WITH OE40OV       |

| OTHERWISE, GO TO OE41                             |

OE40OV
======

Can you just tell me if (POLICYHOLDER) was covered under that
insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH ........................  2
REF .................................... -7
DK .................................... -8
During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT).

(Are/Were) they all covered by this health insurance (until {{OE40 DATE}/it ended}/on (END-DT))?

TO SCROLL, USE ARROW KEYS.  
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

(Y)ES ...................................  1  
(NO) ...................................... 2  
(REF) .................................... -7  
(DK) ..................................... -8  

ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:  
- PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,  
- PERSON IS AN RU MEMBER

DISPLAY 'Are' IF OE39 IS CODED '1' (YES).  
DISPLAY 'Were' IF OE39 IS CODED '2' (NO).  
DISPLAY 'until {OE40 DATE}' IF OE39 IS CODED '2' (NO).  
DISPLAY 'on (END-DT)' IF OE39 IS CODED '1' (YES).  
DISPLAY THE DATE RECORDED AT OE40 FOR 'OE40 DATE’.  
IF THE MONTH AND DAY FIELD AT OE40 IS CODED '-7' (REFUSED) OR '-8' (DON’T KNOW), DISPLAY 'it ended’ FOR 'OE40 DATE'.

26-240
IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS:

IF OE39 IS CODED '1' (YES) AND OE41 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS AS 'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD END DATE AND

GO TO BOX 31

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS:

IF OE39 IS CODED '2' (NO) AND OE41 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE40 AND

GO TO BOX 31

OTHERWISE (I.E., OE41 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)),

CONTINUE WITH OE42
Who {is/was} no longer covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {until {{OE40 DATE}/it ended}/on (END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '2') (NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE42 AS 'CONTINUOUS COVERAGE' FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE40.

LOOP_14


LOOP DEFINITION: LOOP_14 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE40. THIS LOOP CYCLES ON PERSONS SELECTED AT OE42.
OE43
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF 
ESTABLISHMENT........}    {STR-DT}
{END-DT}

On what date did the health insurance through (ESTABLISHMENT) 
end for (PERSON)?

[Enter Month-2, Day-2, Year-2] ........
REF ..................................... -7
DK ....................................... -8

----------------------------------------------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T |
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
| OR '-8' (DON'T KNOW), CONTINUE WITH OE43OV     |
----------------------------------------------------
| OTHERWISE, GO TO BOX_30                           |
----------------------------------------------------

OE43OV
======

Can you just tell me if (PERSON) was covered under that 
insurance the whole month or part of the month?

WHOLE MONTH ..........................  1
PART OF THE MONTH ....................  2
REF ..................................... -7
DK ....................................... -8

BOX_30
=====

--------------------------------------------------------------------------------
| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' |
| THROUGH THE COMPLETE DATE RECORDED AT OE43 AND    |
| OE43OV.                                          |
--------------------------------------------------------------------------------
END_LP14

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-     |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS  |
| STATED IN THE LOOP DEFINITION.                    |

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_14 AND CONTINUE WITH BOX_31              |

BOX_31

----------------------------------------------------
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY  |
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,|
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE      |
| PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU  |
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE42),|
| CONTINUE WITH OE44                                |

----------------------------------------------------
| OTHERWISE, GO TO OE47                             |

OE44

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   {NAME OF
ESTABLISHMENT........}   {STR-DT}
(END-DT)

Since (START DATE), have any persons living here, we have
not yet mentioned, been covered by (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT)?

YES ..................................... 1
NO ..................................... 2 {OE47}
REF ..................................... -7 {OE47}
DK ..................................... -8 {OE47}

PRESS F1 FOR DEFINITION OF DEPENDENT.
OE45
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

Who has been covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT) since (START DATE) that we have not yet
mentioned?

PROBE: Who else has been covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) since (START DATE) that we
have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

---------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
| PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE.        |
---------------------------------------------

---------------------------------------------
| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON|
| THIS ROSTER.                                      |
---------------------------------------------

---------------------------------------------
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER.                      |
---------------------------------------------

---------------------------------------------
| IF ‘PERSON NOT LISTED IN RU’ IS SELECTED, FLAG |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| AS 'COVERING PERSON NOT LISTED IN RU'.        |
---------------------------------------------
LOOP_15
=====

-----------------------------
-----------------------------

LOOP DEFINITION: LOOP_15 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS loop CYCLES ON PERSONS SELECTED AT OE45.

OE46
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF ESTABLISHMENT........}  {STR-DT}  {END-DT}

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-2] ........
REF .................................. -7
DK ................................... -8

-------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE46OV |
-------------

| OTHERWISE, GO TO BOX_32 |
-------------
OE460V

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ..................... 2
REF ................................. -7
DK ............................... -8

EDIT: COMPLETE DATE AT OE46 MUST BE < THAN
COMPLETE DATE AT OE40 IF A DATE IS RECORDED AT
OE40 OR < THAN REFERENCE PERIOD END DATE IF NO
DATE IS RECORDED AT OE40.

BOX_32

IF FAMILY STILL HAS INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '1'
(YES)), FLAG INSURANCE FOR THIS PERSON AS
'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE08
UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH
ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '2' (NO))
FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS
COVERAGE' FROM DATE RECORDED AT OE46 UNTIL DATE
RECORDED AT OE40.
END_LP15

---------------
| CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD- |  |
| PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED |  |
| IN THE LOOP DEFINITION. |  |
---------------

---------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  |
| END LOOP_15 AND GO TO END_LP13 |  |
---------------

OE47

={POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF  
ESTABLISHMENT.........}  {STR-DT}  
{END-DT}

Does (POLICYHOLDER)'s health coverage through (ESTABLISHMENT)  
cover as dependents any persons who do not live here?

YES ..............................  1
NO .................................  2
REF ............................... -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

---------------
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS  |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
| LISTED IN RU' IN OE45 |  |
---------------
END_LP13
=====

----------------------------------------------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-|
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN   |
| THE LOOP DEFINITION.            |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_13 AND CONTINUE WITH BOX_33                 |
----------------------------------------------------

BOX_33
=====

----------------------------------------------------
| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX.   |
----------------------------------------------------
Other Medical Expenses (OM) Section

BOX_01
======

----------------------------------------------------
| IF THE OM ITEM TYPE IS NOT INSULIN OR OTHER       |
| DIABETIC EQUIPMENT OR SUPPLIES, CONTINUE WITH OM01 |
----------------------------------------------------

----------------------------------------------------
| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC  |
| EQUIPMENT OR SUPPLIES, GO TO OM02                |
----------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}

NOTE:

NO UTILIZATION SECTION IS REQUIRED FOR {GLASSES OR CONTACT LENSES/AMBULANCE SERVICES/ORTHOPEDIC ITEMS/HEARING DEVICES/PROSTHESES/BATHROOM AIDS/MEDICAL EQUIPMENT/DISPOSABLE SUPPLIES/ALTERATIONS OR MODIFICATIONS/TEXT FROM OTHER SPECIFY}.  

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT TYPE |
| IS OM AND ITEM TYPE IS CODED '1' (GLASSES OR   |
| CONTACT LENSES.) DISPLAY 'AMBULANCE SERVICES'    |
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '4'  |
| (AMBULANCE SERVICES). DISPLAY 'ORTHOPEDIC ITEMS'|
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '5'  |
| (ORTHOPEDIC ITEMS). DISPLAY 'HEARING DEVICES'   |
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '6'  |
| (HEARING DEVICES). DISPLAY 'PROSTHESES' IF EVENT|
| TYPE IS OM AND ITEM TYPE IS CODED '7'           |
| (PROSTHESES). DISPLAY 'BATHROOM AIDS' IF EVENT  |
| TYPE IS OM AND ITEM TYPE IS CODED '8' (BATHROOM |
| AIDS). DISPLAY 'MEDICAL EQUIPMENT' IF EVENT TYPE|
| IS OM AND ITEM TYPE IS CODED '9' (MEDICAL       |
| EQUIPMENT). DISPLAY 'DISPOSABLE SUPPLIES' IS    |
| EVENT TYPE IS OM AND ITEM TYPE IS CODED '10'    |
| (DISPOSABLE SUPPLIES). DISPLAY 'ALTERATIONS OR  |
| MODIFICATIONS' IF EVENT TYPE IS OM AND ITEM TYPE|
| IS CODED '11' (ALTERATIONS/MODIFICATIONS). FOR  |
| TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT      |
| ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS|
| WHEN OM ITEM TYPE IS CODED '91' (OTHER).        |

----------------------------------------------------

----------------------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN   |
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE  |
| CP SECTION                                        |

----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION    |

17-2
{PERSON'S FIRST MIDDLE AND LAST NAME}

NOTE:

{INSULIN/OTHER DIABETIC EQUIPMENT OR SUPPLIES} WILL BE PROCESSED LIKE A PRESCRIBED MEDICINE.

AT THIS TIME, NO UTILIZATION OR CHARGE/PAYMENT SECTION WILL BE ASKED.

PRESCRIBED MEDICINE QUESTIONS AND CHARGE/PAYMENT DATA WILL BE COLLECTED LATER.

PRESS ENTER TO CONTINUE.

---------------------------------------------
<p>| DISPLAY 'INSULIN' IF OM ITEM TYPE BEING ASKED | |
| ABOUT IS INSULIN. DISPLAY 'OTHER DIABETIC    | |
| EQUIPMENT OR SUPPLIES' IF OM TYPE BEING ASKED |</p>
<table>
<thead>
<tr>
<th>ABOUT IS OTHER DIABETIC EQUIPMENT OR SUPPLIES.</th>
</tr>
</thead>
</table>

---------------------------------------------
<p>| FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS  |
| 'PROCESSED'. INSULIN AND OTHER DIABETIC EQUIPMENT| |
| AND SUPPLIES WILL BE PROCESSED THROUGH CP AS |</p>
<table>
<thead>
<tr>
<th>PRESCRIBED MEDICINES.</th>
</tr>
</thead>
</table>

---------------------------------------------
<table>
<thead>
<tr>
<th>GO TO THE EVENT DRIVER (ED) SECTION</th>
</tr>
</thead>
</table>
Outpatient Department (OP) Section

OP01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

What is the name of the outpatient department?

[Enter Department Name] ............... 

OP02
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

OUTPATIENT DEPT. NAME:  {OUTPATIENT DEPT NAME FROM OP01}

Did (PERSON) visit the (OUTPATIENT DEPARTMENT) at (PROVIDER) on (VISIT DATE) in person or was this a telephone call?

SAW PROVIDER ........................... 1
TELEPHONE CALL ........................ 2
REF ................................... -7
DK .................................... -8

[Code One]

----------------------------------------------------
| DISPLAY THE TEXT ENTRY FROM OP01 FOR 'OUTPATIENT DEPT NAME FROM OP01'. |
----------------------------------------------------

----------------------------------------------------
| IF OP02 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS | |
| 'OP-IN-PERSON'.                                    |
----------------------------------------------------

----------------------------------------------------
| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7'       |
| (REFUSED), OR '-8' (DON'T KNOW) FLAG EVENT AS     |
| 'OP-TELEPHONE'.                                   |
----------------------------------------------------
OP03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

(Were/Was) (PERSON) referred for this particular (visit/telephone call) by another physician or medical person?

YES ........................................ 1
NO ........................................... 2
REF ......................................... -7
DK .......................................... -8

PRESS F1 FOR DEFINITION OF REFERRED.
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

{Did (PERSON) see a medical doctor during this particular visit?/Was this telephone call about (PERSON)'s health with a medical doctor?}

YES .................................... 1
NO ..................................... 2 {OP05}
REF ................................... -7 {OP05}
DK .................................... -8 {OP05}

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

| DISPLAY 'Did (PERSON) see a medical doctor during | this particular visit?' IF OP02 IS CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS EVENT. |
| DISPLAY 'Was this telephone call about (PERSON)'s health with a medical doctor?' IF OP02 IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT. |

| IF CODED '1' (YES) AND OP02 IS CODED '1' (SAW PROVIDER), GO TO OP06 |

| IF CODED '1' (YES) AND OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_01 |
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

What type of medical person did (PERSON) talk to on (VISIT DATE)?

IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN PROVIDER.

CHIROPRACTOR ..........................  1
DENTIST/DENTAL CARE PERSON ..........  2
MIDWIFE ...............................  3
NURSE/NURSE PRACTITIONER ..........  4
OPTOMETRIST ...........................  5
PODIATRIST ............................  6
PHYSICIAN’S ASSISTANT ..............  7
PHYSICAL THERAPIST ...................  8
OCCUPATIONAL THERAPIST ..........  9
PSYCHOLOGIST .......................... 10
SOCIAL WORKER .......................... 11
TECHNICIAN ............................. 12
OTHER ................................. 91
REF ................................... -7
DK .................................... -8

[Code One]

PRESS P1 FOR DEFINITIONS OF ANSWER CATEGORIES.

-----------------------------------------------------------------------------------------------
| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH OP06 |
-----------------------------------------------------------------------------------------------

-----------------------------------------------------------------------------------------------
| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_01 |
-----------------------------------------------------------------------------------------------
Approximately how much time did (PERSON) actually spend with {the doctor/that medical person}?

Would you say ...

5 minutes or less, ....................... 1
6 - 10 minutes, ......................... 2
11 - 15 minutes, ....................... 3
16 - 25 minutes, ....................... 4
26 - 40 minutes, or .................... 5
41 minutes or more? .................... 6
REF ................................... -7
DK .................................... -8

[Code One]

DISPLAY 'the doctor' IF OP04 IS CODED '1' (YES).
DISPLAY 'that medical person' IF OP04 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW).

IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO OP08

IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH OP07
Please look at this card and tell me which category \textbf{best}
describes the care (PERSON) received during the visit to
(OUTPATIENT DEPARTMENT) at (PROVIDER) on (VISIT DATE)?

- GENERAL CHECKUP
- DIAGNOSIS OR TREATMENT
- EMERGENCY \textit{(E.G., ACCIDENT OR INJURY)}
- PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING
- FOLLOW-UP OR POST-OPERATIVE VISIT
- IMMUNIZATIONS OR SHOTS
- VISION EXAM
- MATERNITY CARE \textit{(PRE/POSTNATAL)}
- WELL CHILD EXAM
- OTHER
- REF
- DK

[Code One]

\textbf{PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.}
Was this visit/telephone call related to any specific health condition or were any conditions discovered during this visit/telephone call?

YES ................................. 1
NO ................................. 2 (BOX_02)
REF ................................. -7 (BOX_02)
DK ................................. -8 (BOX_02)
What conditions were discovered or led (PERSON) to make this (visit/telephone call)?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before? IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER. IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Medical Condition] .................
[2. Medical Condition] .................
[3. Medical Condition] .................
OTHER SPECIFY: (__________) ........... 91
<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR SPECIFICATIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.</td>
</tr>
<tr>
<td>2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.</td>
</tr>
<tr>
<td>3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.'</td>
</tr>
</tbody>
</table>

---

BOX_02

-----

| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO OP14 |

-----

| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH BOX_03 |

---

13-9
If OP05 is coded '2' (Dentist/Dental Care Person), '3' (Midwife), or '5' (Optometrist), go to OP11.

Otherwise, continue with OP10.

{Person’s First Middle and Last Name}    {Name of Medical Care Provider......}    {Evn-Dt}

Show Card OP-2.

Looking at this card, which of these treatments, if any, did (Person) receive during this visit?

Code '95' if no treatments were received. Code all that apply.

Physical Therapy ....................... 1
Occupational Therapy .................. 2
Speech Therapy .......................... 3
Chemotherapy ............................ 4
Radiation Therapy ...................... 5
Kidney Dialysis ......................... 6
IV Therapy ............................... 7
Drug or Alcohol Treatment ............. 8
Allergy Shot ............................. 9
Psychotherapy/Counseling ............. 10
No Treatments Received ............... 95
Ref ...................................... -7
DK ........................................ -8

[Code All That Apply]

Press F1 for definitions of answer categories.
ALLOW CODE '95' (NO TREATMENTS RECEIVED), '-7' (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.

EDIT: IF CODED '95' (NO TREATMENTS RECEIVED), NO OTHER TREATMENT CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.'

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

- CODE '1' = 'PHYS'
- CODE '2' = 'OCCPT'
- CODE '3' = 'SPCH'
- CODE '4' = 'CHEMO'
- CODE '5' = 'RADIA'
- CODE '6' = 'KIDNY'
- CODE '7' = 'IV'
- CODE '8' = 'DRUG'
- CODE '9' = 'ALRGY'
- CODE '10' = 'PSYCH'
- CODE '95' = 'NONE'

NOTE: 'NO TREATMENTS RECEIVED' IS NOT DISPLAYED ON SHOW CARD.
Looking at this card, which of these services, if any, did (PERSON) have during this visit?

CODE ‘95’ IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.

LABORATORY TESTS ....................... 1
SONOGRAM OR ULTRASOUND ............... 2
X-RAYS .................................... 3
MAMMOGRAM ............................... 4
MRI OR CATSCAN .......................... 5
EKG OR ECG ............................... 6
EEG ...................................... 7
VACCINATION .............................. 8
ANESTHESIA ................................ 9
OTHER DIAGNOSTIC TEST ................. 10
NO SERVICES RECEIVED ................. 95
REF ...................................... -7
DK ......................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ALLOW CODE ‘4’ (MAMMOGRAM) ONLY IF PERSON IS FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4 THROUGH 9).

ALLOW CODE ‘95’ (NO SERVICES RECEIVED), ‘-7’ (REFUSED), AND ‘-8’ (DON’T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE ‘95’ WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.
EDIT: IF CODED ‘95’ (NO SERVICES RECEIVED), NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.’

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

- CODE ‘1’ = ‘LAB’
- CODE ‘2’ = ‘ULTRA’
- CODE ‘3’ = ‘X-RAYS’
- CODE ‘4’ = ‘MAMMO’
- CODE ‘5’ = ‘MRI’
- CODE ‘6’ = ‘EKG’
- CODE ‘7’ = ‘EEG’
- CODE ‘8’ = ‘VACIN’
- CODE ‘9’ = ‘ANEST’
- CODE ‘10’ = ‘OTHER’
- CODE ‘95’ = ‘NONE’

NOTE: ‘OTHER DIAGNOSTIC TEST’ AND ‘NO SERVICES RECEIVED’ ARE NOT DISPLAYED ON SHOW CARD.

OP12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

Was a surgical procedure performed on (PERSON) during this visit?

YES ..................................... 1
NO ..................................... 2 {OP14}
REF ..................................... -7 {OP14}
DK ..................................... -8 {OP14}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.
What was the name of the main surgical procedure?

ARTHROSCOPIC (VISUALIZATION OF JOINTS) SURGERY ...................... 1
CATARACT SURGERY ......................... 2
CLEANING OR MEDICAL TREATMENT OF
    WOUND, INFECTION, OR BURN .......... 3
D & C (DILATATION AND CURETTAGE) ...... 4
STITCHES (WOUND SUTURE) .................. 5
TISSUE BIOPSY .............................. 6
TONSILLECTOMY ............................. 7
ADENOIDECTOMY ............................. 8
CARDIAC CATHETERIZATION ................ 9
EAR TUBES (TYMPANOSTOMY TUBES) ....... 10
PACEMAKER INSERTION ..................... 11
OTHER ......................................... 91
REF ........................................... -7
DK ........................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

During this [visit/telephone call], were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

OP15
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescribed medicines from this visit that were filled?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Prescribed Medicine] ...............
[2. Prescribed Medicine] ...............
[3. Prescribed Medicine] ...............
OTHER SPECIFY: (__________) ........... 91
**ROSTER BEHAVIOR SPECIFICATIONS:**

1. Interviewer may select a medicine(s) already listed on the roster.
2. Interviewer should be able to add any number of medicines at the roster questions (i.e., no limit to the number of medicines).
3. Interviewer should be able to delete a medicine that was recorded on the screen where delete is used. That is, as long as the interviewer has not left the screen, she should be able to delete a medicine entered in error. If delete is attempted at a time when it is not allowed (i.e., after the link is established), display the following error message: 'Delete allowed only when medicine is first entered.'

---

**Box_04**

---

| IF OP02 IS CODED '2' (TELEPHONE CALL), '-' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_10 |

---

| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH OP16 |

---
OP16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.......}  {EVN-DT}

OUTPATIENT DEPT. NAME:  {OUTPATIENT DEPT NAME FROM OP01}

Now I would like to ask about the physicians and surgeons who treated (PERSON) during this visit to (OUTPATIENT DEPARTMENT). (Have/Has) (PERSON) seen any of these doctors or surgeons at a place of practice outside of (PROVIDER)?

YES .................................... 1
NO ..................................... 2 {BOX_07}
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

----------------------------------------------------
| DISPLAY THE TEXT ENTRY FROM OP01 FOR 'OUTPATIENT |
| DEPT NAME FROM OP01'.                             |
----------------------------------------------------

----------------------------------------------------
| NOTE: IN ROUNDS 1 AND 2, THE SECOND SENTENCE OF   |
| THE QUESTION WAS WORDED, “Do any of these doctors |
| or surgeons have a place of practice outside of    |
| (PROVIDER) where (PERSON) (was/were) seen as a    |
| patient?”                                         |
----------------------------------------------------

OP17
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.......}  {EVN-DT}

Please give me the names of the medical places or private doctor’s office where (PERSON) saw each of these doctors or surgeons outside of (PROVIDER).

PRESS ENTER TO CONTINUE.
LOOP_01
=======

FOR EACH OF THE FOLLOWING:

- PROVIDER 1
- PROVIDER 2
- PROVIDER 3
- PROVIDER 4

ASK BOX_05 - END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS NAMES AND INFORMATION ABOUT EACH SEPARATELY BILLING PROVIDER ASSOCIATED WITH THIS EVENT. THE RESPONSE TO OP18 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF OP18 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT SEPARATELY BILLING PROVIDER. IF OP18 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_05
=======

ASK THE PROVIDER ROSTER (PV) SECTION

AT COMPLETION OF THE PROVIDER ROSTER (PV) SECTION, CONTINUE WITH BOX_06
| FOR EACH PROVIDER ADDED OR SELECTED, ADD A PAIR | TO THE PERSON'S-EVENT-PROVIDER-PAIRS-ROSTER. |
|-------------------------------------------------|

<table>
<thead>
<tr>
<th>FLAG EACH PROVIDER ADDED OR SELECTED AS A</th>
<th>'SEPARATELY BILLING DOCTOR' RELATED TO THE</th>
<th>OUTPATIENT DEPARTMENT EVENT BEING ASKED ABOUT.</th>
</tr>
</thead>
</table>

Was there anyone else?

PROBE: Were there any other doctors or surgeons who treated (PERSON) during the visit to (OUTPATIENT DEPARTMENT) and who (PERSON) (have/has) seen at a place of practice outside of (PROVIDER)?

YES ........................................ 1
NO ......................................... 2
REF ........................................... -7
DK .......................................... -8

DISPLAY THE TEXT ENTRY FROM OP01 FOR 'OUTPATIENT DEPT NAME FROM OP01'.

NOTE: IN ROUNDS 1 AND 2 THE PROBE PART OF THE QUESTION WAS WORDED, "...and who have a place of practice outside of (PROVIDER) where (PERSON) (was/were) seen as a patient?"
END_LP01

| IF OP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT PROVIDER. |

| IF OP18 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_01 AND CONTINUE WITH BOX_07 |

BOX_07

| IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO THIS PROVIDER FOR THIS PERSON, GO TO BOX_10 |

| OTHERWISE, CONTINUE WITH BOX_08 |

BOX_08

| IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS PERSON HAVE NOT COMPLETED THE OUTPATIENT DEPARTMENT (OP) UTILIZATION SECTION, CONTINUE WITH BOX_09 |

| OTHERWISE, GO TO BOX_10 |
IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, CONTINUE WITH OP19

| OTHERWISE, GO TO BOX_10 |

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

Earlier I recorded that (PERSON) had some other visits to an outpatient department at (PROVIDER). Were any of these visits related to any condition associated with (PERSON)'s visit on (VISIT DATE)? That is, were any of the other visits for the (READ CONDITIONS BELOW) and did (PERSON) receive {(READ SERVICES BELOW)/the same services}?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PERSON'S OP MEDICAL CONDITION.)</td>
<td>(SERVICES RECEIVED..)</td>
</tr>
<tr>
<td>(PERSON'S OP MEDICAL CONDITION.)</td>
<td>(SERVICES RECEIVED..)</td>
</tr>
<tr>
<td>(PERSON'S OP MEDICAL CONDITION.)</td>
<td>(SERVICES RECEIVED..)</td>
</tr>
</tbody>
</table>

YES .................................... 1
NO ..................................... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

PRESS F1 FOR DEFINITION OF REPEAT VISITS.

DISPLAY '{READ SERVICES BELOW}' IF OP11 IS NOT CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW). IF OP11 IS CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW), DISPLAY 'the same services'. 
FOR ‘PERSON’S OP MEDICAL CONDITION.’, DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON’S-MEDICAL-CONDITIONS-ROSTER AT OP09.

FOR ‘SERVICES RECEIVED..’, DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT OP11:

CODE ‘1’ = LABORATORY TESTS
CODE ‘2’ = SONOGRAM/ULTRASOUND
CODE ‘3’ = X-RAYS
CODE ‘4’ = MAMMOGRAM
CODE ‘5’ = MRI/CATSCAN
CODE ‘6’ = EKG/ECG
CODE ‘7’ = EEG
CODE ‘8’ = VACCINATION
CODE ‘9’ = ANESTHESIA
CODE ‘10’ = OTHER SERVICES

OP20

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

Did any of these visits or calls cost the same amount as (PERSON)’s visit on (VISIT DATE)?

YES .................................... 1
NO ..................................... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

PRESS F1 FOR DEFINITION OF COST THE SAME AMOUNT.

----------------------------------------------------------------------------------------------------------------------------------

NOTE: THE ISSUE OF COST WHEN THE PERSON HAS A COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE HANDLED IN THE F1 DEFINITION.
Which of the following visits were related to the (READ CONDITIONS BELOW) and {(READ SERVICES BELOW)/the same services} and cost the same amount as the (VISIT DATE) visit we’ve just talked about?

PROBE: Any other visits related to this condition and cost the same amount?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>{PERSON'S OP MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
<tr>
<td>{PERSON'S OP MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
<tr>
<td>{PERSON'S OP MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
</tbody>
</table>

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. Month,Day,Year-2]
[2. Month,Day,Year-2]
[3. Month,Day,Year-2]
FOR 'PERSON'S OP MEDICAL CONDITIONS.', DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON'S MEDICAL CONDITIONS-ROSTER AT OP09.

FOR 'SERVICES RECEIVED...', DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT OP11:

- CODE '1' = LABORATORY TESTS
- CODE '2' = SONOGRAM/ULTRASOUND
- CODE '3' = X-RAY
- CODE '4' = MAMMOGRAM
- CODE '5' = MRI/CATSCAN
- CODE '6' = EKG/ECG
- CODE '7' = EEG
- CODE '8' = VACCINATION
- CODE '9' = ANESTHESIA
- CODE '10' = OTHER SERVICES

FLAG EACH VISIT SELECTED AT OP21 AS A REPEAT VISIT RELATED TO THE EVENT BEING ASKED ABOUT.

FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT VISIT AS 'PROCESSED'.

LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH THE EVENT BEING ASKED ABOUT WITH EACH REPEAT VISIT.

THE EVENT DRIVER WILL NOT SERVE THESE REPEAT VISITS FOR THE OP SECTION.

OP22

(Person's First Middle and Last Name)  (Name of Medical Care Provider......)  (EVN-DT)

Intervener: Record 'Name of Repeat Visit Group' for events selected in previous question:

[Enter Repeat Visit Group] .............
| IF CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED |
| FOR THIS OUTPATIENT EVENT, ASK THE CHARGE/PAYMENT |
| (CP) SECTION |

| OTHERWISE, GO TO EVENT DRIVER (ED) SECTION |
Provider Directory (PD) Section

NOTE: THERE ARE THREE BASIC TYPES OF PROVIDERS:
1. PERSON-TYPE-PROVIDERS
2. PERSON-IN-FACILITY-PROVIDERS
3. FACILITY PROVIDERS

LOOP_01  ======

FOR EACH ELEMENT IN RU-MEDICAL-PROVIDERS-ROSTER, ASK BOX_01 - END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS PROVIDER IN PLAN AND ADDRESS INFORMATION FOR PROVIDERS. THIS LOOP CYCLES ON PROVIDERS THAT MEET THE FOLLOWING CONDITIONS:
- CREATED THIS ROUND
OR
- CREATED IN A ROUND 1 AND WAS ASSOCIATED WITH AN IC EVENT (I.E., DID NOT COMPLETE LOOP_01) AND
- FLAGGED AS A ‘SEPARATELY BILLING DOCTOR’ OR
- ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT OR
- ASSOCIATED WITH AN MV EVENT AND MV03 IS CODED ‘1’ (YES - TALKED TO A MEDICAL DOCTOR) OR MV03 IS CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MV06 IS CODED ‘1’ (YES - MEDICAL DOCTORS WORK AT LOCATION) OR
- ASSOCIATED WITH A HH EVENT AND FLAGGED AS ‘AGENCY’
IF PROVIDER IS:
- ASSOCIATED WITH A HH EVENT AND FLAGGED AS ‘AGENCY’,
OR
- ASSOCIATED WITH AN IC EVENT,
GO TO BOX_04

---------------------------------------------------------------------

OTHERWISE, CONTINUE WITH BOX_02

---------------------------------------------------------------------

IF AT LEAST ONE PRIVATE INSURANCE PLAN IN RU MEETS THE FOLLOWING CONDITIONS:
- FLAGGED AS ‘PROVIDING HOSPITAL/PHYSICIAN BENEFITS’ (EXCLUDE INSURERS WHERE HOSPITAL/PHYSICIAN BENEFITS ARE PROVIDED SOLELY THROUGH MEDIGAP)
- ESTABLISHMENT OR INSURER IS FLAGGED AS AN ‘HMO’ OR INSURER IS AN HMO (MC01 IS CODED ‘1’ (YES)) OR INSURER REQUIRES PERSONS TO SIGN UP WITH PRIMARY PHYSICIAN (MC02 IS CODED ‘1’ (YES)) CONTINUE WITH PD01

---------------------------------------------------------------------

IF AT LEAST ONE PRIVATE INSURANCE PLAN IN RU MEETS THE FOLLOWING CONDITIONS:
- FLAGGED AS ‘PROVIDING HOSPITAL/PHYSICIAN BENEFITS’ (EXCLUDE INSURERS WHERE HOSPITAL/PHYSICIAN BENEFITS ARE PROVIDED SOLELY THROUGH MEDIGAP)
- INSURER HAS A LIST OF DOCTORS ASSOCIATED WITH IT (MC03 IS CODED ‘1’ (YES))
GO TO PD02

---------------------------------------------------------------------

OTHERWISE, GO TO BOX_03

---------------------------------------------------------------------
PROVIDER: {NAME OF MEDICAL CARE PROVIDER......}

Think about all of the health insurance plans for anyone in the family. Is (PROVIDER) part of any plan, referred by a health care provider who is part of any plan, or is (PROVIDER) not part of any plan?

- PART OF PLAN ........................... 1
- REFERRED BY PLAN ....................... 2
- NOT PART OF/NOT REFERRED BY PLAN ...... 3
- REF ................................... -7
- DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

------------------------------------------------------------------------
| DISPLAY NAME OF PROVIDER BEING LOOPED ON FOR          |      |
| ‘NAME OF MEDICAL CARE PROVIDER’.                      |      |
------------------------------------------------------------------------

PROVIDER: {NAME OF MEDICAL CARE PROVIDER......}

Is (PROVIDER) in the book or list of doctors or medical places associated with any of the family's health insurance plans?

- YES .................................... 1
- NO ..................................... 2
- REF ................................... -7
- DK .................................... -8

PRESS F1 FOR DEFINITION OF BOOK OR LIST.

------------------------------------------------------------------------
| DISPLAY NAME OF PROVIDER BEING LOOPED ON FOR          |      |
| ‘NAME OF MEDICAL CARE PROVIDER’.                      |      |
------------------------------------------------------------------------
BOX_03  =====

| IF LOOPING ON PROVIDER ASSOCIATED ONLY WITH AN MV | 
| EVENT AND RU IS NOT SELECTED FOR MPS, GO TO       | 
| END_LP01                                           | 

| OTHERWISE, CONTINUE WITH BOX_04                     |

BOX_04  =====

| IF FIRST TIME THROUGH LOOP_01, CONTINUE WITH PD03 |

| OTHERWISE, GO TO PD04                              |

PD03  ===

Now I would like to make sure I have complete information for the medical providers you mentioned. I will use a directory to look up the names, addresses, and telephone numbers of the sources of medical care you mentioned.

PRESS ENTER TO CONTINUE.
MEPS FAMES Panel 1 Round 3 Provider Directory (PD) Section
January 31, 1997

PD04
====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

ENTER PROVIDER'S STATE ABBREVIATION.

PRESS ENTER FOR {STATE ABBREVIATION FOR RESPONDENT}.

[Enter State Code] ............

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| ALLOW CODE "FC" (FOREIGN COUNTRY).               |
----------------------------------------------------

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME.                                |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV'.                                              |
----------------------------------------------------

----------------------------------------------------
| DISPLAY TWO CHARACTER STATE ABBREVIATION |
| ASSOCIATED WITH THIS RU’S ADDRESS FOR 'STATE |
| ABBREVIATION FOR RESPONDENT’.               |
----------------------------------------------------

----------------------------------------------------
| NOTE: IF ENTER IS PRESSED WITHOUT ANY ENTRY, |
| PD05 SHOULD BE THE SAME AS STATE ABBREVIATION |
| USED IN THE PD04 DISPLAY.                    |
----------------------------------------------------
FOR EACH SEARCH ATTEMPT, ASK PD05-END_LP02

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
STATE: {STATE ABBREVIATION}

SELECT A SEARCH STRATEGY.

SEARCH ON PROVIDER NAME SHOWN ABOVE ........ 1 {BOX_05}
CHANGE NAME BEFORE SEARCH ..................... 2
SEARCH ON CORE STREET NAME .................. 3 {PD10}
SEARCH ON TELEPHONE NUMBER .................. 4 {PD11}
CHANGE STATE FOR SEARCH ..................... 5
DO NOT SEARCH - GO DIRECTLY TO
  PROVIDER INFORMATION FORM ............... 6 {PD18}

[Code One]

DISPLAY NAME OF PROVIDER AS RECORDED ON THE
  PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER
  BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER
  FROM PV’. IF PERSON-TYPE-PROVIDER, DISPLAY
  PERSON NAME. IF FACILITY-PROVIDER, DISPLAY
  FACILITY NAME.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON
  THE PROVIDER ROSTER FROM SECTION PV FOR THE
  PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM
  PV’.

DISPLAY TWO CHARACTER STATE ABBREVIATION ENTERED
  IN PD04 FOR ‘STATE ABBREVIATION’.
| IF CODED ‘2’ (CHANGE NAME BEFORE SEARCH) AND |
| PROVIDER FLAGGED AS ‘PERSON-TYPE-PROVIDER’, |
| GO TO PD08 |

| IF CODED ‘2’ (CHANGE NAME BEFORE SEARCH) AND |
| PROVIDER FLAGGED AS ‘FACILITY-PROVIDER’, GO TO |
| PD09 |

| EDIT: CODES ‘1’ (SEARCH ON PROVIDER NAME SHOWN |
| ABOVE), ‘2’ (CHANGE NAME BEFORE SEARCH), ‘3’ |
| (SEARCH ON CORE STREET NAME), AND ‘4’ (SEARCH ON |
| TELEPHONE NUMBER) ARE NOT ALLOWED WHEN THE |
| PROVIDER’S STATE IS CODED ‘FC’ (FOREIGN COUNTRY). |
| IF STATE IS CODED ‘FC’ AND CODE ‘1’, ‘2’, ‘3’, |
| OR ‘4’ ISENTERED, DISPLAY THE FOLLOWING MESSAGE: |
| ‘INVALID ENTRY. IF STATE IS ‘FC’, CODES 1-4 ARE |
| UNAVAILABLE. VERIFY AND RE-ENTER.’ |
PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}
CURRENT STATE CODE:  {STATE ABBREVIATION}

ENTER NEW STATE CODE FOR PROVIDER.

[Enter State Code] .................

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| DISALLOW CODE "FC" (FOREIGN COUNTRY). |

| EDIT: IF CODE "FC" (FOREIGN COUNTRY) IS ENTERED, |
| DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. |
| PLEASE RE-ENTER.' |

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER |
| FROM PV’. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME. |

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM |
| PV’. |

| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR ‘STATE ABBREVIATION’. |
PD07
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

SELECT A SEARCH STRATEGY.

SEARCH ON PROVIDER NAME SHOWN ABOVE .... 1 {BOX_05}
CHANGE NAME BEFORE SEARCH ............. 2
SEARCH ON CORE STREET NAME.............. 3 {PD10}
SEARCH ON TELEPHONE NUMBER ............. 4 {PD11}
DO NOT SEARCH - GO DIRECTLY TO
PROVIDER INFORMATION FORM ............ 5 {PD18}

[Code One]

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEINGLOOPEDONFOR‘NAMEOFMEDICALPROVIDER |
| FROM PV’. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME. |

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM |
| PV’. |

| IF CODED ‘2’ (CHANGE NAME BEFORE SEARCH) AND |
| PROVIDERFLAGGEDAS‘PERSON-TYPE-PROVIDER’, |
| CONTINUE WITH PD08 |

| IF CODED ‘2’ (CHANGE NAME BEFORE SEARCH) AND |
| PROVIDERFLAGGEDAS‘FACILITY-PROVIDER’, GO TO |
| PD09 |
PD08
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

CURRENT STATE CODE:  {STATE ABBREVIATION}

ENTER CORRECTED NAME INFORMATION IN APPROPRIATE FIELD(S).

PRESS ENTER TO PASS THROUGH FIELDS WHERE NO CORRECTION IS REQUIRED.

{Display FIRST NAME}       {Display LAST NAME}
[Enter First Name]         [Enter Last Name]

----------------------------------------------------
<p>| DISPLAY NAME OF PROVIDER AS RECORDED ON THE       |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER   |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER     |</p>
<table>
<thead>
<tr>
<th>FROM PV'.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON   |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE       |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |</p>
<table>
<thead>
<tr>
<th>PV'.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY|
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |</p>
<table>
<thead>
<tr>
<th>FROM PD04) FOR 'STATE ABBREVIATION'.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY NAME OF PROVIDER AS RECORDED ON THE       |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER   |
| BEING LOOPED ON FOR 'DISPLAY FIRST NAME' AND      |</p>
<table>
<thead>
<tr>
<th>'DISPLAY LAST NAME'.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>GO TO BOX_05</th>
</tr>
</thead>
</table>

29-11
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January 31, 1997

PD09
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

STATE:  {STATE ABBREVIATION}

ENTER CORRECTED FACILITY, GROUP PRACTICE, OR HMO NAME.

{Display FACILITY NAME}
[Enter Facility Name]

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE       |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER   |
| BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER FROM PV’. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON    |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE        |
| PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM PV’. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED,  |
| FROM PD04) FOR ‘STATE ABBREVIATION’.               |
----------------------------------------------------

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE        |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER    |
| BEING LOOPED ON FOR ‘DISPLAY FACILITY NAME’.       |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_05                                      |
----------------------------------------------------

29-12
MEPS FAMES Panel 1 Round 3 Provider Directory (PD) Section
January 31, 1997

PD10
====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

STATE: {STATE ABBREVIATION}

ENTER CORE STREET NAME.
(I.E., DO NOT ENTER STREET NUMBER OR DIRECTION)

[Enter Core Street Name] ............

PRESS F1 FOR DEFINITION OF CORE STREET NAME.

---------------------------------------------------------------------
<p>| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |</p>
<table>
<thead>
<tr>
<th>FACILITY NAME.</th>
</tr>
</thead>
</table>

---------------------------------------------------------------------
<p>| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |</p>
<table>
<thead>
<tr>
<th>PV'.</th>
</tr>
</thead>
</table>

---------------------------------------------------------------------
<p>| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |</p>
<table>
<thead>
<tr>
<th>FROM PD04) FOR 'STATE ABBREVIATION'.</th>
</tr>
</thead>
</table>

---------------------------------------------------------------------
<table>
<thead>
<tr>
<th>GO TO BOX_05</th>
</tr>
</thead>
</table>
MEPS FAMES Panel 1 Round 3 Provider Directory (PD) Section
January 31, 1997

PD11
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

STATE:  {STATE ABBREVIATION}

ENTER COMPLETE TELEPHONE NUMBER:

[Enter Area Code-3, Exchange-3, Local Number-4] .....................

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER |
| FROM PV’. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM |
| PV’. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR ‘STATE ABBREVIATION’. |
----------------------------------------------------

----------------------------------------------------
| IF INTERVIEWER TRIES TO LEAVE SCREEN WITHOUT |
| FILLING ALL ENTRY FIELDS, DISPLAY THE FOLLOWING |
| MESSAGE AT THE BOTTOM OF THE SCREEN: ‘YOU MUST |
| ENTER INFORMATION IN ALL FIELDS FOR THIS SEARCH.’ |
----------------------------------------------------
CAPI WILL AUTOMATICALLY CONDUCT THE APPROPRIATE SERIES OF SEARCHES FOR THE SELECTED SEARCH CATEGORY AS FOLLOWS:

1) SEARCH ON PROVIDER NAME AS SHOWN ABOVE - PERSON-TYPE-PROVIDER - FIRST AND LAST NAME; FIRST NAME INITIAL AND LAST NAME; LAST NAME ONLY; FIRST THREE LETTERS OF LAST NAME ONLY
   FACILITY-PROVIDER - FULL NAME; FIRST WORD OF FACILITY NAME; FIRST THREE CHARACTERS OF FIRST WORD OF NAME.

2) SEARCH ON CORRECTED PROVIDER NAME - SAME AS #1

3) SEARCH ON CORE STREET NAME - FULL SPELLING OF CORE STREET NAME; FIRST THREE LETTERS OF CORE STREET NAME

4) SEARCH ON TELEPHONE NUMBER - EXCHANGE AND LOCAL NUMBER; LOCAL ONLY; EXCHANGE ONLY

IF NO MATCHES OR MORE THAN 75 MATCHES, GO TO PD17

OTHERWISE, CONTINUE WITH PD12
MEPS FAMES Panel 1 Round 3 Provider Directory (PD) Section
January 31, 1997

PD12
=====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

STATE: {STATE}

SEARCH STRATEGY: {PROVIDER NAME SHOWN ABOVE/CORRECTED
{PERSON/FACILITY} NAME/CORE STREET NAME/
TELEPHONE NUMBER}

NUMBER OF POTENTIAL MATCHES FOUND: {NUMBER OF MATCHES}

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE       |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER   |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER     |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY        |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY        |
| FACILITY NAME.                                   |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON   |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE      |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV'.                                             |
----------------------------------------------------

----------------------------------------------------
| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY|
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR 'STATE ABBREVIATION'.              |
----------------------------------------------------
SEARCH STRATEGY:
- DISPLAY 'PROVIDER NAME SHOWN ABOVE' IF PD05=1 OR IF PD07=1.
- DISPLAY 'CORRECTED {PERSON/FACILITY} NAME' IF PD05=2 OR IF PD07=2.
  - DISPLAY 'PERSON' IF PERSON-TYPE-PROVIDER AND PD08 WAS ANSWERED.
  - DISPLAY 'FACILITY' IF FACILITY-PROVIDER AND PD09 WAS ANSWERED.
  - DISPLAY 'CORE STREET NAME' IF PD05=3 OR IF PD07=3.
  - DISPLAY 'TELEPHONE NUMBER' IF PD05=4 OR IF PD07=4.

DISPLAY THE NUMBER OF POTENTIAL MATCHES FOUND IN DIRECTORY FOR 'NUMBER OF MATCHES'.
PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

SELECT CORRECT PROVIDER.
IF CORRECT PROVIDER NOT FOUND, PRESS ESC TO LEAVE SCREEN.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. PROVIDER-MATCHES</th>
<th>PD13_02. STREET ADDRESS</th>
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</thead>
<tbody>
<tr>
<td>[Display Provider Name-40]</td>
<td>[Display Street Address-20]</td>
</tr>
<tr>
<td>[Display Provider Name-40]</td>
<td>[Display Street Address-20]</td>
</tr>
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<td>[Display Provider Name-40]</td>
<td>[Display Street Address-20]</td>
</tr>
<tr>
<td>[Display Provider Name-40]</td>
<td>[Display Street Address-20]</td>
</tr>
</tbody>
</table>

{Display Provider Name}
{Display Provider Street Address}
{Display Provider City, State, Zip}
{Display Provider Telephone Number}
{Display Provider Specialty}
PD14
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

YOU HAVE SELECTED:

{Display Provider Name}
{Display Provider Street Address}
{Display Provider City, State, Zip}
{Display Provider Telephone Number}
{Display Provider Specialty}

YOUR OPTIONS:

ACCEPT PROVIDER AS SHOWN ............... 1
ACCEPT PROVIDER BUT MAKE CHANGES ....... 2
WRONG PROVIDER, GO BACK TO PREVIOUS
SCREEN ......................... 3

DISPLAY NAME OF PROVIDER AS RECORDED ON THE
PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER
BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER
FROM PV’. IF PERSON-TYPE-PROVIDER, DISPLAY
PERSON NAME. IF FACILITY-PROVIDER, DISPLAY
FACILITY NAME.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON
THE PROVIDER ROSTER FROM SECTION PV FOR THE
PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM
PV’.
DISPLAY FULL INFORMATION (I.E., NAME, ADDRESS, CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) FOR PROVIDER SELECTED (I.E., CHECKED) IN PD13 FOR ‘DISPLAY PROVIDER...’.

IF CODED ‘1’ (ACCEPT PROVIDER AS SHOWN) OR ‘2’ (ACCEPT PROVIDER BUT MAKE CHANGES), STORE THIS PROVIDER DIRECTORY ID.

NOTE: INFORMATION OBTAINED FROM THE PROVIDER DIRECTORY SEARCH IS NOT USED TO REPLACE DATA REPORTED BY THE RESPONDENT DURING THE INTERVIEW OR INCORPORATED INTO PROVIDER ROSTER DISPLAYS.

IF CODED ‘3’ (WRONG PROVIDER, GO BACK TO PREVIOUS SCREEN), CAPI AUTOMATICALLY RETURNS TO PD13

IF CODED ‘1’ (ACCEPT PROVIDER AS SHOWN), GO TO END_LP02

IF CODED ‘2’ (ACCEPT PROVIDER BUT MAKE CHANGES), CONTINUE WITH PD15
PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

ENTER CORRECTIONS, AS APPROPRIATE.
RETYPE ENTIRE FIELD TO MAKE CORRECTION.

PRESS ENTER TO PASS THROUGH FIELDS THAT REQUIRE NO CORRECTION.

{Display Prov Name from ProvDir}
NAME (PD15_01):  [______________________________]
{Display Prov Street Address from ProvDir}
1ST_STR_ ADDRESS (PD15_02):  [______________________________]
{Display Prov City from ProvDir}
CITY (PD15_03):  [______________________________]
{Display Prov State from ProvDir}
STATE (PD15_04):  [______________________________]
{Display Prov Zip Code from ProvDir}
ZIP CODE (PD15_05):  [______________________________]
{Display Prov Telephone from ProvDir}
TELEPHONE (PD15_06):  [______________________________]
DISPLAY NAME, ADDRESS, CITY, STATE, ZIP, AND TELEPHONE FOR PROVIDER SELECTED (I. E., CHECKED) IN PD13 FOR ‘DISPLAY PROV...’ EACH PIECE OF THE INFORMATION SHOULD BE DISPLAYED ABOVE THE APPROPRIATE LINE.

ENTRY FIELD SPECIFICATIONS:

IF PERSON-TYPE-PROVIDER, DISPLAY FIRST NAME AND LAST NAME FIELDS.

IF FACILITY-PROVIDER, DISPLAY FACILITY NAME FIELD.

FLAG THIS RECORD AS ‘UPDATED. NEEDS HOME OFFICE REVIEW.’
PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER}
STREET ADDRESS:  {STREET ADDRESS}

DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?

YES .................................
NO ....................................   {END_LP02}

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE      |
| PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON |
| THE PREVIOUS SCREEN (PD15) FOR THE PROVIDER BEING |
| LOOPED ON FOR 'NAME OF MEDICAL CARE PROVIDER'. IF|
| PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF    |
| FACILITY-PROVIDER, DISPLAY FACILITY NAME.         |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON   |
| THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED |
| ON THE PREVIOUS SCREEN (PD15) FOR THE PROVIDER    |
| BEING LOOPED ON FOR 'STREET ADDRESS'.             |
----------------------------------------------------

[ENTER TEXT].........................{END_LP02}

----------------------------------------------------
| ALLOW MULTIPLE LINES FOR ENTRY.                   |
----------------------------------------------------
PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

STATE: {STATE}

SEARCH STRATEGY: {PROVIDER NAME SHOWN ABOVE/CORRECTED
{PERSON/FACILITY} NAME/CORE STREET NAME/TELEPHONE NUMBER}

{NO MATCHES/MORE THAN 75 MATCHES/YOU DID NOT SELECT ANY MATCHES WHICH} WERE LOCATED IN THE DIRECTORY DURING THE LAST SEARCH.
DO YOU WANT TO SEARCH AGAIN?

YES, SEARCH AGAIN ...................... 1 {END_LP02}
NO, GO TO PROVIDER FORM ............. 2
SEARCH STRATEGY:
- DISPLAY 'PROVIDER NAME SHOWN ABOVE' IF PD05=1 OR IF PD07=1.
- DISPLAY 'CORRECTED {PERSON/FACILITY} NAME' IF PD05=2 OR IF PD07=2.
  - DISPLAY 'PERSON' IF PERSON-TYPE-PROVIDER AND PD08 WAS ANSWERED.
  - DISPLAY 'FACILITY' IF FACILITY-PROVIDER AND PD09 WAS ANSWERED.
  - DISPLAY 'CORE STREET NAME' IF PD05=3 OR IF PD07=3.
  - DISPLAY 'TELEPHONE NUMBER' IF PD05=4 OR IF PD07=4.

DISPLAY 'NO MATCHES' IF NO POTENTIAL MATCHES WERE FOUND IN THE DIRECTORY.

DISPLAY 'MORE THAN 75 MATCHES' IF MORE THAN 75 POTENTIAL MATCHES WERE FOUND IN THE DIRECTORY.

DISPLAY 'YOU DID NOT SELECT ANY MATCHES WHICH' IF POTENTIAL MATCHES WERE FOUND IN THE DIRECTORY BUT THE INTERVIEWER DID NOT SELECT ANY (I.E., USED ESC AT PD13 AND NO PROVIDER HAD BEEN CHECKED).
TO VERIFY INFO, PRESS ENTER. TO CORRECT OR ADD INFO, RE-TYPE ENTIRE FIELD.

{NAME (PD18_01): [______________________________]}

{1ST_STR_Provider Address from PV}

1ST_STR_ADDRESS (PD18_02): [______________________________]

{2ND_STR_Provider Address from PV}

2ND_STR_ADDRESS (PD18_03): [______________________________]

CITY (PD18_04): [______________________________]

STATE (PD18_05): [______________________________]

ZIP CODE (PD18_06): [______________________________]

TELEPHONE (PD18_07): [______________________________]

{SPECIALTY (PD18_08): [______________________________]}

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---

IF STREET ADDRESS LINES ARE CODED REFUSED OR DON’T KNOW (-7 OR -8) IN PROVIDER ROSTER (PV) SECTION, DISPLAY BLANK LINES FOR THESE FIELDS.

---

DISPLAY THE NAME AND ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR ‘PROVIDER NAME FROM PV’. IF PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME. EACH PIECE OF THE INFORMATION SHOULD BE DISPLAYED ABOVE THE APPROPRIATE LINE.

---

ENTRY FIELD SPECIFICATIONS:

IF PERSON-TYPE-PROVIDER, DISPLAY ‘FIRST’ AND ‘LAST NAME’ FIELDS. ALSO DISPLAY PD18_08, ‘SPECIALTY’ FIELD, FOR COLLECTION.

IF FACILITY-PROVIDER, DISPLAY ‘FACILITY NAME’ FIELD. DO NOT DISPLAY ‘SPECIALTY’ FIELD.
FLAG THIS RECORD AS 'NEW NAME/ADDRESS INFORMATION. NEEDS HOME OFFICE REVIEW.'

REFUSED AND DON'T KNOW ALLOWED IN ALL FIELDS, EXCEPT THE 'NAME' FIELD.
END_LP02

--------

|-- IF PD17 IS CODED '1' (YES), CYCLE FOR NEXT SEARCH. |

|-- IF NO MORE SEARCHES TO BE MADE, THAT IS, IF PD17 |
|-- IS CODED '2' (NO) OR PD14 IS CODED '1' (ACCEPT |
|-- PROVIDER AS SHOWN), CONTINUE WITH END_LP01 |

END_LP01

--------

|-- CYCLE ON NEXT PROVIDER THAT MEETS THE CONDITIONS |
|-- STATED IN THE LOOP DEFINITION. |

|-- IF NO OTHER PROVIDER MEETS THE STATED CONDITIONS, |
|-- END LOOP_01 AND CONTINUE WITH BOX_06 |

BOX_06

--------

|-- GO TO NEXT QUESTIONNAIRE SECTION. |

29-29
Pregnancy Detail (PG) Section

BOX_01
=====

---------------------------------
| IF LOOPING ON ‘PREVIOUS ROUND PREGNANCY’ OR  |
| ‘PREGNANCY 1’ (FROM CURRENT ROUND), CONTINUE WITH |
| PG01                                           |
---------------------------------

---------------------------------
| OTHERWISE, GO TO PG02                |
---------------------------------
We recorded that (PERSON) (were/was) pregnant at the time of our last interview on {PREV RD INTV DATE}.

(Are/Is) (PERSON) currently pregnant {with that pregnancy}?

(CODE 3 IF RESPONDENT SAYS PERSON WAS NOT PREGNANT AT LAST INTERVIEW.)

YES .................................... 1 {PG03}
NO ..................................... 2
{NOT PREGNANT AT LAST INTERVIEW ....... 3 {BOX_02}}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

-------------------------------------------------------------------
| DISPLAY 'We recorded that (PERSON) (were/was) pregnant at the time | |
| of our last interview on {PREV RD INTV DATE}.'; 'with that pregnancy'; | |
| 'CODE 3 IF RESPONDENT SAYS PERSON WAS NOT PREGNANT AT LAST INTERVIEW.'; | |
| 'NOT PREGNANT AT LAST INTERVIEW ....... 3 {BOX_02}' IF PERSON CODED AS | |
| 'STILL PREGNANT' AT LAST INTERVIEW AND LOOPING ON 'PREVIOUS ROUND PREGNANCY' FOR THIS PERSON. | |
| OTHERWISE, USE A NULL DISPLAY. |
-------------------------------------------------------------------

-------------------------------------------------------------------
| IF CODED '3' (NOT PREGNANT AT LAST INTERVIEW), |
| FLAG ITEM FOR EVENT CLEANUP. |
-------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Did (PERSON)'s {most recent pregnancy/next most recent pregnancy/pregnancy that we talked about last time} end in a live birth?

{IF MORE THAN ONE PREGNANCY SINCE (START DATE), PROBE FOR OUTCOME OF (NEXT) MOST RECENT PREGNANCY.}
IF RESPONDENT VOLUNTEERS STILLBIRTH, MISCARRIAGE, OR ABORTION, CODE AS APPROPRIATE.

DO NOT PROBE A 'NO' RESPONSE. CODE 5, 'NO, OUTCOME NOT VOLUNTEERED.'

YES, ENDED IN A LIVE BIRTH ............. 1
NO, ENDED IN MISCARRIAGE ............... 2 {BOX_02}
NO, ENDED IN STILLBIRTH ................. 3 {BOX_02}
NO, ENDED IN ABORTION .................. 4 {BOX_02}
NO, OUTCOME NOT VOLUNTEERED .......... 5 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]
Looking at this card, which of these complications, if any, did (PERSON) experience during this pregnancy?

CODE ALL THAT APPLY.

HIGH BLOOD PRESSURE, TOXEMIA, PRE-ECLAMPSIA, OR ECLAMPSIA ......... 1
ANEMIA ................................. 2
DIABETES, GESTATIONAL DIABETES, OR
HIGH BLOOD SUGAR ................. 3
LOW LYING PLACENTA (PLACENTA PREVIA) .. 4
VAGINAL BLEEDING ..................... 5
PREMATURE LABOR ....................... 6
NONE OF THESE COMPLICATIONS .......... 95
REF .................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF SELECTED CONDITIONS.
How many babies did (PERSON) deliver?

[Enter Small Number] ...................
REF ................................. -7
 DK .................................... -8

----------------------------------------------------
| NOTE: IF PG04 IS CODED '-7' (REFUSED) OR '-8' |
| (DON'T KNOW), ASK ITEMS LOOP_01 TO END_LP01 ONCE. |
----------------------------------------------------

----------------------------------------------------
| SOFT RANGE CHECK: 1 TO 6 BABIES.                  |
----------------------------------------------------

Where was the delivery - in a hospital, a birthing center separate from a hospital, at home, or some other place?

HOSPITAL ............................... 1 {PG06}
BIRTHING CENTER ........................ 2 {LOOP_01}
HOME ................................... 3 {LOOP_01}
SOME OTHER PLACE ........................ 91
REF ..................................... -7 {LOOP_01}
 DK .................................... -8 {LOOP_01}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
PG050V
=====

ENTER OTHER:

[Enter Other Specify] .......................... {LOOP_01}
REF ................................. -7 {LOOP_01}
DK ................................. -8 {LOOP_01}

PG06
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

What kind of delivery did (PERSON) have? Was it a vaginal
delivery or a caesarean section?

VAGINAL DELIVERY ............................... 1
CAESAREAN SECTION ............................. 2 {LOOP_01}
REF ................................. -7 {LOOP_01}
DK ................................. -8 {LOOP_01}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

PG07
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Were forceps used for the delivery?

YES ....................................... 1
NO ..................................... 2
REF ................................. -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF FORCEPS.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Did (PERSON) receive an epidural or a 'spinal' for pain?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF EPIDURAL/SPINAL.

LOOP_01
=======

------------------------------------------------------------------
| FOR EACH OF THE FOLLOWING:                                       |
|                                                               |
| BABY #1                                                      |
| BABY #2                                                      |
| BABY #3                                                      |
| BABY #4                                                      |
| BABY #5                                                      |
|                                                               |
| ASK PG09-END_LP01                                             |
------------------------------------------------------------------

------------------------------------------------------------------
| LOOP DEFINITION:  LOOP_01 COLLECTS INFORMATION ABOUT EACH BABY |
| BORN AS A RESULT OF THE PREGNANCY BEING ASKED ABOUT. THE      |
| NUMBER OF LOOP CYCLES IS DETERMINED BY THE RESPONSE TO PG04.  |
| LOOP_01 CYCLES THE NUMBER OF TIMES AS THE NUMBER CODED IN     |
| PG04. IF PG04 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW),   |
| TREAT AS A '1' RESPONSE TO PG04; THAT IS, CYCLE THROUGH LOOP_01 |
| ONCE.                                                        |
------------------------------------------------------------------
How much did the (first/next) baby weigh at birth?

POUNDS AND OUNCES ...................... 1
GRAMS .................................. 2
REF ................................... -7
DK .................................... -8

[Code One]

| DISPLAY 'BABY #{n}' IF PG04 IS NOT CODED '1', '7' (REFUSED), OR '-8' (DON'T KNOW). |
| DISPLAY THE NUMBER OF THE CURRENT LOOP CYCLE (FOR LOOP_01) FOR 'n'. |

RANGE CHECK: 2-15 FOR POUNDS; 0-15 FOR OUNCES; 500-6800 FOR GRAMS.
PG09OV2
=======

IMBRE FOR OUNCES IF NOT REPORTED.

ENTER OUNCES:

[Enter Ounces] .........................
REF ................................... -7
DK .................................... -8

---------------------------------------------------
| IF THE RESPONSE TO PG09OV1 IS '5' FOR THE NUMBER |
| OF POUNDS AND PG09OV2 IS CODED '-7' (REFUSED) OR  |
| '-8' (DON'T KNOW), GO TO PG10                  |
---------------------------------------------------

---------------------------------------------------
| OTHERWISE, GO TO END_LP01                     |
---------------------------------------------------

PG09OV3
=======

ENTER GRAMS:

[Enter Grams] ..........................  {END_LP01}
REF ................................... -7
DK .................................... -8
Did the (first/next) baby weigh less than five and a half pounds (2500 grams), five and a half to nine pounds (2500 to 4100 grams), or more than 9 pounds (4100 grams)?

LESS THAN 5-1/2 POUNDS/2500 GRAMS ...... 1
5-1/2 TO 9 POUNDS/2500 TO 4100 GRAMS ... 2
MORE THAN 9 POUNDS/4100 GRAMS ........... 3
REF ................................... -7
DK .................................... -8

[Code One]

END_LP01

END

END_LP01

END

END_LP01

END

END_LP01

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END_LP01

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END
How many weeks or months pregnant (are/is) (PERSON)?

[Enter Number of Weeks/Months] ........
REF ................................... -7 {PG12}
DK .................................... -8 {PG12}

ENTER UNIT:

WEEKS .................................. 1 {BOX_02}
MONTHS ................................. 2 {BOX_02}
REF ................................... -7
DK .................................... -8

[Code One]

| EDIT CHECK: 1-42 FOR WEEKS; 1-10 FOR MONTHS. |

(Are/Is) (PERSON) less than 3 months pregnant, 3-6 months pregnant, or more than 6 months pregnant?

LESS THAN 3 MONTHS ...................... 1
3 TO 6 MONTHS ............................ 2
MORE THAN 6 MONTHS .................... 3
REF ................................... -7
DK .................................... -8

[Code One]
The next questions are about prescription medicines (PERSON) purchased or received since (START DATE).

[It would be very helpful for the following questions if we could look at the bottles, containers, tubes, or bags for each of the medicines we will be talking about.]

PRESS ENTER TO CONTINUE.

| IF PERSON HAS NO MEDICINES CREATED OR SELECTED DURING THE CURRENT ROUND (ON PERSON’S-PRESCRIBED-MEDICINES-ROSTER), GO TO PM04 |

| OTHERWISE, CONTINUE WITH PM02 |

While we were talking about (PERSON)'s medical care, we listed the following prescription(s) as purchased or received since (START DATE). (READ MEDICINES BELOW.)

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

INFORMATION OKAY ....................... 1
AT LEAST ONE MEDICINE INCORRECT ........ 2

[Code One]
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

SELECT MEDICINE(S) THAT WERE RECORDED INCORRECTLY.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL          |
| MEDICINES IN THE PERSON'S-PRESCRIBED-MEDICINES-   |
| ROSTER THAT ARE FLAGGED AS EITHER 'CREATED' OR    |
| 'SELECTED' DURING THE CURRENT ROUND.              |
----------------------------------------------------

----------------------------------------------------
| ROSTER BEHAVIOR SPECIFICATIONS:                   |
| 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY    |
| LISTED ON THE ROSTER.                             |
| 2. DO NOT ALLOW MEDICINES TO BE ADDED, EDITED OR   |
| DELETED.                                         |
----------------------------------------------------

----------------------------------------------------
| FLAG SELECTED MEDICINES AS 'INCORRECT'. THESE      |
| MEDICINES WILL NOT BE ELIGIBLE FOR LOOP_01 (I.E., |
| NOT 'CREATED' OR 'SELECTED' THIS ROUND).           |
----------------------------------------------------
Since (START DATE) (have/has) (PERSON) obtained any medicines we have not yet talked about? For example, (have/has) (PERSON) had any new prescriptions or a refill of a prescription?

YES .................................... 1
NO ..................................... 2 {PM06}
REF ........................................ -7 {PM06}
DK .......................................... -8 {PM06}

PRESS F1 FOR DEFINITION OF PRESCRIPTIONS AND REFILLS.

What were the names of these medicines?

PROBE: Any other medicines?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

OTHER SPECIFY: (__________) ........... 91

-----------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S PRESCRIBED-MEDICINES-ROSTER. |
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES).
3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.'
4. ANY MEDICINE ADDED TO THE ROSTER SHOULD BE FLAGGED AS 'CREATED' THIS ROUND (WITH THE ROUND STATUS). ANY MEDICINE SELECTED AT THE ROSTER SHOULD BE FLAGGED AS 'SELECTED' THIS ROUND (WITH THE ROUND STATUS). THIS FLAGGING SHOULD OCCUR, AT EACH PERSON'S-PRESCRIBED-MEDICINES-ROSTER THROUGHOUT THE INSTRUMENT (UNLESS OTHERWISE SPECIFIED), THE FIRST TIME THE MEDICINE IS ADDED OR SELECTED DURING THE ROUND. FOR EXAMPLE, IF IT IS ROUND 1, ALL MEDICINES ON THE ROSTER WOULD HAVE THE FLAG 'CREATED - ROUND 1'. IF A MEDICINE IS CREATED IN HS, BUT SELECTED IN MV, ALL DURING ROUND 1, IT WOULD ONLY HAVE THE FLAG 'CREATED - ROUND 1'. THUS, FOR ANY ONE ROUND, A MEDICINE CAN ONLY BE FLAGGED AS 'CREATED' OR 'SELECTED'. IF IT IS ROUND 2 AND A MEDICINE THAT WAS CREATED IN ROUND 1 IS SELECTED, IT SHOULD BE FLAGGED AS 'SELECTED - ROUND 2'. THIS FLAG IS IN ADDITION TO THE ORIGINAL 'CREATED - ROUND 1' FLAG.
PM06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Since (START DATE), did (PERSON) get any free samples of prescribed medicines from a medical or dental provider that we have not yet talked about?

YES ........................................ 1
NO ........................................... 2 {BOX_01}
REF .......................................... -7 {BOX_01}
DK ........................................... -8 {BOX_01}

PRESS F1 FOR DEFINITION OF FREE SAMPLES.
What are the names of the medicines (PERSON) got as free samples?

PROBE: Any other free samples?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Prescribed Medicine] ...............
[2. Prescribed Medicine] ...............
[3. Prescribed Medicine] ...............
OTHER SPECIFY: (__________) ........... 91

| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-PRESCRIBED-MEDICINES-ROSTER. |
| SEE PM05 FOR PRESCRIBED MEDICINE ROSTER BEHAVIOR SPECIFICATIONS. |
| ONLY MEDICINES CREATED AT PM07 DURING THE CURRENT ROUND SHOULD BE FLAGGED AS 'FREE SAMPLE'. |

IF NO MEDICINES FLAGGED AS ‘CREATED’ OR ‘SELECTED’ DURING THE CURRENT ROUND, GO TO BOX_06

OTHERWISE, CONTINUE WITH LOOP_01
For each element in person’s prescribed medicines roster, ask PM08-END_LP01.

Loop definition: Loop 01 collects information about each prescribed medicine created or selected during the current round. This loop cycles on prescribed medicines that meet one of the following conditions:

- Prescribed medicine is flagged as ‘created’ during the current round.
- Prescribed medicine is flagged as ‘selected’ during the current round.

PM08
====

{Person's first middle and last name} {Name of prescription medicine.} {STR-DT}
{END-DT}

Now, let’s talk about (medicine).

Is (medicine) used for a specific health problem?

YES ........................................ 1
NO ....................................... 2 {PM10}
REF .................................... -7 {PM10}
DK ..................................... -8 {PM10}
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF PRESCRIPTION MEDICINE.} {STR-DT}
{END-DT}

What health problem is (MEDICINE) prescribed for?
PROBE: Any other health problems?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Medical Condition] ..............
[2. Medical Condition] ..............
[3. Medical Condition] ..............
OTHER SPECIFY: (_________) ........... 91

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| MEDICAL-CONDITIONS-ROSTER.                      |
----------------------------------------------------

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.'
PM10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF PRESCRIPTION MEDICINE.}  {STR-DT}
{END-DT}

How many times was (MEDICINE) obtained or purchased for (PERSON) since (START DATE)?

[Enter Number of Times] .................
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| IF MEDICINE BEING ASKED ABOUT IS FLAGGED AS      |
|  'SELECTED' DURING THE CURRENT ROUND, GO TO BOX_02 |
----------------------------------------------------

----------------------------------------------------
| IF MEDICINE BEING ASKED ABOUT IS FLAGGED AS      |
|  'CREATED' DURING THE CURRENT ROUND, CONTINUE     |
|  WITH PM11                                       |
----------------------------------------------------

PM11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF PRESCRIPTION MEDICINE.}  {STR-DT}
{END-DT}

In what year did (PERSON) first use (MEDICINE)?

[Enter Year-2] .......................  
HAS NOT YET TAKEN/USED ............... 99
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH PM11OV1  |
----------------------------------------------------

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO PM11OV2  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_02                         |
----------------------------------------------------
PM110V1

[Enter Month, Day-2] .................. (BOX_02)
REF ................................... -7 (BOX_02)
DK .................................... -8 (BOX_02)

PM110V2

[Enter Month-2] .....................
REF ................................... -7
DK .................................... -8

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

THE COMPLETE DATE CANNOT BE BEFORE THE PERSON’S DATE OF BIRTH OR AFTER THE REFERENCE PERIOD END DATE FOR THIS PERSON.
If the charge/payment (CP) section has not been asked for this medicine, ask the charge/payment (CP) section. Otherwise, continue with End_LP01.

Cycle on next medicine in person’s prescribed medicines roster that meets the conditions stated in the loop definition.

If no other medicines meet the stated conditions, end Loop_01 and continue with Box_03.

If all prescribed medicines for this person are flagged as ‘free samples’ (in both PM and CP) during the current round, go to Box_06. Otherwise, continue with Loop_02.
LOOP_02
=========

| FOR EACH OF THE FOLLOWING: | |
| PHARMACY 1 | |
| PHARMACY 2 | |
| PHARMACY 3 | |
| PHARMACY 4 | |
| ASK BOX_04-END_LP02 | |

LOOP DEFINITION: LOOP_02 enumerates pharmacies used by person for prescribed medicines that were created or selected during the current round. The response to PM17 determines if the loop cycles again. If PM17 is coded '1' (yes), the loop cycles to collect the next pharmacy used by person. If PM17 is coded '2' (no), '-7' (refused), or '-8' (don't know), the loop ends.

BOX_04
======

| IF THERE ARE NO PHARMACIES ON THE RU-PHARMACIES-ROSTER, GO TO PM14 |
| OTHERWISE, CONTINUE WITH PM12 |

18-13
PM12
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

What is the name of the (next) pharmacy that filled the
prescription(s) for (PERSON)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. PHARMACY</th>
<th>PM12_02. STREET</th>
<th>PM12_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pharmacy</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Pharmacy</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Pharmacy</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

-----------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-PHARMACIES-ROSTER. |
|-----------------------------

-----------------------------
| ROSTER BEHAVIOR SPECIFICATIONS: |
| 1. INTERVIEWER MAY SELECT ANY PHARMACY ALREADY LISTED OR SELECT 'NONE OF THE ABOVE.' |
| 2. ONLY ONE SELECTION MAY BE MADE. |
| 3. INTERVIEWER CAN NOT ADD AT THIS SCREEN. PHARMACIES ARE 'ADDED' BY USING THE 'NONE OF THE ABOVE' SELECTION. |
| 4. INTERVIEWER CAN NOT DELETE AT THIS SCREEN (I.E., CTRL/D). |
|-----------------------------

-----------------------------
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY. |
|-----------------------------

-----------------------------
| IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PM14 |
|-----------------------------
PM13
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Is the address of (READ NAME AND ADDRESS OF PHARMACY BELOW)...

{PHARMACY NAME SELECTED AT PM12}
{PHARMACY STREET ADDRESS LINE1.}
{PHARMACY STREET ADDRESS LINE2.}
{PHARMACY CITY, ST, ZIPCODE...}
{PHRM PHONE}

ADDRESS AND TELEPHONE CORRECT ........ 1 {BOX_05}
ADD NEW ADDRESS FOR PHARMACY ........... 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ................................. 3 {PM15}
SELECTED WRONG PHARMACY/ADDRESS ........ 4
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

[Code One]

| IF CODED '4' (SELECTED WRONG PHARMACY/ADDRESS), |
| CAPI REDISPLAYS PM12 TO ALLOW INTERVIEWER TO |
| SELECT CORRECT PHARMACY. |

18-15
PM14
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

What is the name and address of the (next) pharmacy that filled the prescription(s) for (PERSON)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF PHARMACY HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON HAD PRESCRIPTION FILLED.

PHARMACY_NAME (PM14_01): [_____________]
PHARMACY_STR1 (PM14_02): [_____________]
PHARMACY_STR2 (PM14_03): [_____________]
PHARMACY_CITY (PM14_04): [_____________]
PHARMACY_STATE (PM14_05): [_____________]
PHARMACY_ZIPCODE (PM14_06): [_____________]
PHARMACY_PHONE (PM14_07): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON EACH|  |
| FORM ITEM EXCEPT FOR PHARMACY NAME (PM14_01).      |  |
----------------------------------------------------

----------------------------------------------------
| EDIT: CHECK THAT STATE ABBREVIATION IS VALID.      |  |
----------------------------------------------------

----------------------------------------------------
| IF PM13 IS CODED '2' (ADD NEW ADDRESS FOR         |  |
| PHARMACY), PM14 WILL NOT COLLECT THE PHARMACY     |  |
| NAME, PM14_01 WILL DISPLAY THE PHARMACY NAME AND   |  |
| CANNOT BE EDITED.                                 |  |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_05                                      |  |
----------------------------------------------------

18-16
PM15
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

CORRECT ADDRESS OR TELEPHONE FOR: {PHARMACY NAME W/WRONG ADDRESS.}

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [PHARMACY_STR1] [PHARMACY_STR2] [PHARMACY_CITY] [PHARMACY_STATE] [PHARMACY_ZIPCDE] [PHARMACY_PHONE]

PHARMACY_STR1 (PM15_01): [_____________]
PHARMACY_STR2 (PM15_02): [_____________]
PHARMACY_CITY (PM15_03): [_____________]
PHARMACY_STATE (PM15_04): [_____________]
PHARMACY_ZIPCDE (PM15_05): [_____________]
PHARMACY_PHONE (PM15_06): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| EDIT: CHECK THAT STATE ABBREVIATION IS VALID.        |
----------------------------------------------------

BOX_05
=====

----------------------------------------------------
| IF THE NAME OR ADDRESS FIELDS WERE COMPLETED IN     |
| PM14 FOR THE PHARMACY BEING ASKED ABOUT (THAT IS,  |
| THE PHARMACY WAS ADDED TO THE RU-PHARMACIES-       |
| ROSTER OR A NEW ADDRESS WAS ENTERED FOR AN          |
| EXISTING PHARMACY), CONTINUE WITH PM16             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO PM17                              |
----------------------------------------------------

18-17
What type of pharmacy is that? Is it a mail-order pharmacy; a pharmacy located in another store such as a grocery or department store; a pharmacy located in an HMO, clinic, or hospital; or is it a drug store that is not located within another facility?

MAIL-ORDER ......................... 1
IN ANOTHER STORE .................... 2
IN HMO/CLINIC/HOSPITAL ............. 3
DRUG STORE .......................... 4
REF .................................. -7
DK ................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

Did (PERSON) use another pharmacy since (START DATE)?

YES .................................... 1
NO ..................................... 2
REF .................................. -7
DK ................................... -8
| IF PM17 IS CODED '1' (YES), CYCLE TO COLLECT INFORMATION ABOUT THE NEXT PHARMACY USED BY PERSON. |

| IF PM17 IS CODED '2' (NO), '-7 (REFUSED), OR '-8' (DON'T KNOW), END LOOP_02 AND CONTINUE WITH BOX_06 |

| GO TO NEXT QUESTIONNAIRE SECTION |
Provider Probes (PP) Section

BOX_01A
======
---

THE PROVIDER PROBES (PP) SECTION (INCLUDING THE EVENT ROSTER (EV) AND PROVIDER ROSTER (PV) SECTIONS WHICH ARE CALLED IN THE COURSE OF PP) COLLECTS THE INFORMATION REQUIRED TO CREATE AN EVENT. THIS INFORMATION INCLUDES THE EVENT TYPE, PERSON, PROVIDER, AND DATE OR DATE RANGE. ONCE THE EV SECTION IS COMPLETED FOR AN EVENT, THE INTERVIEWER CANNOT BACK UP TO EDIT THAT EVENT OR ANY OTHER EVENTS THAT WERE CREATED PREVIOUSLY. HOWEVER, EVENTS CAN BE EDITED IN THE EVENT DRIVER (ED) SECTION OF THE QUESTIONNAIRE.
---

BOX_01
=====
---

IF DISCHARGE DATE CODED '95' (STILL IN HOSPITAL) FOR ANY HOSPITAL STAY (HS) EVENT REPORTED IN PREVIOUS ROUND FOR ANY RU MEMBER, CONTINUE WITH LOOP_01
---

OTHERWISE, GO TO BOX_02
---

LOOP_01
=====
---

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK PP01 - END_LP01
---

LOOP DEFINITION: LOOP_01 COLLECTS THE DISCHARGE DATE OF A HOSPITAL STAY FOR ANY PERSON STILL IN THE HOSPITAL AT THE END OF THE PREVIOUS ROUND. THIS LOOP CYCLES ON PERSONS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON HAD AN HS EVENT DURING THE PREVIOUS ROUND
- ONE OF PERSON’S HS EVENTS HAD A DISCHARGE DATE CODED ’95’ (STILL IN HOSPITAL).
---

7-1
(PERSON’S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER......)  (ADM-DT)

Last time, we recorded that (PERSON) entered (PROVIDER) on (ADMIT DATE) and was still in the hospital at the time of our interview on {PREV RD INTV DT}.

On what date was (PERSON) discharged from (PROVIDER)?

IF STILL IN HOSPITAL, ENTER 95 IN MONTH FOR DISCHARGE DATE.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

{Display Month,Day,Year-2} - [Enter Month,Day,Year-2] ..
{Display Month,Day,Year-2} - [Enter Month,Day,Year-2] ..
{Display Month,Day,Year-2} - [Enter Month,Day,Year-2] ...

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES PERSON’S- |
| MEDICAL-EVENTS-ROSTER TO DISPLAY ALL HS EVENTS |
| THAT WERE CODED ‘95’ (STILL IN HOSPITAL) DURING |
| THE PREVIOUS ROUND.                          |
----------------------------------------------------

PERSON’S EVENT ROSTER BEHAVIOR SPECIFICATIONS:

- ADMIT DATE IS A PROTECTED FIELD. INTERVIEWER CAN ENTER DISCHARGE DATE ONLY.

DISPLAY THE DATE OF THE PREVIOUS ROUND’S INTERVIEW FOR '{PREV RD INTV DT}’.
FOR ‘Display Month,Day,Year-2’, DISPLAY THE ADMIT DATE OF THE HS EVENT WITH A DISCHARGE DATE OF ‘95’ (STILL IN HOSPITAL) FOR THIS PERSON.
END_LP01
========

| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER     |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP       |
| DEFINITION.                                       |
|                                                   |

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_01 AND CONTINUE WITH BOX_02             |
|                                                   |

BOX_02
======

| IF DISCHARGE DATE CODED '95' (STILL IN           |
| INSTITUTION) FOR ANY INSTITUTIONAL STAY (IC) EVENT|
| REPORTED IN PREVIOUS ROUND FOR ANY RU MEMBER,     |
| CONTINUE WITH LOOP_02                            |
|                                                   |

| OTHERWISE, GO TO BOX_03                          |
|                                                   |

LOOP_02
=======

| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK       |
| PP02 - END_LP02                                  |
|                                                   |

| LOOP DEFINITION: LOOP_02 COLLECTS THE DISCHARGE  |
| DATE OF AN INSTITUTIONAL STAY FOR ANY PERSON STILL|
| IN THE INSTITUTION AT THE END OF THE PREVIOUS     |
| ROUND. THIS LOOP CYCLES ON PERSONS THAT MEET THE  |
| FOLLOWING CONDITIONS:                             |
| - PERSON HAD AT LEAST ONE IC EVENT DURING THE     |
| PREVIOUS ROUND                                    |
| AND                                               |
| - ONE OF PERSON’S IC EVENTS HAD A DISCHARGE DATE  |
| CODED '95' (STILL IN INSTITUTION).                |
MEPS FAMES Panel 1 Round 3 Provider Probes (PP) Section
January 31, 1997

PP02
====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER......)  (ADM-DT)

Last time we recorded that (PERSON) entered (PROVIDER) on (ADMIT DATE) and was still there at the time of our interview on (PREV RD INTV DT).

On what date was (PERSON) discharged from (PROVIDER)?

IF STILL IN INSTITUTION, ENTER 95 IN MONTH FOR DISCHARGE DATE.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

(Display Month,Day,Year-2) - [Enter Month,Day,Year-2] ....
(Display Month,Day,Year-2) - [Enter Month,Day,Year-2] ....
(Display Month,Day,Year-2) - [Enter Month,Day,Year-2] ....

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES PERSON’S- MEDICAL-EVENTS-ROSTER TO DISPLAY ALL IC EVENTS THAT WERE CODED ‘95’ (STILL IN INSTITUTION) DURING THE PREVIOUS ROUND. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| PERSON’S EVENT ROSTER BEHAVIOR SPECIFICATIONS: | ADMIT DATE IS A PROTECTED FIELD. INTERVIEWER CAN ENTER DISCHARGE DATE ONLY. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| DISPLAY THE DATE OF THE PREVIOUS ROUND’S INTERVIEW FOR '{PREV RD INTV DT}'. |
| FOR 'Display Month,Day,Year-2’, DISPLAY THE ADMIT DATE OF THE IC EVENT WITH A DISCHARGE DATE OF ‘95’ (STILL IN INSTITUTION) FOR THIS PERSON. |
---------------------------------------------------------------------
END_LP02

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER     |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP       |
| DEFINITION.                                       |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_02 AND CONTINUE WITH BOX_03              |
----------------------------------------------------

BOX_03

----------------------------------------------------
| IF CA03 IS CODED ‘5’ (VOLUNTEERED NO EVENTS TO    |
| RECORD), GO TO PP03A                               |
----------------------------------------------------

----------------------------------------------------
| IF CA03 IS CODED ‘3’ (SOME VISITS RECORDED), ‘4’  |
| (DID NOT USE), ‘-7’ (REFUSED), ‘-8’ (DON’T KNOW), |
| OR IS NOT ASKED (CALENDAR NEVER USED), GO TO PP14 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_03                  |
----------------------------------------------------
LOOP_03
======

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_04 - END_LP03

LOOP DEFINITION: LOOP_03 ASKS THE EVENT ROSTER (EV) SECTION FOR EACH EVENT RECORDED ON THE CALENDAR. THE RESPONSE TO PP03 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP03 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP03 IS CODED ‘2’ (NO) OR ‘3’ (NO EVENTS ON CALENDAR TO RECORD), THE LOOP ENDS.

BOX_04
=====

IF FIRST CYCLE OF LOOP_03, GO TO PP03

OTHERWISE, CONTINUE WITH BOX_05

BOX_05
=====

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION,
CONTINUE WITH PP03
INTERVIEWER: ADD (AN/ANOTHER) EVENT?

YES .................................... 1
NO ..................................... 2
(NO EVENTS ON CALENDAR TO RECORD ........ 3)

| DISPLAY CODE 3 (NO EVENTS ON CALENDAR TO RECORD), |
| ONLY IF FIRST CYCLE OF LOOP_03. OTHERWISE, USE A |
| NULL DISPLAY.                                     |

END_LP03

| IF PP03 IS CODED ‘1‘ (YES), CYCLE TO COLLECT NEXT |
| EVENT.                                            |

| IF PP03 IS CODED ‘2‘ (NO) OR ‘3‘ (NO EVENTS ON |
| CALENDAR TO RECORD), END LOOP_03 AND CONTINUE     |
| WITH PP03A                                        |

PP03A

{STR-DT}
{END-DT}

As you know, it is important for us to get complete and accurate information of all of the family’s health care events. I’d like you to take a few minutes to look at several lists of health care providers, to be sure we haven’t missed any visits or calls, including those made just for advice, prescriptions, tests, shots, or x-rays.

PRESS ENTER TO CONTINUE.
PP04
====

{STR-DT}
{END-DT}

SHOW CARD PP-1.

Since (START DATE), has anyone in the family seen or spoken with a medical or mental health professional, dentist, or other health care provider listed on this card [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2 {PP06}
REF ................................... -7 {PP06}
DK .................................... -8 {PP06}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

---------------------------------------------------------------------
| NOTE: IN ROUNDS 1 AND 2 THE PHRASE “[Other than what we have already talked about]” WAS NOT INCLUDED AS PART OF THE QUESTION TEXT |
---------------------------------------------------------------------

LOOP_04
=======

---------------------------------------------------------------------
| For each of the following: |
| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |
| ask BOX_06 - END_LP04 |
---------------------------------------------------------------------
LOOP DEFINITION: LOOP_04 COLLECTS ALL DENTAL (DN) AND MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED. THE RESPONSE TO PP05 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP05 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP05 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP05

PP05

SHOW CARD PP-1.

Has {PERSON’S FIRST MIDDLE AND LAST NAME} had any other visits or calls to health care providers listed on this card? Or has anyone else in the family visited or called a health care provider listed here? [Please include any visits or calls we have not yet talked about.]

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR '{PERSON’S FIRST MIDDLE AND LAST NAME}'.

NOTE: IN ROUNDS 1 AND 2 THE SENTENCE “[Please include any visits or calls we have not yet talked about.]” WAS NOT INCLUDED AS PART OF THE QUESTION TEXT.

END_LP04

---

IF PP05 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP05 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_04 AND CONTINUE WITH PP06
SHOW CARD PP-2.

Has anyone in the family been a patient in a hospital or been seen in a hospital emergency room or outpatient department? Or has anyone been a patient in any type of long term care facility? [Please include any hospital care we have not yet talked about.]

YES .................................... 1
NO ..................................... 2 {PP08}
REF ................................... -7 {PP08}
DK .................................... -8 {PP08}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

---
\text{NOTE: IN ROUNDS 1 AND 2 THE SENTENCE "[Please include any hospital care we have not yet talked about"] WAS NOT INCLUDED AS PART OF THE QUESTION TEXT.}---

LOOP_05

---

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_07 - END_LP05.
LOOP DEFINITION: LOOP_05 COLLECTS ALL HOSPITAL BASED AND INSTITUTIONAL STAY EVENTS (I.E., HS, ER, OP, AND IC EVENTS) NOT ALREADY RECORDED.

THE RESPONSE TO PP07 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP07 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP07 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP07

SHOW CARD PP-2.

Has {PERSON’S FIRST MIDDLE AND LAST NAME} had any other visits to a hospital or long term care facility? Or has anyone else in the family been a patient in or seen at a hospital or long term care facility? [Please include any hospital care we have not yet talked about.]

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
SHOW CARD PP-3.

What about visits to the home because of a health problem for any of these services? [Please include any home care services we have not yet talked about.]

YES .................................... 1
NO ..................................... 2 {PP12}
REF ................................... -7 {PP12}
DK .................................... -8 {PP12}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
NOTE: IN Round 1 AND 2 THE SENTENCE “[Please include any home care services we have not yet talked about.]” WAS NOT INCLUDED AS PART OF THE QUESTION TEXT.

---

LOOP_06
======

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_08 - END_LP06.

---

LOOP DEFINITION: LOOP_06 COLLECTS ALL HOME HEALTH (HH) EVENTS NOT ALREADY RECORDED.

THE RESPONSE TO PP09 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP09 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP09 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

---

BOX_08
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION,
CONTINUE WITH PP09
PP09
====

Because of a health problem, has {PERSON’S FIRST MIDDLE AND LAST NAME} received any other home care services? Or has anyone else in the family received home care services such as those listed on this card? [Please include any home care services we have not yet talked about.]

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

| DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR '{PERSON’S FIRST MIDDLE AND LAST NAME}'. |

| NOTE: IN ROUNDS 1 AND 2 THE SENTENCE “[Please include any home care services we have not yet talked about.]” WAS NOT INCLUDED AS PART OF THE QUESTION TEXT. |

END_LP06
======

| IF PP09 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT. |

| IF PP09 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_06 AND CONTINUE WITH PP12 |
And finally, did anyone in the family obtain eyeglasses, contact lenses, or diabetic equipment since (START DATE) [other than what we have already talked about]?

YES ........................................ 1
NO ........................................... 2
REF .......................................... -7
DK ........................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
BOX_PP12
=======

| IF PP12 IS CODED '1' (YES), CONTINUE WITH LOOP_07 |

| IF PP12 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND CURRENT ROUND IS ROUND 3 OR ROUND 5, GO TO PP13A |

| OTHERWISE, GO TO BOX_10 |

LOOP_07
=======

| For each of the following: |
| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |
| ask BOX_09 - END_LP07. |

| LOOP DEFINITION: LOOP_07 COLLECTS ALL OTHER MEDICAL EXPENSE (OM) EVENTS NOT ALREADY Recorded. |
| THE RESPONSE TO PP13 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP13 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP13 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS. |
PP13
====

{STR-DT}
{END-DT}

SHOW CARD PP-4.

Has anyone else in the family obtained eyeglasses, contact lenses, or diabetic equipment [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

| NOTE: IN ROUNDS 1 AND 2 THE PHRASE “[other than what we have already talked about]” was not included as part of the question text |
END_LP07
========

| IF PP13 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
| EVENT. | |

----------------------------------------------------

| IF PP13 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_07 AND CONTINUE WITH |
| BOX_09A | |

----------------------------------------------------

BOX_09A
=======

----------------------------------------------------

| IF ROUND 3 OR ROUND 5, CONTINUE WITH PP13A |

----------------------------------------------------

| OTHERWISE, GO TO BOX_10 |

----------------------------------------------------
SHOW CARD PP-4A.

Now I would like you to think about the entire calendar year 1996, that is from January 1, 1996 until December 31, 1996.

Please look at the types of other medical expenses listed on this card. Did anyone in the family obtain any of these types of other medical expenses during the year 1996?

PROBE: These could include ambulance services, canes, wheelchairs, corrective shoes, hearing aids or amplifiers for a telephone, artificial limbs, raised toilet seats, a modification to the house or a car because of some illness or injury, for example ramps or handrails, etc.

YES .................................... 1
NO ..................................... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_09B - END_LP07A.

LOOP DEFINITION: LOOP_07A COLLECTS ALL OTHER TYPES OF MEDICAL EXPENSE (OM) EVENTS FOR THE YEAR 1996 NOT ALREADY RECORDED.

THE RESPONSE TO PP13B DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP13B IS CODED ’1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP13B IS CODED ’2’ (NO), ’-7’ (REFUSED), OR ’-8’ (DON’T KNOW), THE LOOP ENDS.

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP13B
SHOW CARD PP-4A.

During the calendar year 1996, has anyone else in the family obtained, purchased, or rented any of the types of other medical expenses listed on this card [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
These next questions ask about the different medical and dental care anyone in the family has received since (START DATE). It is sometimes hard to remember dates accurately so take your time. You might want to look at any calendar you may keep, checkbook, or receipts to help you remember. We are interested in any type of visit or call, including those made just for advice, prescriptions, tests, shots, or x-rays.

PRESS ENTER TO CONTINUE.

FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK PP15 - END_LP08.

LOOP DEFINITION: LOOP_08 COLLECTS ALL EVENTS FOR EACH RU MEMBER WHEN THE CALENDAR IS INCOMPLETE OR WAS NOT USED. This loop cycles on all RU members including persons who were deceased or institutionalized after the reference period start date.
PP15
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-5.

Now think about the health care (PERSON) has received since (START DATE).

Since (START DATE), did (PERSON) see or talk to any type of dental care provider, such as the types listed on this card, for dental care or a dental check-up?

YES ........................................ 1
NO ......................................... 2 {PP17}
REF ....................................... -7 {PP17}
DK ......................................... -8 {PP17}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

LOOP_09
=======

---------------------------------------------------------------------
<p>| For each of the following: |
| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |</p>
<table>
<thead>
<tr>
<th>ask BOX_11- END_LP09.</th>
</tr>
</thead>
</table>

---------------------------------------------------------------------
<p>| LOOP DEFINITION: LOOP_09 COLLECTS ALL DENTAL (DN) EVENTS NOT   |
| ALREADY RECORDED FOR PERSON BEING ASKED ABOUT. |
| THE RESPONSE TO PP16 DETERMINES WHETHER THE LOOP CYCLES AGAIN. |
| IF PP16 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT |
| EVENT. IF PP16 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T |</p>
<table>
<thead>
<tr>
<th>KNOW), THE LOOP ENDS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASK THE EVENT ROSTER (EV) SECTION</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
</tbody>
</table>

---

| AT COMPLETION OF THE EV SECTION, |
| CONTINUE WITH PP16 |

---

PP16

---

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-5.

Since (START DATE), did (PERSON) see or talk to any other type of dental care provider, such as the types listed on this card (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
END_LP09

----------------------------------------------------
| IF PP16 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
| EVENT.                                           |
----------------------------------------------------

----------------------------------------------------
| IF PP16 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'| |
| (DON'T KNOW), END LOOP_09 AND CONTINUE WITH PP17  |
----------------------------------------------------

PP17

(Person's first middle and last name) {STR-DT}
{END-DT}
SHOW CARD PP-6.

Since (start date), did (person) see or talk to any medical
doctor or nurse, such as those types listed on this card?
[Please include telephone calls or visits where (person)
received advice, prescriptions, or test results.]

YES .................................... 1
NO ..................................... 2 {PP19}
REF ................................... -7 {PP19}
DK .................................... -8 {PP19}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
LOOP_10
======

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_12 - END_LP10.

LOOP DEFINITION: LOOP_10 COLLECTS ALL MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP18 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP18 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP18 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_12
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP18
PP18
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-6.

Since (START DATE), did (PERSON) see or talk to any other type of medical professional, such as the types listed on this card (other than what you’ve already told me about)?

YES ........................................ 1
NO ........................................... 2
REF ........................................... -7
DK ............................................. -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
PP19
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-7.

Since (START DATE), was (PERSON) a patient in a hospital or receive care in a hospital emergency room or hospital outpatient department?

YES .................................... 1
NO ..................................... 2 {PP21}
REF ................................... -7 {PP21}
DK .................................... -8 {PP21}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

LOOP_11
-------

----------------------------------------------------------------------
| For each of the following:                                           |
| EVENT 1                                                             |
| EVENT 2                                                             |
| EVENT 3                                                             |
| EVENT 4                                                             |
| ask BOX_13 - END_LP11.                                              |
----------------------------------------------------------------------

LOOP DEFINITION: LOOP_11 COLLECTS ALL HOSPITAL BASED EVENTS (I.E., HS, ER, AND OP EVENTS) NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP20 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP20 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP20 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.
SHOW CARD PP-7.

Since (START DATE), did (PERSON) receive any other care as a patient in a hospital or from a hospital emergency room or outpatient department (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
PP21
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-8.

Since (START DATE), did (PERSON) see or talk to any of the health care providers listed on this card?

YES .................................... 1
NO ..................................... 2 {PP23}
REF ................................... -7 {PP23}
DK .................................... -8 {PP23}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

LOOP_12
=====

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_14 - END_LP12.

LOOP DEFINITION: LOOP_12 COLLECTS ALL MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP22 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP22 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP22 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.
ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP22

PP22

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
(END-DT)

SHOW CARD PP-8.

Since (START DATE), did (PERSON) see or talk to any other type of health care provider, such as the types listed on this card (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
SHOW CARD PP-9.

Since (START DATE), because of a health problem, did (PERSON) receive any home care services such as the types listed on this card? Please include home care services received for medical care, personal care, supervision, and household help.

YES .................................... 1
NO ..................................... 2 {PP25}
REF ................................... -7 {PP25}
DK .................................... -8 {PP25}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP24

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-9.

Since (START DATE), because of a health problem, did (PERSON) receive home care services such as the types listed on this card (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

IF PP24 IS CODED ’1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP24 IS CODED ’2’ (NO), ’-7’ (REFUSED), OR ’-8’ (DON’T KNOW), END LOOP_13 AND CONTINUE WITH PP25.
{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-10.

Since (START DATE), (were/was) (PERSON) a patient in any long term care facility, such as the types of places listed on this card?

YES .................................... 1
NO ..................................... 2 {PP27}
REF ................................... -7 {PP27}
DK .................................... -8 {PP27}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

LOOP_14

-----------------------------
| For each of the following:  |
| EVENT 1                    |
| EVENT 2                    |
| EVENT 3                    |
| EVENT 4                    |
| ask BOX_16 - END_LP14.     |
-----------------------------

-----------------------------
| LOOP DEFINITION: LOOP 14 COLLECTS ALL |
| INSTITUTIONAL (IC) EVENTS NOT ALREADY RECORDED FOR |
| PERSON BEING ASKED ABOUT.             |
| THE RESPONSE TO PP26 DETERMINES WHETHER THE LOOP |
| CYCLES AGAIN. IF PP26 IS CODED ‘1’ (YES), THE |
| LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP26 |
| IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T |
| KNOW), THE LOOP ENDS.                 |
-----------------------------
ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP26

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
(END-DT)

SHOW CARD PP-10.

Since (START DATE), (were/was) (PERSON) a patient in any other long term care facility, such as the types of places listed on this card (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

END_LP14

IF PP26 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP26 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_14 AND CONTINUE WITH PP27
SHOW CARD PP-11.

Since (START DATE), did (PERSON) obtain eyeglasses, contact lenses, or diabetic equipment?

YES ..................................... 1
NO ..................................... 2
REF .................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
LOOP_15
=======

For each of the following:

- EVENT 1
- EVENT 2
- EVENT 3
- EVENT 4

ask BOX_17 - END_LP15.

LOOP DEFINITION: LOOP_15 COLLECTS ALL OTHER MEDICAL EXPENSE (OM) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP28 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP28 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP28 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_17
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP28
PP28
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-11.

Since (START DATE), did (PERSON) obtain any other medical supplies listed on this card (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

END_LP15
=======

----------------------------------------------------
| IF PP28 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT |
| EVENT.                                            |
----------------------------------------------------

----------------------------------------------------
| IF PP28 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’|
| (DON’T KNOW), END LOOP_15 AND CONTINUE WITH       |
| BOX_17A                                           |
----------------------------------------------------

BOX_17A
=======

----------------------------------------------------
| IF ROUND 3 OR ROUND 5, CONTINUE WITH PP29         |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP08                          |
----------------------------------------------------
Now I would like you to think about the entire calendar year 1996, that is from January 1, 1996 until December 31, 1996.

Please look at the types of other medical expenses listed on this card. Did (PERSON) obtain any of these types of other medical expenses during the year 1996?

PROBE: These could include ambulance services, canes, wheelchairs, corrective shoes, hearing aids or amplifiers for a telephone, artificial limbs, raised toilet seats, a modification to the house or a car because of some illness or injury, for example ramps or handrails, etc.

YES .................................... 1
NO ..................................... 2 {END_LP08}
REF ................................... -7 {END_LP08}
DK .................................... -8 {END_LP08}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
For each of the following:

- EVENT 1
- EVENT 2
- EVENT 3
- EVENT 4

ask BOX_17B - END_LP16.

LOOP DEFINITION: LOOP_16 COLLECTS ALL OTHER TYPES OF MEDICAL EXPENSE (OM) EVENTS FOR THE YEAR 1996 NOT ALREADY RECORDED.

THE RESPONSE TO PP30 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP30 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP30 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP30
PP30
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}   JAN 01
DEC 31

SHOW CARD PP-12.

During the calendar year 1996, (have/has) (PERSON) obtained, purchased, or rented any of the types of other medical expenses listed on this card [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

END_LP16
-------

-------------------------------------------------------------------
| IF PP30 IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT. |
-------------------------------------------------------------------

-------------------------------------------------------------------
| IF PP30 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW), END LOOP_16 AND CONTINUE WITH |
| END_LP08 |
-------------------------------------------------------------------

END_LP08
-------

-------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION. |
-------------------------------------------------------------------

-------------------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_08 AND CONTINUE WITH BOX_18 |
-------------------------------------------------------------------

7-42
BOX_18
======

| GO TO NEXT QUESTIONNAIRE SECTION. |
-----------------------------------|
Old Public Related Insurance (PR) Section

BOX_01
======

----------------------------------------------------
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET    |
| BOTH OF THE FOLLOWING CONDITIONS:                  |
| - ESTABLISHMENT IS MEDICARE                        |
| AND                                               |
| - PERSON WAS COVERED BY MEDICARE DURING THE        |
|    PREVIOUS ROUND,                                 |
| CONTINUE WITH LOOP_01                              |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_02                            |
----------------------------------------------------

LOOP_01
=======

----------------------------------------------------
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-  |
| PAIRS-ROSTER, ASK BOX_01A - END_LP01              |
----------------------------------------------------

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION
| ABOUT THE COVERAGE PROVIDED THROUGH MEDICARE.     |
| THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS    |
| THAT MEET BOTH OF THE FOLLOWING CONDITIONS:       |
| - ESTABLISHMENT IS MEDICARE                        |
| AND                                               |
| - PERSON WAS COVERED BY MEDICARE AT ANY TIME DURING|
|    THE PREVIOUS ROUND                              |
----------------------------------------------------
| IF THERE WAS NO MEDICARE INSURER ASSOCIATED WITH THIS ESTABLISHMENT-PERSON-PAIR AT ANY TIME IN THE PREVIOUS ROUND, GO TO BOX_01B |

| OTHERWISE, CONTINUE WITH PR01 |

PR01
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}    {STR-DT}

PLAN NAME:  {NAME OF PREV RD’S MEDICARE INSURER FOR ESTABLISHMENT-PERSON}

Last time we recorded that (PERSON) (were/was) covered by (PLAN NAME).

Since (START DATE), has there been any change in the plan name of the health insurance (PERSON) has through Medicare?

YES ..................................... 1 {BOX_01B}
NO ..................................... 2 {END_LP01}
REF ..................................... -7 {END_LP01}
DK ..................................... -8 {END_LP01}

| FOR ‘NAME OF PREV RD’S MEDICARE INSURER FOR ESTABLISHMENT-PERSON,’ DISPLAY THE NAME OF THE ACTUAL MEDICARE INSURER RECORDED FOR THIS ESTABLISHMENT-PERSON-PAIR. |

| IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG PREVIOUS ROUND’S INSURER AS ‘CURRENT ROUND’S MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON-PAIR. |
NOTE: STATES THAT DO NOT OFFER MEDICARE MANAGED CARE PLANS ARE ALASKA, DELAWARE, IDAHO, MAINE, MISSISSIPPI, MONTANA, NEW HAMPSHIRE, SOUTH DAKOTA, AND WYOMING.

NOTE: IN ROUNDS 1 AND 2, ARKANSAS, SOUTH CAROLINA AND TENNESSEE DID NOT OFFER MEDICARE MANAGED CARE PLANS.

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE PR02 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO PR03.

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES OFFER A MEDICARE MANAGED CARE PLAN, CONTINUE WITH PR02.

PERSON'S FIRST MIDDLE AND LAST NAME

SHOW CARD PR-1.

Some people on Medicare can enroll in plans called Medicare HMOs. These plans have names like those listed on this card.

Is the name of (PERSON)’s insurance through Medicare listed on this card?

YES ................................. 1
NO ................................. 2 {PR03}
REF ................................. -7 {PR03}
DK ................................. -8 {PR03}
Which insurance plan is (PERSON)’s Medicare insurance?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ...........  {END_LP01}

When interviewer enters letter of plan, display the following message: ‘PLEASE VERIFY PLAN SELECTED: [DISPLAY PLAN NAME SELECTED].’ When interviewer presses enter to clear the message, the message, proceed to the next logical screen.

For ‘DISPLAY PLAN NAME SELECTED’ display the actual plan name that corresponds to the letter entered for this state.

Flag insurer coded above as ‘CURRENT RD’S MEDICARE INSURER’ for this establishment-person-pair.

(Person's first middle and last name) {STR-DT}

Now I will ask you a question about how (PERSON)’s Medicare works for non-emergency care. (When answering this question, please include only insurance from Medicare, not any privately purchased insurance.)

(Are/is) (PERSON) signed up with an HMO, that is, a Health Maintenance Organization? With an HMO, you generally receive care from HMO physicians.

YES .................................... 1 {PR04}
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

Press F1 for definition of HMO.
Does Medicare require (PERSON) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

YES .................................... 1
NO ..................................... 2 {END_LP01}
REF .................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

---------------------------------------------------------------------
| IF CODED ’2’ (NO), ’-7’ (REFUSED), OR ’-8’ (DON’T KNOW), THERE IS  |
| NO ‘CURRENT RD’S MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON-PAI |
---------------------------------------------------------------------
What is the name of the (PERSON)’s Medicare (HMO/health insurance)?

[Enter Plan Name] ........................
REF ................................. -7
DK ................................. -8

<p>| DISPLAY ‘HMO’ IF PR03 IS CODED ‘1’ (YES).  DISPLAY |
| ‘health insurance’ IF PR03A IS CODED ‘1’ (YES). | |</p>
<table>
<thead>
<tr>
<th>----------------------------------------------------</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLAG INSURER CODED ABOVE AS ‘CURRENT RD’S</td>
</tr>
<tr>
<td>MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON-</td>
</tr>
<tr>
<td>PAIR.</td>
</tr>
</tbody>
</table>

OMITTED.

OMITTED.
END_LP01

----------

| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
----------

----------

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_02 |
----------

BOX_02

----------

| IF ANY RU MEMBER HAD MEDICAID AS A SOURCE OF INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND, CONTINUE WITH PR07 |
----------

----------

| OTHERWISE, GO TO BOX_05 |
----------
During the last interview, we recorded that (READ NAME(S) BELOW) (was/were) covered by {Medicaid/{STATE NAME FOR MEDICAID}}.

Have all of these people been covered by {Medicaid/{STATE NAME FOR MEDICAID}} at any time since (START DATE)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL .............................. 1
NO, ONLY SOME ........................ 2
NO, NONE .............................. 3
REF ................................. -7 {BOX_05}
DK ................................. -8 {BOX_05}
<table>
<thead>
<tr>
<th>IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY MEDICAID DURING CURRENT ROUND.' THEN GO TO BOX_03</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY MEDICAID DURING CURRENT ROUND.'</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '3' (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR07, GO TO PR09</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '3' (NO, NONE) AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR07, GO TO BOX_05</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR08</th>
</tr>
</thead>
</table>
Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} since (START DATE)?

PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
<table>
<thead>
<tr>
<th>IF ALL CURRENT RU MEMBERS ARE ALREADY FLAGGED AS COVERED OR NOT COVERED BY MEDICAID DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED AT PR07), GO TO LOOP_02</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH PR09</th>
</tr>
</thead>
</table>
Besides the family members we've just talked about, have any additional family members been covered by Medicaid/STATE NAME FOR MEDICAID) since (START DATE)?

YES ................................... 1
NO ..................................... 2
REF ................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF MEDICAID.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

IF CODED '-2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND AT LEAST ONE RU MEMBER IS FLAGGED AS 'COVERED BY MEDICAID DURING CURRENT ROUND,' GO TO LOOP_02

IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND NO RU MEMBERS ARE FLAGGED AS 'COVERED BY MEDICAID DURING CURRENT ROUND,' GO TO BOX_05

OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE WITH PR10
PR10
====

{STR-DT}

Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} since (START DATE)?

PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

1. First Name, [Middle Name], Last Name-65
2. First Name, [Middle Name], Last Name-65
3. First Name, [Middle Name], Last Name-65

-----------------------------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM |
| NAME BY STATE, SEE BOX ON HX06. |
-----------------------------------------------------

-----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-MEMBERS-ROSTER WHO MEET EITHER OF THE |
| FOLLOWING CONDITIONS: |
| - PERSON WAS ADDED TO RU THIS ROUND |
| OR |
| - PERSON WAS NOT FLAGGED AS 'COVERED BY MEDICAID' |
| DURING THE PREVIOUS ROUND |
-----------------------------------------------------

-----------------------------------------------------
| FLAG ALL PERSONS SELECTED AS 'COVERED BY MEDICAID' |
| DURING CURRENT ROUND. FLAG ALL PERSONS NOT |
| SELECTED AS 'NOT COVERED BY MEDICAID' DURING |
| CURRENT ROUND. |
-----------------------------------------------------
LOOP_02
=======

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_04 - END_LP02 |

LOOP DEFINITION: LOOP_02 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY MEDICAID. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICAID
- PERSON IS COVERED BY MEDICAID DURING THE CURRENT ROUND

BOX_04
======

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR. |

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP02

END_LP02
======

| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH PR11 |
{STR-DT}

{PLAN NAME:  {NAME OF PREV RD’S MEDICAID INSURER FOR RU}}

{Last time we recorded that (READ NAME(S) BELOW) may be covered by (PLAN NAME).}

Since (START DATE), has there been any change in the plan name of the health insurance the family has through {Medicaid/{STATE NAME FOR MEDICAID}}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES ........................................ 1
NO ......................................... 2 {BOX_05}
REF ....................................... -7 {BOX_05}
DK .......................................... -8 {BOX_05}

PRESS F1 FOR A DEFINITION OF MEDICAID.
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY MEDICAID DURING THE CURRENT ROUND.

IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG PREVIOUS ROUND’S INSURER AS ‘CURRENT RD’S MEDICAID INSURER’

NOTE: STATES THAT DO NOT OFFER MEDICAID MANAGED CARE PLANS ARE ALASKA, ARKANSAS, IDAHO, KENTUCKY, LOUISIANA, MISSISSIPPI, NEW MEXICO, NORTH DAKOTA, SOUTH DAKOTA, AND WYOMING.

NOTE: IN ROUNDS 1 AND 2, GEORGIA, MAINE, VERMONT AND WEST VIRGINIA DID NOT OFFER MEDICAID MANAGED CARE PLANS.

IF CODED ‘1’ (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, CODE PR12 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO PR13

IF CODED ‘1’ (YES) AND STATE IN WHICH DOES OFFER A MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR12
Some people on Medicaid/STATE NAME FOR MEDICAID can enroll in plans called HMOs. These plans have names like those listed on this card.

Is the name of the health insurance through Medicaid/STATE NAME FOR MEDICAID listed on this card?

YES .................................... 1
NO ..................................... 2 {PR13}
REF ................................... -7 {PR13}
DK .................................... -8 {PR13}

Which plan is the health insurance through Medicaid/STATE NAME FOR MEDICAID)?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ........... {BOX_05}
WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY
THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN
SELECTED: {DISPLAY PLAN NAME SELECTED}.’ WHEN
INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE,
PROCEED TO THE NEXT LOGICAL SCREEN.

FOR ‘DISPLAY PLAN NAME SELECTED’, DISPLAY THE PLAN
NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR
THIS STATE.

FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S
INSURER FOR MEDICAID.’
Under {Medicaid/{STATE NAME FOR MEDICAID}} (are/is) (READ NAME(S) BELOW) signed up with an HMO, that is a Health Maintenance Organization?

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ARE ........................... 1 {PR15}
YES, SOME ARE .......................... 2 {PR15}
NO, NONE ARE ........................... 3
REF ................................. -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF HMO.
Does Medicaid/{STATE NAME FOR MEDICAID} require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL REQUIRED ...................... 1
YES, SOME REQUIRED ..................... 2
NO, NONE REQUIRED .................... 3 {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.
What is the name of the Medicaid/State Name for Medicaid HMO/health insurance?

[Enter Plan Name] ....................
REF ................................. -7
DK .................................... -8

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS
BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY
'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE
NAME FOR THE PROGRAM) IF THE STATE IN WHICH
INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME
'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM
NAME BY STATE, SEE BOX ON HX06.

DISPLAY 'HMO' IF PR13 IS CODED '1' (YES, ALL ARE)
OR '2' (YES, SOME ARE). DISPLAY 'HEALTH
INSURANCE' IF PR14 IS CODED '1' (YES, ALL
REQUIRED) OR '2' (YES, SOME REQUIRED).

FLAG INSURER CODED ABOVE AS 'CURRENT ROUND’S
MEDICAID INSURER'.

26-271
PR16
====
OMITTED.

PR17
====
OMITTED.

BOX_04A
=======
OMITTED.

PR18
====
OMITTED.

BOX_05
=====

----------------------------------------------------
| IF ANY RU MEMBER HAD CHAMPUS/CHAMPVA AS A SOURCE |
| OF INSURANCE DURING PREVIOUS ROUND, CONTINUE WITH |
| PR19                                          |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_08                          |
----------------------------------------------------

26-272
During the last interview, we recorded that (READ NAME(S) BELOW) (was/were) covered by CHAMPUS, TRICARE or CHAMPVA. Have all of these people been covered by CHAMPUS, TRICARE or CHAMPVA at any time since (START DATE)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ..............................  1
NO, ONLY SOME ..........................  2
NO, NONE ..............................  3
REF ................................. -7 (BOX_08)
DK ................................. -8 (BOX_08)

PRESS F1 FOR DEFINITION OF CHAMPUS/CHAMPVA.

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY CHAMPUS/CHAMPVA AT ANY TIME DURING THE PREVIOUS ROUND. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY CHAMPUS/CHAMPVA DURING CURRENT ROUND.' THEN GO TO BOX_06 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY CHAMPUS/CHAMPVA DURING CURRENT ROUND.' |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED '3' (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED IN PR19, GO TO PR21 |
---------------------------------------------------------------------
| IF CODED ‘3’ (NO, NONE), AND IF ALL CURRENT RU MEMBERS ARE LISTED IN PR19, GO TO BOX_08 |

| IF CODED ‘2’ (NO, ONLY SOME), CONTINUE WITH PR20 |

PR20

{STR-DT}

Who has been covered by CHAMPUS, TRICARE or CHAMPVA since (START DATE)?

PROBE: Who else has been covered by CHAMPUS, TRICARE or CHAMPVA since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY CHAMPUS/CHAMPVA AT ANY TIME DURING THE PREVIOUS ROUND. |

| FLAG ALL PERSONS SELECTED AS ‘COVERED BY CHAMPUS/CHAMPVA’ DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS ‘NOT COVERED BY CHAMPUS/CHAMPVA’ DURING CURRENT ROUND. |
BOX_06
======

| IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY CHAMPUS/CHAMPVA DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED IN PR19), GO TO LOOP_03 |

| OTHERWISE, CONTINUE WITH PR21 |

PR21
=====

{STR-DT} 

Besides the family members we’ve just talked about, have any additional family members been covered by CHAMPUS, TRICARE or CHAMPVA since (START DATE)?

YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF CHAMPUS/CHAMPVA.

| IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘8’ (DON’T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY CHAMPUS/CHAMPVA DURING CURRENT ROUND, GO TO LOOP_03 |

| IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘8’ (DON’T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY CHAMPUS/CHAMPVA DURING CURRENT ROUND, GO TO BOX_08 |

OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE WITH PR22
Who has been covered by CHAMPUS, TRICARE or CHAMPVA since (START DATE)?

PROBE: Who else has been covered by CHAMPUS, TRICARE or CHAMPVA since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
LOOP_03

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_07 - END_LP03

LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY CHAMPUS/CHAMPVA. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS CHAMPUS/CHAMPVA
- PERSON IS COVERED BY CHAMPUS/CHAMPVA DURING THE CURRENT ROUND

BOX_07

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP03

END_LP03

CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_03 AND CONTINUE WITH BOX_08
IF ANY RU MEMBER HAD GOVT-HOSPITAL/PHYSICIAN AS A SOURCE OF INSURANCE AT ANY TIME DURING PREVIOUS ROUND, CONTINUE WITH PR23

OTHERWISE, GO TO BOX_11

{STR-DT}

During the last interview, we recorded that (READ NAME(S) BELOW) (was/were) covered by a program sponsored by a state or local government agency which provided hospital and physician benefits.

Have all of these people been covered by a program sponsored by a state or local government agency at any time since (START DATE)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ......................... 1
NO, ONLY SOME .................... 2
NO, NONE ........................... 3
REF .............................. -7 {BOX_11}
DK ............................... -8 {BOX_11}

PRESS F1 FOR DEFINITION OF THIS TYPE OF PROGRAM.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND.
IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND. THEN GO TO BOX_09

IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND.

IF CODED '3' (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR23, GO TO PR25

IF CODED '3' (NO, NONE) AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR23, GO TO BOX_11

IF CODED '2' (NO, NONE), CONTINUE WITH PR24
{STR-DT}

Who has been covered by this program since (START DATE)?

PROBE: Who else has been covered by a program sponsored by a state or local government agency which provides hospital and physician benefits since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

1. First Name, [Middle Name], Last Name-65
2. First Name, [Middle Name], Last Name-65
3. First Name, [Middle Name], Last Name-65

-----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
| WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME |
| DURING THE PREVIOUS ROUND. |
-----------------------------------------------------

-----------------------------------------------------
| FLAG ALL PERSONS SELECTED AS 'COVERED BY |
| GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND. |
| FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY |
| GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND. |
-----------------------------------------------------
BOX_09
======
----------------------------------------------------
| IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS      |
| COVERED OR NOT COVERED BY THE GOVT-HOSPITAL/      |
| PHYSICIAN DURING CURRENT ROUND (I.E., ALL CURRENT |
| RU MEMBERS WERE LISTED IN PR23), GO TO LOOP_04    |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, CONTINUE WITH PR25                      |
----------------------------------------------------

PR25
====

{STR-DT}

Besides the family members we’ve just talked about, have any additional family members been covered by this program since (START DATE)?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T |
| KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS       |
| ‘COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING       |
| CURRENT ROUND,’ GO TO LOOP_04                     |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T |
| KNOW) AND NO RU MEMBERS FLAGGED AS ‘COVERED       |
| BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND, |
| GO TO BOX_11                                      |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE     |
| WITH PR26                                          |
----------------------------------------------------

26-281
Who has been covered by this program?

PROBE: Who else has been covered by a program sponsored by a state or local government agency which provides hospital and physician benefits since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-MEMBERS-ROSTER WHO MEET EITHER OF THE |
| FOLLOWING CONDITIONS: |
| - PERSON WAS ADDED TO RU THIS ROUND |
| OR |
| - PERSON WAS NOT FLAGGED AS COVERED BY GOVT- |
| HOSPITAL/PHYSICIAN AT ANY TIME DURING THE |
| PREVIOUS ROUND. |

---------------------------------------------------------------------

| FLAG ALL PERSONS SELECTED AS 'COVERED BY GOVT- |
| HOSPITAL/PHYSICIAN' DURING CURRENT ROUND. FLAG |
| ALL PERSONS NOT SELECTED AS 'NOT COVERED BY |
| GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND. |
LOOP_04
=======

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_10 - END_LP04 |

LOOP DEFINITION: LOOP_04 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT-HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN
- PERSON IS FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND

BOX_10
 ======

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP04

END_LP04
 =======

CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH PR27

26-283
{STR-DT}

{PLAN NAME:  {NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU}}

{Last time we recorded that (READ NAME(S) BELOW) may be covered by (PLAN NAME).}

Since (START DATE), has there been any change in the plan name of the health insurance the family has through the program sponsored by a state or local government agency which provides hospital and physician benefits?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES .................................... 1
NO ..................................... 2 {PR32}
REF ................................... -7 {PR32}
DK .................................... -8 {PR32}

PRESS F1 FOR A DEFINITION OF THIS TYPE OF PROGRAM.

----------------------------------------------------
<p>| DISPLAY ‘PLAN NAME:  {NAME OF PREV RD’S GOVT-     |
| HOSPITAL/PHYSICIAN INSURER FOR RU’ AND ‘LAST     |
| TIME .... (PLAN NAME).’ IF THERE IS AN INSURER    |
| ASSOCIATED WITH GOVT-HOSPITAL/PHYSICIAN IN THE    |
| PREVIOUS ROUND.                                   |
|                                                    |
| FOR ‘NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN    |
| INSURER FOR RU’, DISPLAY THE NAME OF THE ACTUAL    |
| INSURER RECORDED FOR GOVT-HOSPITAL/PHYSICIAN AT   |</p>
<table>
<thead>
<tr>
<th>ANY TIME DURING THE PREVIOUS ROUND.</th>
</tr>
</thead>
</table>

-----------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS  |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO    |
| ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE   |
| CURRENT ROUND.                                     |

-----------------------------------------------------
IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DONT KNOW), FLAG PREVIOUS ROUND'S INSURER AS CURRENT ROUND'S INSURER FOR GOVT-HOSPITAL/PHYSICIAN.

NOTE: STATES THAT DO NOT OFFER GOVT-HOSPITAL/PHYSICIAN (MEDICAID) MANAGED CARE PLANS ARE ALASKA, ARKANSAS, IDAHO, KENTUCKY, LOUISIANA, MISSISSIPPI, NEW MEXICO, NORTH DAKOTA, SOUTH DAKOTA AND WYOMING.

NOTE: IN ROUNDS 1 AND 2, GEORGIA, MAINE, VERMONT AND WEST VIRGINIA DID NOT OFFER MEDICAID MANAGED CARE PLANS.

IF CODED '1' (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A GOVT-HOSPITAL/PHYSICIAN (MEDICAID) MANAGED CARE PLAN, CODE PR28 '2' (NO) AUTOMATICALLY BY CAI AND GO TO PR29.

IF CODED '1' (YES) AND STATE IN WHICH DOES OFFER A GOVT-HOSPITAL/PHYSICIAN MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR28.

PR28

{STR-DT}
SHOW CARD PR-2.

Is the name of the health insurance through the program sponsored by a state or local government agency which provides hospital and physician benefits listed on this card?

YES .................................... 1
NO ..................................... 2 {PR29}
REF ................................... -7 {PR29}
DK .................................... -8 {PR29}
Which plan is the health insurance through this program?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] .........   {PR32}

----------------------------------------------------
<p>|  FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S      |</p>
<table>
<thead>
<tr>
<th>INSURER FOR GOVT-HOSPITAL/PHYSICIAN.'</th>
</tr>
</thead>
</table>

----------------------------------------------------
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY     |
| THE FOLLOWING MESSAGE: 'PLEASE VERIFY PLAN          |
| SELECTED: {DISPLAY PLAN NAME SELECTED}.' WHEN      |
| INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE,     |
| PROCEED TO THE NEXT LOGICAL SCREEN.                |
|                                                   |
| FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE      |
| ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER     |
| ENTERED FOR THIS STATE.                            |

----------------------------------------------------
Under the program sponsored by a state or local government agency which provides hospital and physician benefits (are/is) (READ NAME(S) BELOW) signed up with an HMO, that is a Health Maintenance Organization?

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ARE .................................. 1 {PR31}
YES, SOME ARE .................................. 2 {PR31}
NO, NONE ARE ................................. 3
REP ...................................... -7
DK ...................................... -8

PRESS F1 FOR DEFINITION OF HMO.

---
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND. |
---
Does the program sponsored by a state or local government agency which provides hospital and physician benefits require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL REQUIRED ...................... 1
YES, SOME REQUIRED ..................... 2
NO, NONE REQUIRED ...................... 3 {PR32}
REF ................................... -7 {PR32}
DK .................................... -8 {PR32}

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

---------------------------------------------------------------------
| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW), THERE IS NO INSURER |
| ASSOCIATED WITH THE CURRENT ROUND FOR |
| GOVT-HOSPITAL/PHYSICIAN. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
| ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE |
| CURRENT ROUND. |
---------------------------------------------------------------------

26-288
What is the name of the {HMO/health insurance} from the program sponsored by a state or local government agency which provides hospital and physician benefits?

[Enter Plan Name] ........................
REF ..................................... -7
DK ...................................... -8

| DISPLAY 'HMO' IF PR29 IS CODED '1' (YES, ALL ARE) |
| OR '2' (YES, SOME ARE). DISPLAY 'HEALTH |
| INSURANCE' IF PR30 CODED '1' (YES, ALL REQUIRED) |
| OR '2' (YES, SOME REQUIRED). |
| |

| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |
| INSURER FOR GOVT-HOSPITAL/PHYSICIAN.' |
| |

26-289
For the coverage through {PLAN NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits), does anyone in the family pay anything for this coverage?

[Do not include the cost of any copayments, coinsurance, or deductibles anyone in the family may have had to pay.]

YES .................................... 1
NO ..................................... 2 {PR34}
REF ................................... -7 {BOX_11}
DK .................................... -8 {BOX_11}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
{STR-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT PR28OV}/(NAME OF PLAN FROM PR31)}}

How much does anyone in the family pay for {the (PLAN NAME)/that} coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF .................................. -7 {PR34}
DK .................................... -8 {PR34}

---------------------------------------------------------------------
| DISPLAY ‘PLAN NAME: …’ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ | PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ‘{(PLAN NAME ENTERED AT PR28OV)’ IF A PLAN WAS ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR31 FOR ‘(NAME OF PLAN FROM PR31)’ IF A PLAN NAME WAS ENTERED. |
| DISPLAY ‘the (PLAN NAME)’ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ PHYSICIAN INSURANCE. OTHERWISE, DISPLAY ‘that’. |
---------------------------------------------------------------------
ENTER UNIT OF COVERAGE:

PER YEAR .................................. 1 (PR34)
QUARTERLY/EVERY 3 MONTHS .............. 2 (PR34)
BIMONTHLY/EVERY 2 MONTHS .............. 3 (PR34)
PER MONTH .................................. 4 (PR34)
PER WEEK .................................... 5 (PR34)
BIWEEKLY/EVERY 2 WEEKS ................. 6 (PR34)
SEMI-ANNUALLY/2 TIMES PER YEAR ...... 7 (PR34)
SEMI-MONTHLY/2 TIMES PER MONTH ...... 8 (PR34)
OTHER ....................................... 91
REF ....................................... -7 (PR34)
DK ........................................... -8 (PR34)

[Code One]

ENTER OTHER:

[Enter Other Specify] ....................
REF ....................................... -7
DK ........................................... -8

OMITTED.
Who else pays some of/for the premium or cost of this insurance?

FEDERAL GOVERNMENT ................. 1
STATE GOVERNMENT ..................... 2
LOCAL GOVERNMENT .................... 3
SOME GOVERNMENT ...................... 4
OTHER ...................................... 91
REF ........................................ -7
DK ......................................... -8

[Code All That Apply]

---
DISP 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISP '{PLAN NAME ENTERED AT PR28OV}' IF A PLAN WAS ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR31 FOR '{NAME OF PLAN FROM PR31}' IF A PLAN NAME WAS ENTERED.

DISP 'else' IF PR32 IS CODED '1' (YES).
OTHERWISE, USE A NULL DISPLAY.

DISP 'some of' IF PR32 IS CODED '1' (YES).
DISP 'for' IF PR32 IS CODED '2' (NO).
---

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH PR34OV

---
OTHERWISE, GO TO BOX 11
---
PR34OV
======

ENTER OTHER:

[Enter Other Specify] ..................
REF ................................... -7
DK .................................... -8

BOX_11
======

----------------------------------------------------
| IF ANY RU MEMBER HAD OTHER PUBLIC (GROUP 1 OR 2) |
| AS A SOURCE OF INSURANCE AT ANY TIME DURING     |
| PREVIOUS ROUND, CONTINUE WITH BOX_12             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_18                          |
----------------------------------------------------

BOX_12
======

----------------------------------------------------
| IF ANY CURRENT RU MEMBER HAD ANY GROUP 1 OTHER   |
| PUBLIC INSURANCE AT ANY TIME DURING PREVIOUS     |
| ROUND, CONTINUE WITH PR35                        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_15                          |
----------------------------------------------------

----------------------------------------------------
| NOTE: FOR BOTH GROUP 1 AND GROUP 2 PUBLIC        |
| PROGRAMS, WE ASSUME THE PROGRAM IS THE SAME FROM |
| THE PREVIOUS ROUND. ALTHOUGH WE SHOW THE SHOW    |
| CARD AND ASK IF THE FAMILY STILL HAD COVERAGE    |
| FROM ANY OF THOSE PROGRAMS, WE DO NOT ASK WHICH  |
| ONES. IF WE WERE TO ASK WHICH ONES, WE WOULD NEED|
| TO ADD SEVERAL QUESTIONS, LIKE THE OTHER PUBLIC  |
| SERIES IN HX.                                    |
----------------------------------------------------
During the last interview, we recorded that (READ NAMES BELOW) were covered by one or more of the following programs:

{STATE NAME FOR PROGRAM #1....}
{STATE NAME FOR PROGRAM #2....}
{STATE NAME FOR PROGRAM #3....}

Have all of these people been covered by any of these programs at any time since (START DATE)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ............................................. 1
NO, ONLY SOME ................................. 2
NO, NONE ........................................... 3
REF .............................................. -7 {BOX_15}
DK ................................................... -8 {BOX_15}

PRESS F1 FOR DEFINITION STATE SPECIFIC PROGRAMS LISTED.
IF PR35 IS CODED ‘3’ (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS ‘NOT COVERED BY GROUP 1 OTHER PUBLIC INSURANCE’ DURING CURRENT ROUND.

---------------------------------------------------------------------

IF CODED ‘3’ (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR35, GO TO PR37

---------------------------------------------------------------------

IF CODED ‘3’ (NO, NONE), AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR35, GO TO BOX_15

---------------------------------------------------------------------

IF CODED ‘2’ (NO, ONLY SOME), CONTINUE WITH PR36
Who has been covered by any of these programs since (START DATE)?

PROBE: Who else has been covered by any of these programs since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

---
| ROSTER DEFINITION: This item displays all persons on the RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER who were covered by Group 1 other public insurance at any time during the previous round. |
---

| FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 1 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. |
| FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY GROUP 1 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. |
---

IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED IN PR35), GO TO LOOP_05

OTHERWISE, CONTINUE WITH PR37
Besides the family members we’ve just talked about, have any additional family members been covered by any of the following programs since (START DATE)? (READ PROGRAM NAMES BELOW.)

{STATE NAME FOR PROGRAM #1....}
{STATE NAME FOR PROGRAM #2....}
{STATE NAME FOR PROGRAM #3....}

YES ................................. 1
NO ..................................... 2
REF ................................... -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

-----------------------------------------------------
<p>| DISPLAY THE LIST OF UP TO THREE ACTUAL NAMES OF |
| STATE PROGRAMS (AS LISTED IN HX16) FOR ‘STATE NAME |</p>
<table>
<thead>
<tr>
<th>FOR PROGRAM #N’.</th>
</tr>
</thead>
</table>

-----------------------------------------------------
<p>| IF CODED ’2’ (NO), ’-7’ (REFUSED) OR ’-8’ (DON’T |
| KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS |
| COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING |</p>
<table>
<thead>
<tr>
<th>CURRENT ROUND, GO TO LOOP_05</th>
</tr>
</thead>
</table>

-----------------------------------------------------
<p>| IF CODED ’2’ (NO), ’-7’ (REFUSED) OR ’-8’ (DON’T |
| KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY |
| GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT |</p>
<table>
<thead>
<tr>
<th>ROUND, GO TO BOX_15</th>
</tr>
</thead>
</table>

-----------------------------------------------------
<p>| OTHERWISE (I.E., IF CODED ’1’ (YES)), CONTINUE |</p>
<table>
<thead>
<tr>
<th>WITH PR38</th>
</tr>
</thead>
</table>
{STR-DT}

Who has been covered by any of these programs since (START DATE)?

PROBE: Who else has been covered by any of these programs since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS | |
| ON THE RU-MEMBERS-ROSTER WHO MEET EITHER ONE OF | |
| THE FOLLOWING CONDITIONS: | |
| - PERSON WAS ADDED TO RU THIS ROUND | |
| OR | |
| - PERSON WAS NOT FLAGGED AS COVERED BY GROUP 1 | |
| OTHER PUBLIC INSURANCE AT ANY TIME DURING THE | |
| PREVIOUS ROUND | |
----------------------------------------------------

----------------------------------------------------
| FLAG ALL PERSONS SELECTED AS `COVERED BY GROUP 1 | |
| OTHER PUBLIC INSURANCE` DURING CURRENT ROUND. | |
| FLAG ALL PERSONS NOT SELECTED AS `NOT COVERED BY | |
| GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT | |
| ROUND.` | |
----------------------------------------------------
LOOP_05
=======

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_14 - END_LP05 |

LOOP DEFINITION: LOOP_05 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GROUP 1 OTHER PUBLIC INSURANCE AND
- PERSON IS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING THE CURRENT ROUND

BOX_14
======

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP05

END_LP05
=======

CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_15

26-300
<table>
<thead>
<tr>
<th>IF ANY CURRENT RU MEMBER HAD ANY ELIGIBLE GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND, CONTINUE WITH PR39</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_18</td>
</tr>
</tbody>
</table>

PR39
=====

{STR-DT}

SHOW CARD PR-3.

During the last interview, we recorded that (READ NAMES BELOW) were covered by one or more of the public programs listed on this card.

Have all of these people been covered by any of these programs at any time since (START DATE)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL .................................. 1
NO, ONLY SOME ................................ 2
NO, NONE .................................... 3
REF ........................................... -7 {BOX_18}
DK ............................................ -8 {BOX_18}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
| IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS |
| LISTED HERE AS 'COVERED BY GROUP 2 OTHER PUBLIC |
| INSURANCE' DURING CURRENT ROUND. |
| THEN GO TO BOX_16 |

| IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS |
| LISTED HERE AS 'NOT COVERED BY GROUP 2 OTHER |
| PUBLIC INSURANCE' DURING CURRENT ROUND. |

| IF CODED '3' (NO, NONE) |
| AND |
| IF ANY CURRENT RU MEMBERS NOT LISTED AT PR39, |
| GO TO PR41 |

| IF CODED '3' (NO, NONE), |
| AND |
| IF ALL CURRENT RU MEMBERS ARE LISTED AT PR39, |
| GO TO BOX_18 |

| IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR40 |
PR40
====

{STR-DT}

SHOW CARD PR-3.

Who has been covered by any of these programs since (START DATE)?

PROBE: Who else has been covered by any of these programs since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

-----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO   |
| WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT |
| ANY TIME DURING THE PREVIOUS ROUND.                |
-----------------------------------------------------

----------------------------------------------------
| FLAG ALL PERSONS SELECTED AS ‘COVERED BY GROUP 2  |
| OTHER PUBLIC INSURANCE’ DURING CURRENT ROUND.     |
| FLAG ALL PERSONS NOT SELECTED AS ‘NOT COVERED BY  |
| GROUP 2 OTHER PUBLIC INSURANCE’ DURING CURRENT    |
| ROUND.                                            |
----------------------------------------------------

BOX_16
======

-----------------------------------------------------
| IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS       |
| COVERED OR NOT COVERED BY GROUP 2 OTHER PUBLIC     |
| INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT |
| RU MEMBERS WERE LISTED AT PR39), GO TO LOOP_06    |
-----------------------------------------------------

-----------------------------------------------------
| OTHERWISE, CONTINUE WITH PR41                      |
-----------------------------------------------------

26-303
SHOW CARD PR-3.

Besides the family members we’ve just talked about, have any additional family members been covered by any of these programs since (START DATE)?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

<table>
<thead>
<tr>
<th>IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO LOOP_06</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO BOX_18</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE WITH PR42</th>
</tr>
</thead>
</table>
SHOW CARD PR-3.

Who has been covered by any of these programs since (START DATE)?

PROBE: Who else has been covered by any of these programs since (START DATE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

-------------------------------------------------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET EITHER OF THE FOLLOWING CONDITIONS: |
| - PERSON WAS ADDED TO RU THIS ROUND OR |
| - PERSON WAS NOT MARKED AS BEING COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND |
-------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------
| FLAG ALL PERSONS SELECTED AS ‘COVERED BY GROUP 2 OTHER PUBLIC INSURANCE’ DURING CURRENT ROUND. |
| FLAG ALL PERSONS NOT SELECTED AS ‘NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND.’ |
-------------------------------------------------------------------------------------------------------------------------

26-305
LOOP_06
=======

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_17 - END_LP06

LOOP DEFINITION: LOOP_06 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GROUP 2 OTHER PUBLIC INSURANCE AND
- PERSON IS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING THE CURRENT ROUND

BOX_17
=======

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP06

END_LP06
=======

CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_18
| RETURN TO THE HEALTH INSURANCE (HX) SECTION. |
Provider Roster (PV) Section

PV01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EV}

{{What is the name of the person or place that provided health
care to (PERSON)?}}

INTERVIEWER: IS THE PROVIDER {ASSOCIATED WITH THIS EVENT} A
PERSON OR A FACILITY (INCLUDING GROUP PRACTICES AND HMOs)?

PERSON ............................................. 1
FACILITY .......................................... 2 {BOX_01}

PRESS F1 FOR DEFINITION OF PERSON/FACILITY.

----------------------------------------------------
| DISPLAY '{What is ... (PERSON)?}' AND 'ASSOCIATED |
| WITH THIS EVENT' IF THE PROVIDER ROSTER (PV) |
| SECTION WAS NOT CALLED FROM THE ACCESS TO CARE |
| (AC) SECTION. IF THE PV SECTION WAS CALLED FROM |
| THE AC SECTION, USE A NULL DISPLAY.               |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (PERSON), SET PROVIDER TYPE TO |
| 'PERSON-TYPE-PROVIDER'.
----------------------------------------------------

----------------------------------------------------
| IF CODED '2' (FACILITY), SET PROVIDER TYPE TO |
| 'FACILITY-PROVIDER'.
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (PERSON) AND NO PROVIDERS THAT ARE |
| TYPE 'PERSON-TYPE-PROVIDER' ON |
| RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV04 |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (PERSON) AND AT LEAST ONE PROVIDER |
| THAT IS TYPE 'PERSON-TYPE-PROVIDER' ON |
| RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH PV02 |
----------------------------------------------------
PV02
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

SELECT CORRECT (USUAL SOURCE OF CARE) PROVIDER {ASSOCIATED WITH THE EVENT).

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER.</th>
<th>PV02_02. FACILITY</th>
<th>PV02_03. STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Display Truncated Person-Provider-25]</td>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
<tr>
<td>2. [Display Truncated Person-Provider-25]</td>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
<tr>
<td>3. [Display Truncated Person-Provider-25]</td>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
</tbody>
</table>

---------------------------------------------------------------------
---------------------------------------------------------------------
DISPLAY 'USUAL SOURCE OF CARE' IF THE PROVIDER
ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO
CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'ASSOCIATED WITH THE EVENT' IF THE
PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM
THE ACCESS TO CARE (AC) SECTION. IF THE PV
SECTION WAS CALLED FROM THE AC SECTION, USE A NULL
DISPLAY.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY
   LISTED OR SELECT 'NONE OF THE ABOVE.'
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CANNOT ADD AT THIS SCREEN.
   PROVIDERS ARE 'ADDED' BY USING THE 'NONE OF
   THE ABOVE' SELECTION.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN
   (I.E., CTRL/D).
5. IF NO FACILITY IS ASSOCIATED WITH THE
   PERSON-PROVIDER, LEAVE THE FACILITY COLUMN
   BLANK FOR THAT PERSON-TYPE-PROVIDER.

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON
ROSTER.

IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV04

OTHERWISE, CONTINUE WITH PV03
Is the address of (READ NAME AND ADDRESS OF PROVIDER BELOW)...

{PERSON-TYPE-PROVIDER NAME SELECTED AT PV02}
{FACILITY-PROVIDER W/ PERSON-TYPE-PROVIDER.}
{PERSON-TYPE-PROVIDER STREET ADDRESS LINE1.}
{PERSON-TYPE-PROVIDER STREET ADDRESS LINE2.}

ADDRESS {& FACILITY NAME} CORRECT ...... 1 {BOX_02}
ADD NEW ADDRESS FOR PROVIDER ........... 2 {PV06}
ADD NEW/DIFFERENT FACILITY FOR
PROVIDER .................................. 3 {BOX_01}
ABOVE PROVIDER NAME/ADDRESS
{OR FACILITY NAME} NEEDS SPELLING
OR MINOR CORRECTION .................. 4 {PV07}
SELECTED WRONG PROVIDER/ADDRESS ...... 5
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]
PV04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {EV}

ENTER NAME OF PROVIDER {ASSOCIATED WITH EVENT}.

ENTER COMPLETE PROVIDER NAME AND VERIFY SPELLING.

[Enter Provider Name-65] ...............

| DISPLAY 'ASSOCIATED WITH EVENT' IF THE PROVIDER |
| ROSTER (PV) SECTION WAS NOT CALLED FROM THE ACCESS |
| TO CARE (AC) SECTION. IF THE PV SECTION WAS |
| CALLED FROM THE AC SECTION, USE A NULL DISPLAY. |

| WRITE PROVIDER NAME TO THE PERSON-TYPE-PROVIDER |
| COLUMN OF THE RU-MEDICAL-PROVIDERS-ROSTER. |

PV05
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER......}   {EV}

Is (PROVIDER) in a group practice, that is, do other doctors practice at the same office (or are part of an HMO)?

YES ............................... 1 {BOX_01}
NO ................................. 2
REF ................................. -7
DK ................................. -8

| IF CODED '1' (YES), FLAG PERSON-TYPE-PROVIDER AS |
| 'PERSON-IN-FACILITY-PROVIDER'. |
PV06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}

ENTER (NEW) STREET ADDRESS FOR (PROVIDER).

ENTER STREET ADDRESS AND VERIFY SPELLING. IF PROVIDER HAS MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

PROVIDER_STR1 (PV06_01):  [_____________]
PROVIDER_STR2 (PV06_02):  [_____________]

================================================================================
| DISPLAY 'NEW' IF PV03 IS CODED '2' (ADD NEW ADDRESS FOR PROVIDER). OTHERWISE, USE A NULL DISPLAY. |
================================================================================

================================================================================
| CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON EACH FORM ITEM. |
================================================================================

================================================================================
| IF PV04 WAS ASKED, ASSOCIATE ADDRESS WITH PERSON-TYPE-PROVIDER ENTERED AT PV04. |
================================================================================

================================================================================
| IF PV03 WAS CODED '2' (ADD NEW ADDRESS FOR PROVIDER), WRITE ANOTHER RECORD FOR PROVIDER IN RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS WITH THAT NEW PROVIDER RECORD. SET PROVIDER TYPE TO 'PERSON-TYPE-PROVIDER'. |
================================================================================

================================================================================
| GO TO BOX_02 |
================================================================================
PV07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}

CORRECT SPELLING OR ADDRESS FOR:  (PROVIDER)

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  [PROVIDER_NAME]
               [FACILITY_NAME]
               [PROVIDER_STR1]
               [PROVIDER_STR2]

PROVIDER_NAME (PV07_01):  [_____________]
FACILITY_NAME (PV07_02):  [_____________]
PROVIDER_STR1 (PV07_03):  [_____________]
PROVIDER_STR2 (PV07_04):  [_____________]

----------------------------------------------------
| WRITE CORRECTIONS TO RU-MEDICAL-PROVIDERS-ROSTER. |
----------------------------------------------------

| IF NO FACILITY-PROVIDER ASSOCIATED WITH THIS PERSON-TYPE-PROVIDER, PV07_02 SHOULD NOT BE COLLECTED OR DISPLAYED. ‘[FACILITY_NAME]’ AS PART OF THE CURRENT INFO SHOULD ALSO BE LEFT BLANK IF NO FACILITY-PROVIDER ASSOCIATED WITH THIS PERSON-TYPE-PROVIDER. |
----------------------------------------------------

| GO TO BOX_02 |
----------------------------------------------------

BOX_01
====

| IF NO PROVIDERS THAT ARE TYPE ‘FACILITY-PROVIDERS’ ON RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV10 |
----------------------------------------------------

| OTHERWISE, CONTINUE WITH PV08 |
----------------------------------------------------

9-7
PV08
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

SELECT CORRECT {USUAL SOURCE OF CARE} {PROVIDER/FACILITY} {ASSOCIATED WITH THE EVENT}.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. FACILITY-PROVIDERS</th>
<th>PV08_02. STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
<tr>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
<tr>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS THE PROVIDERS ON THE RU-MEDICAL-PROVIDERS-ROSTER THAT ARE TYPE FACILITY-PROVIDERS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY 'USUAL SOURCE OF CARE' IF THE PROVIDER ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY.</td>
</tr>
<tr>
<td>DISPLAY 'PROVIDER' IF PV01 IS CODED '2' (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED '1' (PERSON).</td>
</tr>
<tr>
<td>DISPLAY 'ASSOCIATED WITH THE EVENT' IF THE PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM THE ACCESS TO CARE (AC) SECTION. IF THE PV SECTION WAS CALLED FROM THE AC SECTION, USE A NULL DISPLAY.</td>
</tr>
</tbody>
</table>

9-8
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY LISTED OR SELECT 'NONE OF THE ABOVE.'
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CANNOT ADD AT THIS SCREEN.
   PROVIDERS ARE 'ADDED' BY USING THE 'NONE OF THE ABOVE' SELECTION.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E., CTRL/D).

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON ROSTER.

IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV10

OTHERWISE, CONTINUE WITH PV09
PV09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} (EV)

Is the address of (READ NAME AND ADDRESS OF
({PROVIDER/FACILITY}) BELOW)...

{FACILITY NAME SELECTED AT PV08}
{FACILITY STREET ADDRESS LINE1.}
{FACILITY STREET ADDRESS LINE2.}

FACILITY NAME AND ADDRESS CORRECT ...... 1
ADD NEW ADDRESS FOR FACILITY .......... 2
ABOVE NAME/ADDRESS NEEDS SPELLING OR
 MINOR CORRECTION ..................... 3
SELECTED WRONG FACILITY/ADDRESS .... 4
REF .................................... -7
DK .................................... -8

[Code One]

----------------------------------------------------
| DISPLAY 'PROVIDER' IF PV01 IS CODED '2'          |
| (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED |
| '1' (PERSON).                                   |
| FOR: (FACILITY NAME SELECTED AT PV08), DISPLAY |
| THE FACILITY-PROVIDER NAME SELECTED AT PV08.    |
| FOR: (FACILITY STREET ADDRESS LINE1.) AND       |
| (FACILITY STREET ADDRESS LINE2.), DISPLAY LINES |
| 1 AND 2 OF THE FACILITY-PROVIDER'S ADDRESS FOR THE |
| FACILITY-PROVIDER SELECTED AT PV08.             |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (FACILITY NAME AND ADDRESS CORRECT) |
| OR '3' (ABOVE NAME/ADDRESS FOR FACILITY NEEDS |
| SPELLING OR MINOR CORRECTION) AND PV01 IS CODED |
| '1' (PERSON), LINK THE FACILITY SELECTED AT PV08 |
| TO THE PERSON-TYPE-PROVIDER FLAGGED AS          |
| 'PERSON-IN-FACILITY-PROVIDER'.                  |
----------------------------------------------------

----------------------------------------------------
| IF CODED '4' (SELECTED WRONG FACILITY/ADDRESS), |
| CAPI REDISPLAYS PV08 TO ALLOW INTERVIEWER TO    |
| SELECT CORRECT FACILITY.                        |
----------------------------------------------------
PV10
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EV}

ENTER {NEW} {NAME AND} ADDRESS OF ({PROVIDER/FACILITY}).

ENTER {NAME AND} STREET ADDRESS AND VERIFY SPELLING. IF ({PROVIDER/FACILITY}) HAS MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

FACILITY_NAME (PV10_01): [_____________]
FACILITY_STR1 (PV10_02): [_____________]
FACILITY_STR2 (PV10_03): [_____________]

--------------------------------------------------------------------------------------------------------
--------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------
| CODES ‘-7’ (REF) AND ‘-8’ (DK) ARE ALLOWED ON PV10_02 AND PV10_03 ONLY.
--------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------
| IF PV09 IS CODED ‘2’ (ADD NEW ADDRESS FOR FACILITY), PV10 WILL NOT COLLECT THE FACILITY NAME.
--------------------------------------------------------------------------------------------------------
IF FACILITY-PROVIDER NOT SELECTED AT PV08 (I.E., PV08 WAS NOT ASKED OR ‘NONE OF THE ABOVE’ WAS SELECTED), WRITE NAME AND ADDRESS ENTERED ABOVE TO FACILITY-PROVIDER NAME COLUMN AND ADDRESS COLUMN OF THE RU-MEDICAL-PROVIDERS-ROSTER.

IF FACILITY-PROVIDER SELECTED AT PV08 AND PV09 WAS CODED ‘2’ (ADD NEW ADDRESS FOR FACILITY), WRITE ANOTHER RECORD FOR THE FACILITY-PROVIDER TO THE RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS WITH THAT NEW PROVIDER RECORD.

IF PV01 IS CODED ‘1’ (PERSON), LINK THE FACILITY TO THE PERSON-TYPE-PROVIDER FLAGGED AS ‘PERSON-IN-FACILITY-PROVIDER’.

----------------------------------------------------
| GO TO BOX_02
----------------------------------------------------

PV11
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EV}

CORRECT SPELLING OR ADDRESS FOR: ({PROVIDER/FACILITY})

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [FACILITY_NAME]
[FACILITY_STR1]
[FACILITY_STR2]

FACILITY_NAME (PV11_01): [_____________
FACILITY_STR1 (PV11_02): [_____________
FACILITY_STR2 (PV11_03): [_____________

----------------------------------------------------
| DISPLAY ‘PROVIDER’ IF PV01 IS CODED ‘2’ (FACILITY). DISPLAY ‘FACILITY’ IF PV01 IS CODED ‘1’ (PERSON).
----------------------------------------------------

----------------------------------------------------
| WRITE CORRECTIONS TO RU-MEDICAL-PROVIDERS-ROSTER.
----------------------------------------------------
RETURN TO QUESTIONNAIRE SECTION FROM WHICH THE PROVIDER ROSTER (PV) SECTION WAS CALLED.
**RU CLASSIFICATIONS:**

THE FOLLOWING RU CLASSIFICATIONS ARE USED THROUGHOUT THE REENUMERATION SECTION IN SKIP AND WORD FILL SPECIFICATIONS:

**STANDARD RU** - AN RU (OTHER THAN A STUDENT RU) THAT EXISTED IN THE PREVIOUS ROUND. DURING THE INTERVIEW WITH THE STANDARD RU, INFORMATION MAY BE OBTAINED THAT IDENTIFIES A ‘NEW RU’ OR A ‘STUDENT RU’ AND A NEW CASE IS CREATED. SEE DEFINITIONS BELOW.

**NEW RU** - WHEN ONE OR MORE RU MEMBERS ARE IDENTIFIED AS HAVING LEFT THE RU AND FORMED ONE OR MORE NEW RUs, A NEW CASE IS CREATED FOR EACH OF THE NEW RUs WHERE AT LEAST ONE KEY RU MEMBER LIVES. IN THE CURRENT ROUND, THE CASE IS CLASSIFIED AS A ‘NEW RU’ UNLESS IT SATISFIES THE CONDITIONS FOR A ‘STUDENT RU’ (SEE DEFINITION BELOW). IN THE NEXT ROUND, THE NEW RU WILL BE RECLASSIFIED AS A ‘STANDARD RU’ SINCE IT EXISTED IN THE PREVIOUS ROUND.


---

**NOTE:** THE NHIS ORIGINAL RUs ARE DETERMINED FROM IN-HOUSE PRE-PROCESSING AND ARE CLASSIFIED AS STANDARD RUs.
NOTE: REFERENCES TO THE RU-MEMBERS-ROSTER AND ‘RU MEMBERS’ IN THESE SPECIFICATIONS INDICATE THE ROSTER IN ITS CURRENT STATE; THAT IS, INCLUDING ALL ADDITIONS TO AND DELETIONS FROM THE ROSTER THAT OCCUR UP TO THE POINT AT WHICH THE REFERENCE IS MADE.


IN ALL ROUNDS, FOR A CASE THAT HAS HAD A BREAKOFF, THE ROSTER INCLUDES PERSONS ELIGIBLE OR INSTITUTIONALIZED AT THE END OF RE. FOR A SPLIT RU, THE ROSTER INCLUDES RU MEMBERS WHO SPLIT FROM THE ORIGINAL RU.
YOU HAVE SELECTED THE {STUDENT RU} CASE FOR {FULL NAME OF REFERENCE PERSON}. THE RU MEMBERS ARE LISTED BELOW.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],LastName-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

HAVE YOU SELECTED THE CORRECT CASE?

YES .................................... 1
NO ..................................... 2

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER.

DISPLAY ‘STUDENT RU’ IF STUDENT RU. OTHERWISE, USE NULL DISPLAY.
FOR '{FULL NAME OF REFERENCE PERSON}’ DISPLAY THE FULL NAME OF PREVIOUS ROUND REFERENCE PERSON IF STANDARD RU OR STUDENT RU. DISPLAY FULL NAME OF OLDEST PERSON IN RU, IF NEW RU.

IF CODED ‘2’ (NO), DISPLAY THE FOLLOWING MESSAGE: 'PRESS ENTER TO RETURN TO 'ENTER ID' SCREEN.'

OTHERWISE (CORRECT CASE SELECTED), CONTINUE WITH RE02
{INTERVIEWER: READ INTRODUCTION JOB AID BEFORE CODING.}

IS RESPONDENT ...

RU MEMBER OR ......................... 1
PROXY APPROVED BY SUPERVISOR? ........ 2

[Code One]

PRESS F1 FOR RESPONDENT RULES.

| IF ROUND 1 AND CODED '1' (RU MEMBER) AND STANDARD RU, GO TO RE05 |
| IF ROUND 1 AND CODED '1' (RU MEMBER) AND NEW RU, GO TO RE05A |
| IF ROUND 1 AND CODED '1' (RU MEMBER) AND STUDENT RU, GO TO RE05B |
| IF NOT ROUND 1 AND CODED '1' (RU MEMBER) AND STUDENT RU, GO TO RE06 AND SELECT STUDENT AUTOMATICALLY BY CAPI, THEN GO TO RE09 |
| IF NOT ROUND 1 AND CODED '1' (RU MEMBER) AND STANDARD OR NEW RU, GO TO RE06 |
| OTHERWISE (PROXY APPROVED BY SUPERVISOR), CONTINUE WITH RE03 |
RE03
====

INTERVIEWER: SINCE THIS IS AN INTERVIEW WITH A PROXY, PLEASE EXPLAIN THE REASON(S) AN RU MEMBER CANNOT BE THE RESPONDENT.

[Enter Text]

<table>
<thead>
<tr>
<th>IF ROUND 1 AND STANDARD RU, GO TO RE05</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF ROUND 1 AND NEW RU, GO TO RE05A</td>
</tr>
<tr>
<td>IF ROUND 1 AND STUDENT RU, GO TO RE05B</td>
</tr>
<tr>
<td>OTHERWISE (NOT ROUND 1), GO TO RE07</td>
</tr>
</tbody>
</table>

LOOP_01 OMITTED.

RE04 OMITTED.

END_LP01 OMITTED.

BOX_02 OMITTED.
(As I mentioned earlier,) my records show that (PERSON)’s household took part in the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW} and, at that time, the Census Bureau interviewer mentioned that (PERSON)’s family might be contacted again for another health related survey.

IF NEEDED, READ ALL OR PART OF THE FOLLOWING:

This survey, the Medical Expenditure Panel Survey, is also for the U.S. Public Health Service [specifically, the Agency for Health Care Policy and Research and the National Center for Health Statistics]. The information you provide will be kept completely confidential and private as required by law.

PRESS ENTER TO CONTINUE.

<table>
<thead>
<tr>
<th>NOTE: IN ROUND 1, THE NAME IN THE CONTEXT HEADER IS THE FULL NAME OF THE NHIS REFERENCE PERSON.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF RE02 CODED ‘1’ (RU MEMBER), GO TO RE06</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF RE02 CODED ‘2’ (PROXY APPROVED BY SUPERVISOR), GO TO RE08</th>
</tr>
</thead>
</table>
{REFERENCE PERSON’S FIRST MIDDLE AND LAST NAME}

(As I mentioned earlier,) my records show that (PERSON) (were/was) a member of a household that took part in the National Health Interview Survey in (MONTH, DAY, YEAR OF NHIS INTERVIEW) and, at that time, the Census Bureau interviewer mentioned that members of that household might be contacted again for another health related survey. Since (PERSON) (are/is) no longer living with that household, we will interview this new household separately.

IF NEEDED, READ ALL OR PART OF THE FOLLOWING:

This survey, the Medical Expenditure Panel Survey, is also for the U.S. Public Health Service [specifically, the Agency for Health Care Policy and Research and the National Center for Health Statistics]. The information you provide will be kept completely confidential and private as required by law.

PRESS ENTER TO CONTINUE.

--------------------------------------------------------------------------
| NOTE: THE NAME OF THE REFERENCE PERSON DISPLAYED |                      |
| IN THE CONTEXT HEADER IS THE FULL NAME OF THE    | OLDEST RU MEMBER.    |
|                                                 |--------------------------------------------------------------------------

---------------------------------------------------
| IF RE02 CODED ‘1’ (RU MEMBER), GO TO RE06        |
---------------------------------------------------

---------------------------------------------------
| IF RE02 CODED ‘2’ (PROXY APPROVED BY SUPERVISOR), |
| GO TO RE08                                        |
---------------------------------------------------
(As I mentioned earlier,) my records show that (PERSON) (were/was) a member of a household that took part in the National Health Interview Survey in (MONTH, DAY, YEAR OF NHIS INTERVIEW) and, at that time, the Census Bureau interviewer mentioned that members of that household might be contacted again for another health related survey. Since (PERSON) (are/is) now a student and no longer living with that household, we will interview (PERSON) separately.

IF NEEDED, READ ALL OR PART OF THE FOLLOWING:

This survey, the Medical Expenditure Panel Survey, is also for the U.S. Public Health Service [specifically, the Agency for Health Care Policy and Research and the National Center for Health Statistics]. The information you provide will be kept completely confidential and private as required by law.

PRESS ENTER TO CONTINUE.

-----------------------------
| NOTE: THE NAME OF THE REFERENCE PERSON DISPLAYED |  |
| IN THE CONTEXT HEADER IS THE FULL NAME OF THE STUDENT. |  |
-----------------------------

-----------------------------
| IF RE02 CODED ‘1’ (RU MEMBER), SELECT STUDENT AT |  |
| RE06 AUTOMATICALLY BY CAPI, THEN GO TO RE09 |  |
-----------------------------

-----------------------------
| IF RE02 CODED ‘2’ (PROXY APPROVED BY SUPERVISOR), |  |
| GO TO RE08 |  |
-----------------------------
SELECT THE RESPONDENT.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBERS</th>
<th>RE06_02. RUID</th>
<th>RE06_03. GENDER</th>
<th>RE06_04. AGE</th>
<th>RE06_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

PRESS F1 FOR RESPONDENT RULES.

-----------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE DU- |
| MEMBERS-ROSTER.                             |
-----------------------------------------------

-----------------------------------------------
| DISPLAY 'NEW RU MEMBER NOT YET LISTED' AS THE |
| LAST ENTRY ON THIS ROSTER.                  |
-----------------------------------------------
<table>
<thead>
<tr>
<th><strong>MATRIX BEHAVIOR SPECIFICATIONS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.</td>
</tr>
<tr>
<td>2. THE MATRIX COLUMNS ARE DISPLAY-ONLY. THAT IS, NO CHANGES ARE ALLOWED TO THE INFORMATION.</td>
</tr>
<tr>
<td>3. THE ‘INTERVIEW COMPLETED THIS ROUND’ COLUMN DISPLAYS AN ‘X’ FOR EACH PERSON WHO HAS ALREADY BEEN INTERVIEWED THIS ROUND IN THE STANDARD RU OR ANOTHER RU IN THIS DU.</td>
</tr>
<tr>
<td>4. IF PERSON WITH AN ‘X’ IN ‘INTERVIEW COMPLETED THIS ROUND’ COLUMN IS SELECTED, DISPLAY MESSAGE: 'PERSON CANNOT BE SELECTED. HAS ALREADY BEEN INTERVIEWED WITH ANOTHER RU.'</td>
</tr>
<tr>
<td>5. IF AN RU MEMBER UNDER 18 IS SELECTED AS THE RESPONDENT, DISPLAY MESSAGE ‘RESPONDENT &lt; 18. S/HE MUST BE APPROVED BY SUPERVISOR. RESELECT TO VERIFY.’</td>
</tr>
<tr>
<td>6. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER RU, DISPLAY THE MESSAGE: ‘PERSON IS MEMBER OF ANOTHER RU. VERIFY THAT PERSON JOINED OR CORRECT SELECTION.’</td>
</tr>
</tbody>
</table>

_________________________________________________________________________________

IF PERSON FROM ANOTHER RU IS SELECTED AND VERIFIED AS THE RESPONDENT, ADD PERSON TO RU-MEMBERS-ROSTER.

_________________________________________________________________________________

IF 'NEW RU MEMBER NOT YET LISTED' IS SELECTED, CONTINUE WITH RE08.

_________________________________________________________________________________

OTHERWISE (PERSON SELECTED AS RESPONDENT WAS ALREADY IN DU IN THE PREVIOUS ROUND), GO TO RE09.

BOX_03 OMITTED.

======
SELECT PROXY.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65] .........................
[2. First Name,[Middle Name],Last Name-65] .........................
[3. First Name,[Middle Name],Last Name-65] .........................

[Code One]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE PERSONS IN THE PERSONS-ROSTER (RU-LEVEL) THAT MEET THE FOLLOWING CONDITION:
- PERSON WAS PROXY IN PREVIOUS ROUND

DISPLAY 'NEW PROXY APPROVED BY SUPERVISOR' AS THE LAST ENTRY ON THIS ROSTER.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A PERSON(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD NOT BE ABLE TO EDIT ANY OF THE NAMES.
3. INTERVIEWER SHOULD NOT BE ABLE TO ADD NEW PERSONS.
4. INTERVIEWER SHOULD NOT BE ABLE TO DELETE ANY PERSONS.

IF 'NEW PROXY APPROVED BY SUPERVISOR' IS SELECTED, CONTINUE WITH RE08

OTHERWISE, GO TO RE09

3-11
RE08
====

ENTER NAME OF {RU MEMBER/PROXY} RESPONDENT.

May I have your full name?

VERIFY SPELLING.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

[Enter First Name,[Middle Name],Last Name-65] ......

----------------------------------------------------
| REFUSED AND DON’T KNOW DISALLOWED AT ALL FIELDS. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'RU MEMBER' IF RE02 CODED ‘1’ (RU MEMBER).|
| DISPLAY 'PROXY' IF RE02 CODED ‘2’ (PROXY APPROVED |
| BY SUPERVISOR).                                   |
----------------------------------------------------

----------------------------------------------------
| IF 'NEW RU MEMBER NOT YET LISTED' SELECTED AT |
| RE06, ADD PERSON ENTERED AT RE08 TO |
| RU-MEMBERS-ROSTER |
| AND |
| FLAG PERSON AS 'RU MEMBER ADDED AT RE08'.      |
----------------------------------------------------

----------------------------------------------------
| IF 'NEW PROXY APPROVED BY SUPERVISOR' CODED AT |
| RE07, ADD PERSON ENTERED AT RE08 TO PERSONS-ROSTER| |
| AND |
| FLAG PERSON AS 'PROXY ADDED AT RE08'.          |
----------------------------------------------------
RE09
====

VERIFY LOCATING ADDRESS BELOW WITH RESPONDENT.

STREET ADDRESS1:  {RU'S MOST RECENT ST. ADDRESS1..}
STREET ADDRESS2:  {RU'S MOST RECENT ST. ADDRESS2..}
CITY:  {RU'S MOST RECENT CITY....}
STATE:  {ST}
ZIP CODE:  {ZIP CODE..}

CORRECT ADDRESS ......................... 1 (RE10A)
SAME ADDRESS - MINOR CORRECTIONS ....... 2
NEW ADDRESS ............................ 3

[Code One]

PRESS F1 FOR DEFINITION OF LOCATING ADDRESS.

RE10
====

MAKE CORRECTIONS TO LOCATING ADDRESS BELOW.
IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

Current Info:  [STREET ADDRESS1]
               [STREET ADDRESS2]
               [CITY]
               [STATE]
               [ZIP CODE]

STREET ADDRESS1 (RE10_01):  [_____________]
STREET ADDRESS2 (RE10_02):  [_____________]
CITY (RE10_03):  [_____________]
STATE (RE10_04):  [_____________]
ZIP CODE (RE10_05):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
|  REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS.  |
----------------------------------------------------
RE10A

 RECORD THE NAME OF THE COUNTY WHERE THIS RU IS LOCATED.

[Enter County Name -25] ............................

------------------------------------------------------
| NOTE:  RE10A NOT ASKED IN ROUND 1 OR ROUND 2.       |
------------------------------------------------------

RE11

 VERIFY TELEPHONE NUMBER BELOW WITH RESPONDENT.

IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

IF NO TELEPHONE, ENTER ‘000’.

Current Info: [TELEPHONE NUMBER]

  TELEPHONE NUMBER:  [                     ]
  REF ................................. -7
  DK .................................. -8

------------------------------------------------------
| IF CURRENT INFO IS NOT AVAILABLE, ENTRY IS REQUIRED |
| FOR TELEPHONE NUMBER. (REFUSED AND DON’T KNOW ARE |
| ALLOWED AT ALL FIELDS.)                             |
------------------------------------------------------

------------------------------------------------------
| IF ROUND 1 AND STANDARD SINGLE-PERSON RU OR NEW     |
| SINGLE-PERSON RU (THAT IS, ANY NON-STUDENT          |
| SINGLE-PERSON RU),                                 |
| AND                                               |
| RE02 CODED ‘1’ (RESPONDENT IS AN RU MEMBER),       |
| GO TO RE47                                        |

------------------------------------------------------

3-14
| IF ROUND 1 AND STANDARD SINGLE-PERSON RU OR NEW | SINGLE-PERSON RU (THAT IS, ANY NON-STUDENT | SINGLE-PERSON RU) | AND | RE02 CODED '2’ (RESPONDENT IS A PROXY APPROVED BY | SUPERVISOR), GO TO RE20 |
|----------------------------------------------------|

| IF ROUND 1 AND MULTI-PERSON RU (WHETHER STANDARD | OR NEW), GO TO RE20 |
|----------------------------------------------------|

<table>
<thead>
<tr>
<th>IF NOT ROUND 1 AND NOT A STUDENT RU, GO TO BOX_09</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF STUDENT RU, CONTINUE WITH RE11A</th>
</tr>
</thead>
</table>

**RE11A**

{PERSON’S FIRST MIDDLE AND LAST NAME}

My records show that (PERSON) (are/is) a student at post-secondary school. (Are/Is) (PERSON) attending school full-time or part-time?

- PART-TIME ......................... 1
- FULL-TIME .......................... 2
- NOT ATTENDING SCHOOL ............. 3
- REF ............................... -7
- DK ................................. -8

**BOX_03A**

{PERSON’S FIRST MIDDLE AND LAST NAME}

My records show that (PERSON) (are/is) a student at post-secondary school. (Are/Is) (PERSON) attending school full-time or part-time?

- PART-TIME ......................... 1
- FULL-TIME .......................... 2
- NOT ATTENDING SCHOOL ............. 3
- REF ............................... -7
- DK ................................. -8

| IF STUDENT RU NOT CREATED IN CURRENT ROUND AND | RE11A CODED ‘3’ (NOT ATTENDING SCHOOL), CONTINUE | WITH BOX_03B |
|----------------------------------------------------|

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO RE12</th>
</tr>
</thead>
</table>
VERIFY INFORMATION WITH RESPONDENT. CORRECT IF NECESSARY.

GENDER: 1 = MALE, 2 = FEMALE

**IF AGE IS INCORRECT AND DATE OF BIRTH KNOWN, RE-ENTER DATE OF BIRTH.**

**IF AGE IS INCORRECT AND DATE OF BIRTH NOT KNOWN, PROBE FOR AGE AND ENTER IF KNOWN.**

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.
**MATRIX BEHAVIOR SPECIFICATIONS:**

1. ALLOW INTERVIEWER TO USE LEFT AND RIGHT ARROW KEYS TO MOVE CURSOR AMONG CELLS.
2. ALLOW INTERVIEWERS TO CORRECT GENDER, DATE OF BIRTH, AND AGE (WHEN AGE NOT CALCULATED BY CAPI). THE NAME CANNOT BE EDITED.
3. INTERVIEWERS SHOULD NOT BE ALLOWED TO CHANGE ‘REAL’ DATA TO ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW). IF INTERVIEWER TRIES TO DO SO, DISPLAY MESSAGE ‘DO NOT REPLACE EXISTING INFORMATION WITH REFUSED OR DON’T KNOW.’
4. IF DATE OF BIRTH IS CHANGED, CALCULATE AGE AUTOMATICALLY BY CAPI USING NEW DATE OF BIRTH AND DISPLAY CALCULATED AGE IN AGE COLUMN.

---

**NOTE:** BECAUSE THIS IS A STUDENT RU, THERE IS ONLY ONE RU MEMBER AND ONLY ONE ROW IN THE MATRIX.

---

**BOX_04**

---

IF STUDENT RU NOT CREATED THIS ROUND AND AGE > 23, CONTINUE WITH BOX_05

---

OTHERWISE, GO TO RE13

---

**BOX_05**

---

**RU CLASSIFICATION CHANGE:** CHANGE RU CLASSIFICATION FROM STUDENT RU TO STANDARD RU SINCE STUDENT IS OUTSIDE OF DESIGNATED STUDENT RU AGE RANGE.

---

GO TO RE47

---

3-17
RE13
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

My records show that (PERSON) (have/has) never been married. Is that correct?

YES ............................................. 1 [RE14]
NO ................................................ 2
REF ............................................... -7 [RE14]
DK ............................................... -8 [RE14]

RE13OV
=====

(Are/Is) (PERSON) now married, widowed, divorced, or separated?

MARRIED ........................................... 1
WIDOWED .......................................... 2
DIVORCED .......................................... 3
SEPARATED .......................................... 4
REF ............................................... -7
DK ............................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

BOX_06
=====

----------------------------------------------
|
| RU CLASSIFICATION CHANGE: CHANGE RU |
| CLASSIFICATION FROM STUDENT RU TO STANDARD RU |
| SINCE STUDENT’S MARITAL STATUS IS NO LONGER |
| ‘NEVER MARRIED’. |
----------------------------------------------

----------------------------------------------
|
| GO TO RE47 |
----------------------------------------------
RE14
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

(Are/Is) (PERSON) on full-time active duty with the Armed Forces of the United States?

YES .................................... 1
NO ..................................... 2 {RE18}
REF ................................... -7 {RE18}
DK .................................... -8 {RE18}

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

RE15
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) enter full-time active duty service in the Armed Forces?

[Enter Month, Day, Year-2] ............
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

-------------
| REMOVE PERSON FROM THE RU-MEMBERS-ROSTER AND FLAG |
| PERSON AS REMOVED AT RE15. PERSON IS INELIGIBLE |
| FOR DATA COLLECTION IN THIS ROUND. |
-------------

BOX_07 OMITTED.
At this time, we are only collecting information about persons who are not on full-time active duty with the Armed Forces of the United States. Therefore, that is all the information we need.

PRESS ENTER TO CONTINUE.

Thank you for your participation in this important study.

PRESS ENTER TO CONTINUE.

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON ................................ 1
TELEPHONE ................................ 2

(Code One)

| GO TO BOX_27 |
RE18
====

(Person’s First Middle and Last Name)

(Have/Has) (Person) ever served on active duty in the Armed Forces of the United States?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

----------------------------------------------------
| GO TO BOX_27                                      |
----------------------------------------------------

BOX_08
=====

----------------------------------------------------
| IF ROUND 1, GO TO RE20                            |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (NOT ROUND 1), CONTINUE WITH BOX_09     |
----------------------------------------------------

BOX_09
=====

----------------------------------------------------
| IF ON DATE OF PREVIOUS ROUND INTERVIEW AT LEAST   |
| ONE KEY RU MEMBER WAS CODED AS INSTITUTIONALIZED  |
| IN A HEALTH CARE FACILITY (RE36 = 1 OR 2 -OR-     |
| RE19 = 1), CONTINUE WITH LOOP_02                  |
----------------------------------------------------

----------------------------------------------------
| IF STANDARD SINGLE-PERSON RU OR NEW SINGLE-PERSON |
| RU (THAT IS, ANY NON-STUDENT SINGLE-PERSON RU),   |
| AND RE02 CODED ‘1’ (RESPONDENT IS AN RU MEMBER),  |
| GO TO RE47                                        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO RE20                             |
----------------------------------------------------

3-21
LOOP_02
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| BOX_09A-END_LP02                                |

LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION TO DETERMINE THE LOCATION AND ELIGIBILITY OF KEY RU MEMBERS WERE INSTITUTIONALIZED AT A HEALTH CARE FACILITY ON THE DATE OF THE PREVIOUS ROUND INTERVIEW. THIS LOOP CYCLES ON RU MEMBERS WHO MEET ALL OF THE FOLLOWING CONDITIONS:
- PERSON IS KEY
- PERSON WAS INSTITUTIONALIZED AT A HEALTH CARE FACILITY ON THE DATE OF THE PREVIOUS ROUND INTERVIEW (RE36 = 1 OR 2 -OR- RE19 = 1).

BOX_09A
=======

| IF PERSON BEING ASKED ABOUT IS AN RU MEMBER |
| RESPONDENT (RE02 = 1), CODE ‘NO’ AT RE19    |
| AUTOMATICALLY BY CAPI, THEN CONTINUE WITH   |
| BOX_09B                                    |

| OTHERWISE, CONTINUE WITH RE19               |
My records indicate that {PERSON} was institutionalized in a health care facility at the time of the last interview. Is {PERSON} still institutionalized in a health care facility?

YES ........................................ 1 {END_LP02}
NO ........................................... 2
REF ......................................... -7 {END_LP02}
DK ........................................... -8 {END_LP02}

PRESS F1 FOR DEFINITION OF INSTITUTIONALIZED IN A HEALTH CARE FACILITY.

---

IF PERSON BEING ASKED ABOUT IS AN RU MEMBER, CODE 'LIVING WITH THIS FAMILY' AT RE19A AUTOMATICALLY BY CAPI, THEN CONTINUE WITH RE19B

---

OTHERWISE, CONTINUE WITH RE19A

---
RE19A

{PERSON'S FIRST MIDDLE AND LAST NAME}

IF RESPONDENT VOLUNTEERS THAT PERSON IS DECEASED, CODE '3' WITHOUT ASKING.

Is (PERSON) now living here with this family, or does (PERSON) have a usual place of residence somewhere else?

LIVING WITH THIS FAMILY .................. 1
USUAL PLACE OF RESIDENCE
  SOMEWHERE ELSE .......................... 2 {RE19D}
  DECEASED ................................. 3 {RE19C}
  REF .................................... -7 {RE19D}
  DK ..................................... -8 {RE19D}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

------------------------------------------------------------------------
| IF CODED '1' (LIVING WITH THIS FAMILY), FLAG PERSON WITH THE NUMBER OF THE ROUND PERSON |
| REJOINED RU, THEN CONTINUE WITH RE19B                                 |
------------------------------------------------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-2]
REF .................................. -7
DK ................................... -8

PRESS F1 FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.

----------------------------------------------------
| NOTE: THE DATE ENTERED HERE DETERMINES THE START |
| OF THE REFERENCE PERIOD FOR THIS PERSON.          |
----------------------------------------------------

On what date did (PERSON) return to live with this family?

[Enter Month Day Year-2]
REF .................................. -7
DK ................................... -8

----------------------------------------------------
| GO TO END_LP02                                   |
----------------------------------------------------
RE19C
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-2]

REF .................................  -7
DK .................................  -8

PRESS F1 FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.

----------------------------------------------------
|  NOTE: THE DATE ENTERED HERE DETERMINES THE START  |
| OF THE REFERENCE PERIOD FOR THIS PERSON.            |
----------------------------------------------------

RE19COV
=====

On what date did (PERSON) die?

[Enter Month Day Year-2]

REF .................................  -7
DK .................................  -8

----------------------------------------------------
|  GO TO END_LP02                                    |
----------------------------------------------------

RE19D
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-2]

REF .................................  -7
DK .................................  -8

PRESS F1 FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.

----------------------------------------------------
|  NOTE: THE DATE ENTERED HERE DETERMINES THE START  |
| OF THE REFERENCE PERIOD FOR THIS PERSON.            |
----------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)

Where is (PERSON) now?

INSTITUTIONALIZED IN A HEALTH CARE FACILITY ............................ 1
INSTITUTIONALIZED IN A NON-HEALTH CARE FACILITY .......................... 2 {RE19I}
STUDENT UNDER 24 LIVING AWAY AT SCHOOL IN GRADES 1-12 ................. 3 {RE19I}
STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL ............... 4 {RE19F}
ANOTHER HOUSEHOLD - CURRENTLY NOT FULL-TIME MILITARY ............... 5 {RE19F}
ANOTHER HOUSEHOLD/MILITARY FACILITY - CURRENTLY FULL-TIME MILITARY . 6 {RE19H}
REF ........................................ -7 {RE19F}
DK ........................................... -8 {RE19F}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| DISALLOW FINAL ENTRY OF CODE '1' | (INSTITUTIONALIZED IN HEALTH CARE FACILITY). IF |
| INTERVIEWER ENTERS CODE '1', DISPLAY THE FOLLOWING MESSAGE 'VERIFY FACILITY TYPE. IF HEALTH CARE |
| FACILITY USE CTRL/J TO CORRECT RE19 TO YES.' | |
{PERSON'S FIRST MIDDLE AND LAST NAME}

Is (PERSON) living within the U.S. or outside the U.S.?

WITHIN U.S. .......................... 1
OUTSIDE U.S. .......................... 2
REF ................................. -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

| IF PERSON CODED ‘3’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL, CONTINUE WITH RE19G |
| OTHERWISE, GO TO RE19I |
{PERSON'S FIRST MIDDLE AND LAST NAME}

(Are/Is) (PERSON) attending ...

grades 1-12, .......................... 1
a college or university, or .......... 2
some other training school after high
school? ................................. 3
REF .................................... -7
DK ....................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---------------------------------------------------------------------------------
| DISALLOW FINAL ENTRY OF CODE '1' (GRADES 1-12). |
| IF INTERVIEWER TRIES TO ENTERS CODE '1', DISPLAY |
| THE FOLLOWING MESSAGE: 'USE CTRL/J TO CORRECT |
| RE19E TO STUDENT < 24 LIVING AWAY AT SCHOOL |
| GRADES 1-12).' |
---------------------------------------------------------------------------------

---------------------------------------------------------------------------------
| GO TO RE19I |
---------------------------------------------------------------------------------
RE19H
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is (PERSON) living in another household or in a military facility?

ANOTHER HOUSEHOLD .................. 1
MILITARY FACILITY .................. 2
REF ................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE19HOV
=====

Is (PERSON) living within the U.S. or outside the U.S.?

WITHIN U.S. .......................... 1
OUTSIDE U.S. .......................... 2
REF ................................. -7
DK ................................. -8
RE19I

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) {enter the non-health care facility/start living away at school/start living in another household/start living at a military facility/leave the United States}?

[Enter Month, Day, Year-2] ............
REF ................................... -7
DK .................................... -8

DISPLAY 'enter the non-health care facility' IF RE19E CODED '2' (INSTITUTIONALIZED IN NON-HEALTH CARE FACILITY).

DISPLAY 'start living away at school' IF RE19E CODED '3' (STUDENT UNDER 24 LIVING AWAY AT SCHOOL IN GRADES 1-12) OR IF RE19E CODED '4' (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) AND RE19F CODED '1' (WITHIN U.S.), '-7' (REF), OR '-8' (DK).

DISPLAY 'start living in another household' IF RE19E CODED '5' (ANOTHER HOUSEHOLD - CURRENTLY NOT FULL-TIME MILITARY) AND RE19F CODED '1' (WITHIN U.S.), '-7' (REF), OR '-8' (DK) OR IF RE19E CODED '6' (ANOTHER HOUSEHOLD/MILITARY FACILITY - CURRENTLY FULL-TIME MILITARY) AND RE19F CODED '1' (ANOTHER HOUSEHOLD), '-7' (REF), OR '-8' (DK) AND RE19HOV CODED '1' (WITHIN U.S.), '-7' (REF), OR '-8' (DK).

DISPLAY 'start living at a military facility' IF RE19E CODED '6' (ANOTHER HOUSEHOLD/MILITARY FACILITY - CURRENTLY FULL-TIME MILITARY) AND RE19F CODED '2' (MILITARY FACILITY) AND RE19HOV CODED '1' (WITHIN U.S.), '-7' (REF), OR '-8' (DK).

{INTERVIEWER: IF ALL RU MEMBERS DEAD OR INSTITUTIONALIZED, CODE NO WITHOUT ASKING.}

Before we begin the health interview, I'd like to ask some questions about this household. My records indicate that {on {DATE OF PREVIOUS ROUND INTERVIEW},} the people listed on the top of this form (HAND HOUSEHOLD SUMMARY) {were/are} living together as a family. Do (READ NAMES BELOW) still live together as a family?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

| DISPLAY INTERVIEWER INSTRUCTION IF RESPONDENT IS A PROXY. OTHERWISE, USE NULL DISPLAY. |
DISPLAY 'on {DATE OF PREVIOUS ROUND INTERVIEW}'
IF STANDARD RU. OTHERWISE, USE NULL DISPLAY.

FOR '{DATE OF PREVIOUS ROUND INTERVIEW}', DISPLAY
DATE OF NHIS INTERVIEW IF ROUND 1. OTHERWISE,
DISPLAY DATE OF PREVIOUS ROUND MEPS INTERVIEW.

DISPLAY 'were' IF STANDARD RU. OTHERWISE,
DISPLAY 'are'.

ROSTER DEFINITION:
IF ROUND 1, THIS ITEM USES THE RU-MEMBERS-ROSTER
TO DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING
CONDITION:
- PERSON NOT ADDED TO RU-MEMBERS-ROSTER
  THIS ROUND

IF NOT ROUND 1, THIS ITEM USES THE
RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO
MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON NOT ADDED TO RU-MEMBERS-ROSTER THIS
  ROUND
- PERSON NOT INSTITUTIONALIZED ON DATE OF
  PREVIOUS ROUND INTERVIEW

IF RE20 CODED '1' (YES), '-7' (REFUSED), OR '-8'
(DON'T KNOW), CODE RE21_02 AS '1' (IN RU) FOR ALL
RU MEMBERS AUTOMATICALLY BY CAPI, AND GO TO RE42

OTHERWISE (RE20 CODED '2' (NO)), CONTINUE WITH
RE21

BOX_10 OMITTED.

BOX_11 OMITTED.
Who is not living here with the family?

CHANGE RU STATUS AS NECESSARY. 1 = IN RU, 2 = LEFT RU, 3 = INCORRECTLY LISTED IN RU DURING {NHIS/PREVIOUS ROUND}

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE21 02. RU STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Enter RU Status]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Enter RU Status]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Enter RU Status]</td>
</tr>
</tbody>
</table>

PRESS F1 FOR HH MEMBERSHIP RULES.

<table>
<thead>
<tr>
<th>REFUSED AND DON’T KNOW DISALLOWED.</th>
</tr>
</thead>
</table>

| DISPLAY ‘NHIS’ IF ROUND 1. OTHERWISE, DISPLAY |
| ‘PREVIOUS ROUND’. |

| ROSTER DEFINITION: THIS ITEM USES THE |
| RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO |
| MEET THE FOLLOWING CONDITION: |
| - PERSON NOT ADDED TO RU-MEMBERS-ROSTER |
| THIS ROUND |

3-34
MEPS FAMES Panel 1 Round 3 Reenumeration (RE) Section Subsection A
January 31, 1997

----------------------------------------------------
| MATRIX BEHAVIOR SPECIFICATIONS:                  |
| 1. DISPLAY CODE ‘1’ (IN RU) AT RE21_02 FOR EACH   |
| RU MEMBER.                                       |
| 2. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS. |
| 3. RU MEMBERS COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO RU MEMBERS AT THIS SCREEN. |
| 4. INTERVIEWERS SHOULD NOT BE ALLOWED TO LEAVE SCREEN IF ALL PERSONS CODED ‘1’ (IN RU) AT RE21_02. IF THE INTERVIEWER ATTEMPTS TO LEAVE SCREEN WITH RE21_02 CODED ‘1’ FOR ALL RU MEMBERS, DISPLAY THE MESSAGE: 'IF EVERYONE IS STILL IN RU, USE CTRL/B TO CORRECT PREVIOUS SCREEN.' |

----------------------------------------------------
| IF PERSON IS CODED '3' (INCORRECTLY LISTED IN RU DURING {NHIS/PREVIOUS INTERVIEW}) AT RE21_02, REMOVE PERSON FROM RU-MEMBERS-ROSTER AND IF ROUND 1, FLAG PERSON AS ‘NOT IN RU - INCORRECTLY LISTED IN RU DURING NHIS.’ OTHERWISE FLAG AS ‘NOT IN RU - INCORRECTLY LISTED IN RU DURING PREVIOUS INTERVIEW.’ PERSON IS INELIGIBLE AND OUT-OF-SCOPE. NO FURTHER INFORMATION WILL BE COLLECTED FOR PERSON. |

----------------------------------------------------
| IF RE21_02 CODED '2' (LEFT RU) FOR AT LEAST ONE RU MEMBER, CONTINUE WITH LOOP_04 |

----------------------------------------------------
| OTHERWISE (NO RU MEMBER CODED ‘2’ (LEFT RU) AND AT LEAST ONE RU MEMBER CODED ‘3’ (INCORRECTLY LISTED IN RU DURING NHIS)), GO TO BOX_22 |

3-35
BOX_11A OMITTED.

BOX_12 OMITTED.

RE22 OMITTED.

RE23 OMITTED.

BOX_13 OMITTED.

LOOP_02 USED ELSEWHERE.

RE24 OMITTED.

RE25 OMITTED.

END_LP02 USED ELSEWHERE.

BOX_14 OMITTED.

RE26 OMITTED.

RE27 OMITTED.

BOX_15 OMITTED.

RE28 OMITTED.

RE29 OMITTED.

BOX_16 OMITTED.

RE30 OMITTED.
RE31 OMITTED.
====
BOX_17 OMITTED.
=====
LOOP_03 OMITTED.
=====
RE32 OMITTED.
====
RE33 OMITTED.
====
BOX_18 OMITTED.
=====
RE34 OMITTED.
====
END_LP03 OMITTED.
=====
BOX_19 OMITTED.
====

LOOP_04
=====

----------------------------------------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| RE35-END_LP04 |
----------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------
| LOOP DEFINITION: LOOP_04 DETERMINES THE LOCATION |
| OF RU MEMBERS WHO HAVE LEFT THE RU AND THE DATE |
| SUCH PERSONS LEFT. THIS INFORMATION IS USED TO |
| DETERMINE WHETHER SUCH PERSONS ARE ELIGIBLE FOR |
| THIS INTERVIEW (THAT IS, REMAIN ON THE RU-MEMBERS- |
| ROSTER) AND TO DEFINE THE REFERENCE PERIOD, IF |
| ANY, FOR SUCH PERSONS. THIS LOOP CYCLES ON RU |
| MEMBERS WHO MEET THE FOLLOWING CONDITION: |
| - PERSON LEFT RU (RE21_02 CODED ‘2’) |
----------------------------------------------------------------------------------------

3-37
RE35
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Why (are/is) (PERSON) no longer living here with this family?

DECEASED ................................ 1 {RE41}
INSTITUTIONALIZED ....................... 2
STUDENT UNDER 24 LIVING AWAY AT SCHOOL
   IN GRADES 1-12 ......................... 3 {RE41}
STUDENT UNDER 24 LIVING AWAY AT
   POST-SECONDARY SCHOOL .............. 4 {RE37}
MOVED - CURRENTLY NOT IN MILITARY .... 5 {RE37}
MOVED - CURRENTLY ON FULL-TIME ACTIVE
   DUTY IN ARMED FORCES ............... 6 {RE38}
REF ...................................... -7 {RE41}
DK ....................................... -8 {RE41}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE36
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

What type of institution is (PERSON) living in now?

NURSING HOME .............................. 1 {RE40}
OTHER LONG-TERM HEALTH CARE
   INSTITUTION (EXCLUDE COMMUNITY
   BASED HOSPITAL) ....................... 2 {RE40}
OTHER NON-HEALTH CARE INSTITUTION ... 3 {RE41}
REF ........................................ -7 {RE40}
DK .......................................... -8 {RE40}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
RE37

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is (PERSON) living within the U.S. or outside the U.S.?

WITHIN U.S. .................................. 1 {RE41}
OUTSIDE U.S. .............................. 2 {RE41}
REF .............................. -7 {RE41}
DK .................................. -8 {RE41}

PRESS F1 FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

------------------------------------------------------------------------------------------------------------------------------------------
| IF RE35 CODED '4' (STUDENT AWAY AT POST-SECONDARY SCHOOL) |
| AND |
| RE37 CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW), |
| FLAG PERSON AS A 'NEW STUDENT'. |

------------------------------------------------------------------------------------------------------------------------------------------
| IF RE35 CODED '5' (MOVED - CURRENTLY NOT IN MILITARY) |
| AND |
| RE37 CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW), |
| FLAG PERSON AS A 'NON-MILITARY MOVER IN U.S.' |

------------------------------------------------------------------------------------------------------------------------------------------

3-39
RE38
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is (PERSON) living in another household or in a military facility?

ANOTHER HOUSEHOLD ................... 1
MILITARY FACILITY ................... 2 {RE41}
REF ................................. -7
DK ................................. -8

PRESS P1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE38OV
=====

Is (PERSON) living within the U.S. or outside the U.S.?

WITHIN U.S. ......................... 1 {RE41}
OUTSIDE U.S. ........................ 2 {RE41}
REF ................................. -7 {RE41}
DK ................................. -8 {RE41}

----------------------------------------------------
| IF CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR   |
| '-8' (DON'T KNOW), FLAG PERSON AS 'FULL-TIME     |
| MILITARY IN U.S. AND NOT ON MILITARY FACILITY’    |
----------------------------------------------------

BOX_21 OMITTED.

RE39 OMITTED.
RE40
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the name and address of the nursing home or long term care facility where (PERSON) is living now.

PLACE NAME (RE40_01): [_____________
STREET ADDRESS1 (RE40_02): [_____________
STREET ADDRESS2 (RE40_03): [_____________
    CITY (RE40_04): [_____________
    STATE (RE40_05): [_____________
    ZIP CODE (RE40_06): [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---------------------------------------------------------------------
| CODES '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED ON EACH FORM ITEM. |
---------------------------------------------------------------------
RE41
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) {died/entered the institution/start living away at school/move/leave the United States/leave the household}?

[Enter Month,Day,Year-2] ..............
REF ................................... -7
DK .................................... -8

| DISPLAY 'die' IF RE35 CODED '1' (DECEASED).
| DISPLAY 'enter the institution' IF RE35 CODED '2' (INSTITUTIONALIZED).
| DISPLAY 'start living away at school' IF RE35 CODED '3' (STUDENT UNDER 24 LIVING AWAY AT SCHOOL IN GRADES 1-12) OR '4' (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL).
| DISPLAY 'move' IF RE35 CODED '5' (MOVED - CURRENTLY NOT IN MILITARY) AND RE37 CODED '1' (WITHIN U.S.), '-7' (REF), OR '-8' (DK) OR IF RE35 CODED '6' (MOVED - CURRENTLY FULL-TIME ACTIVE DUTY IN THE ARMED FORCES).
| DISPLAY 'leave the U.S.' IF RE35 CODED '5' (MOVED - CURRENTLY NOT IN MILITARY) AND RE37 CODED '2' (OUTSIDE U.S.).
| DISPLAY 'leave the household' IF RE35 CODED '-7' (REF) OR '-8' (DK).
If date is prior to 01/01/96 and person meets one of the following sets of conditions:

- RE35 coded '1' (deceased), '2' (institutionalized), '-7' (refused), or '-8' (don't know)

or

- (RE35 coded '4' (student under 24 living away at post-secondary school) or '5' (moved - currently not in military)) and RE37 coded '2' (outside U.S.)

or

- RE35 coded '6' (moved - currently on full-time active duty in armed forces) and RE38 coded '2' (military facility)

or

- RE35 coded '6' (moved - currently on full-time active duty in armed forces) and (RE38 coded '1' (another household), '-7' (refused), or '-8' (don't know)) and RE38OV coded '2' (outside U.S.)

Remove person from the RU-members-roster and flag person as removed at RE41. Person is out of scope and ineligible. Information will not be collected for this person.
IF PERSON IS FLAGGED DURING THIS INTERVIEW AS ONE OF THE FOLLOWING:

- "NEW STUDENT" (THAT IS, RE35 CODED '4' (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) AND (RE37 CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW))

OR

- "NON-MILITARY MOVER IN U.S." (THAT IS, RE35 CODED '5' (MOVED - CURRENTLY NOT IN MILITARY) AND (RE37 CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW))

OR

- "FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY" (THAT IS, RE35 CODED '6' (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES) AND (RE38 CODED '2' (ANOTHER HOUSEHOLD), '-7' (REFUSED), OR '-8' (DON'T KNOW)) AND (RE38OV CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW)),

REMOVE PERSON FROM RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED AT RE41. THE RE SECTION WILL COLLECT LOCATING AND OTHER PERTINENT INFORMATION FOR PERSON BUT PERSON WILL NOT BE INCLUDED IN THIS INTERVIEW AFTER THE RE SECTION. INFORMATION FOR PERSON MAY BE COLLECTED AS PART OF ANOTHER RU.
IF DATE IS = OR AFTER 01/01/96 AND PERSON MEETS ONE OF THE FOLLOWING SETS OF CONDITIONS:
- RE35 CODED ‘1’ (DECEASED)
OR
- RE35 CODED ‘2’ (INSTITUTIONALIZED)
OR
- (RE35 CODED ‘4’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) OR ‘5’ (MOVED - CURRENTLY NOT IN MILITARY))
  AND
  RE37 CODED ‘2’ (OUTSIDE U.S.)
OR
- RE35 CODED ‘6’ (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES)
  AND
  RE38 CODED ‘2’ (MILITARY FACILITY)
OR
- RE35 CODED ‘6’ (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES)
  AND
  (RE38 CODED ‘1’ (ANOTHER HOUSEHOLD), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW))
  AND
  RE38OV CODED ‘2’ (OUTSIDE U.S.)
OR
- RE35 CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW)

FLAG PERSON AS ‘REMOVE FROM RU BEFORE NEXT ROUND’. INFORMATION MAY BE COLLECTED FOR PERSON DURING THIS ROUND UP UNTIL THE DATE PERSON LEFT THE RU. (PERSON’S REFERENCE PERIOD WILL END ON DATE PERSON LEFT THE RU.) CAPE DETERMINES WHETHER OR NOT TO INCLUDE PERSON IN THE INTERVIEW BASED ON PERSON’S ELIGIBILITY WHICH IS ASSESSED BEFORE RE85.

END_LP04

-------------

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

-------------

IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_04 AND CONTINUE WITH BOX_22
BOX 22

---

IF ALL RU MEMBERS LEFT THE RU AND ARE NOT ELIGIBLE FOR THE STUDY AS PART OF ANY RU (THEREFORE, LOCATING INFORMATION IS NOT REQUIRED); THAT IS:
- IF THE RU-MEMBERS-ROSTER IS EMPTY
AND
- NO ONE IS FLAGGED AS A ‘NEW STUDENT’ THIS INTERVIEW
AND
- NO ONE IS FLAGGED AS A ‘NON-MILITARY MOVER IN U.S.’ THIS INTERVIEW
AND
- NO ONE IS FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’ THIS INTERVIEW,
CONTINUE WITH RE42A

---

IF AT LEAST ONE RU MEMBER IS CURRENTLY LIVING IN THE RU (THAT IS, IF AT LEAST ONE PERSON ON THE CURRENT RU-MEMBERS-ROSTER MEETS ALL OF THE FOLLOWING CONDITIONS:
- NOT DECEASED (RE35 IS NOT CODED ‘1’)
AND
- NOT INSTITUTIONALIZED (RE35 IS NOT CODED ‘2’)
AND
- NOT A STUDENT OR NON-MILITARY MOVER LIVING OUTSIDE THE U.S. (RE37 IS NOT CODED ‘2’)
AND
- NOT ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 IS NOT CODED ‘2’)
AND
- NOT ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE THE U.S. (RE38OV IS NOT CODED ‘2’)
AND
- NOT LEFT RU FOR UNKNOWN REASON (RE35 IS NOT CODED ‘-7’ OR ‘-8’),
GO TO RE42

---

OTHERWISE (THAT IS, EITHER THE RU-MEMBERS-ROSTER INCLUDES ONLY PERSONS WHO HAVE LEFT THE RU SINCE START DATE OR (THE RU-MEMBERS-ROSTER IS EMPTY AND AT LEAST ONE REMOVED PERSON IN FLAGGED AS ‘NEW STUDENT’ OR ‘NON-MILITARY MOVER IN U.S.’ OR ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’)), GO TO BOX 25A
MEPS FAMES Panel 1 Round 3 Reenumeration (RE) Section Subsection A
January 31, 1997

RE42A
====

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.

RE42B
====

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON ............................. 1
TELEPHONE ............................. 2

(Code One)

| GO TO BOX_27
|-----------------------------------------------|

RE42
====

{At the time this household participated in the National Health Interview Survey in (MONTH, DAY, YEAR OF NHIS INTERVIEW)/At the time of the last interview}, {PREVIOUS ROUND REFERENCE PERSON} was listed as the person who owns or rents this home. Is that still true?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF OWNS/RENTS HOME.
DISPLAY ‘At the time this household participated in the National Health Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}’ IF ROUND 1. OTHERWISE, DISPLAY ‘At the time of the last interview’.

FOR ‘{PREVIOUS ROUND REFERENCE PERSON}’, DISPLAY NHIS REFERENCE PERSON IF ROUND 1. OTHERWISE, DISPLAY PREVIOUS ROUND MEPS REFERENCE PERSON.

IF CODED ‘1’ (YES) AND PREVIOUS ROUND REFERENCE PERSON MEETS ANY OF THE FOLLOWING CONDITIONS:
- DELETED FROM THE RU-MEMBERS-ROSTER THIS ROUND
OR
- DECEASED OR INSTITUTIONALIZED (RE35 CODED ‘1’ OR ‘2’)  
OR
- STUDENT OR NON-MILITARY LIVING OUTSIDE THE U.S. (RE37 CODED ‘2’)  
OR
- CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 CODED ‘2’)  
OR
- CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE U.S. (RE38OV CODED ‘2’)  
OR
- LEFT RU FOR UNKNOWN REASON (RE35 CODED ‘-7’ OR ‘-8’),  
GO TO RE44

IF CODED ‘2’ (NO), CONTINUE WITH RE43

OTHERWISE, GO TO BOX_22AA
Of the people in this family who live here **now**, who owns or rents this home?

*IF NAME GIVEN NOT LISTED, PROBE TO DETERMINE IF NEW RU MEMBER (I.E., RELATED) OR PERSON NOT IN RU.*

**TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.**

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

[Code One]

**PRESS F1 FOR DEFINITION OF OWNS/RENTS HOME.**

---

**ROSTER DEFINITION:** This item uses the RU-MEMBERS-ROSTER to display all RU members who meet both of the following conditions:
- **PERSON = > 16 YEARS OLD OR AGE CATEGORY 4-9**
- **STILL LIVING IN THE RU AT THE DATE OF THE CURRENT INTERVIEW (THAT IS, NOT CODED ANY OF THE FOLLOWING):**
  - DECEASED OR INSTITUTIONALIZED (RE35 CODED ‘1’ OR ‘2’)
  OR
  - STUDENT OR NON-MILITARY LIVING OUTSIDE THE U.S. (RE37 CODED ‘2’)
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 CODED ‘2’)
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE U.S. (RE38OV CODED ‘2’)
  OR
  - LEFT RU FOR UNKNOWN REASON (RE35 CODED ‘-7’ OR ‘-8’)
---

**DISPLAY 'PERSON NOT IN RU' AS THE LAST ENTRY ON THE ROSTER.**

---
RE44

Of all the people in this family who live here now, who is considered the head of household?

To turn check mark on/off, use arrow keys, press enter. To leave, press ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBERS</th>
<th>RE51_02. RUID</th>
<th>RE51_03. GENDER</th>
<th>RE51_04. AGE</th>
<th>RE51_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

[Code One]

Press F1 for definition of head of household.

Roster definition: this item displays the DU-MEMBERS-ROSTER.
DISPLAY 'NEW RU MEMBER NOT YET LISTED' AS LAST ENTRY ON ROSTER.

MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. THE MATRIX COLUMNS ARE DISPLAY-ONLY. THAT IS, NO CHANGES ARE ALLOWED TO THE INFORMATION.
3. THE 'INTERVIEW COMPLETED THIS ROUND' COLUMN DISPLAYS AN 'X' FOR EACH PERSON WHO HAS ALREADY BEEN INTERVIEWED THIS ROUND IN THE STANDARD RU OR ANOTHER RU IN THIS DU.
4. IF PERSON WITH AN 'X' IN 'INTERVIEW COMPLETED THIS ROUND' COLUMN IS SELECTED, DISPLAY MESSAGE: 'PERSON CANNOT BE SELECTED. HAS ALREADY BEEN INTERVIEWED WITH ANOTHER RU.'
5. IF AN RU MEMBER UNDER 16 SELECTED AS HEAD OF HOUSEHOLD, DISPLAY MESSAGE 'RESPONDENT < 16. S/HE MUST BE APPROVED BY SUPERVISOR. RESELECT TO VERIFY.'
6. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER RU, DISPLAY THE MESSAGE: 'PERSON IS MEMBER OF ANOTHER RU. VERIFY THAT PERSON JOINED OR CORRECT SELECTION.'
7. IF INTERVIEWER SELECTS PERSON WHO HAS LEFT THE RU, DISPLAY THE MESSAGE: 'SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION.'

IF PERSON FROM ANOTHER RU SELECTED AND VERIFIED AS THE HEAD OF HOUSEHOLD, ADD PERSON TO RU-MEMBERS-ROSTER.

IF 'NEW RU MEMBER NOT YET LISTED' SELECTED, CONTINUE WITH RE45

OTHERWISE (CURRENT DU MEMBER SELECTED), GO TO BOX_22AA
ENTER NAME OF NEW RU MEMBER WHO OWNS OR RENTS HOME OR IS HEAD OF HOUSEHOLD.

VERIFY SPELLING.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

[Enter First Name, [Middle Name], Last Name-65]

--------------------------------------------------------------------------
| REFUSED AND DON'T KNOW DISALLOWED AT ALL FIELDS. |
--------------------------------------------------------------------------

--------------------------------------------------------------------------
| ADD PERSON TO RU-MEMBERS-ROSTER AND FLAG PERSON AS 'NEW RU MEMBER ADDED AT RE45'. |
--------------------------------------------------------------------------
IF AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER IS AN ORIGINAL RU MEMBER WHO IS STILL LIVING IN THE RU AT THE TIME OF THE CURRENT INTERVIEW; THAT IS, IF AT LEAST ONE RU MEMBER MEETS THE FOLLOWING CONDITIONS:
- NOT ADDED TO THE RU THIS ROUND AND
- NOT CODED ANY OF THE FOLLOWING:
  - DECEASED OR INSTITUTIONALIZED (RE35 CODED ‘1’ OR ‘2’)
  OR
  - STUDENT OR NON-MILITARY LIVING OUTSIDE THE U.S. (RE37 CODED ‘2’)
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 CODED ‘2’)
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE U.S. (RE38OV CODED ‘2’)
  OR
  - LEFT RU FOR UNKNOWN REASON (RE35 CODED ‘-7’ OR ‘-8’),
CONTINUE WITH RE46

OTHERWISE, GO TO BOX_24A
Is there anyone else (other than you) related to (REFERENCE PERSON) who is living here now as part of this family and who is not listed on top of this form? (HAND HOUSEHOLD SUMMARY) That is, other than (READ NAMES BELOW)? Do not include anyone staying here temporarily who usually lives somewhere else. By related we mean by blood, marriage, living together as married, adoption or foster care relationship.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES .................................... 1 {RE48}
NO ..................................... 2 {RE50}
REF ................................... -7 {RE50}
DK .................................... -8 {RE50}

PRESS F1 FOR DEFINITION OF LIVING TOGETHER AS MARRIED/PARTNER RELATIONSHIPS.

---------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE     |
| RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO |
| MEET THE FOLLOWING CONDITION:             |
| - PERSON NOT ADDED TO RU-MEMBERS-ROSTER  |
| THIS ROUND                               |
---------------------------------------------

---------------------------------------------
| DISPLAY 'other than you' IF RESPONDENT FLAGGED AS |
| 'NEW RU MEMBER ADDED AT RE08’. OTHERWISE, USE   |
| A NULL DISPLAY.                                |
---------------------------------------------
We would like to include the other members of (PERSON)’s household who are related to (PERSON) in this interview.

Is there anyone else related to (PERSON) living here now? Do not include anyone staying here temporarily who usually lives somewhere else. By related we mean by blood, marriage, living together as married, adoption, or foster care relationship.

YES ........................................ 1
NO .......................................... 2 {RE50}
REF ......................................... -7 {RE50}
DK .......................................... -8 {RE50}

PRESS F1 FOR DEFINITION OF LIVING TOGETHER AS MARRIED.
Who else is related and living here now?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBERS</th>
<th>RE48_02. RUID</th>
<th>RE48_03. GENDER</th>
<th>RE48_04. AGE</th>
<th>RE48_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER.</th>
</tr>
</thead>
</table>

DISPLAY 'INTERVIEWER: IF ALL PERSONS WHO HAVE JOINED THE RU ARE ALREADY SELECTED, USE CTRL/B TO CHANGE PREVIOUS SCREEN TO 'NO'. IF NOT ROUND 1, OTHERWISE, USE NULL DISPLAY.'

DISPLAY 'ANY NEW RU MEMBERS NOT LISTED' AS THE LAST ENTRY ON ROSTER.
MATRIX BEHAVIOR SPECIFICATIONS:

1. Allow interviewer to use up and down arrow keys to move cursor among rows.
2. All columns are protected. Cursor will not enter these columns, so no changes are allowed.
3. If new RU, an 'X' will be displayed in the interview completed this round column for each person who has already been interviewed in another RU in the DU.
4. If person with an 'X' in 'interview completed this round' column is selected, display message: 'person cannot be selected. has been included in interview with another RU.'
5. If interviewer selects a person from another RU for whom an interview has not been completed, display the message: 'you have selected a person from a different RU. verify that this person has joined this RU before proceeding or correct your selection.'
6. If interviewer selects a person who has left this RU or a current RU member, display the message: 'selection is inappropriate. make another selection.'
7. If interviewer presses ESC key to leave screen without making a selection, display the message: 'if no new person has joined RU, use CTRL/B to correct previous screen(s).'

If a person from another RU verified and selected as the respondent, add that person to the RU-members-roster.

If 'any new RU members not listed' is selected, continue with RE49.

Otherwise, go to RE50.
Please give me the name of each new related person who is living with this household.

PROBE: Anyone else?

ENTER NAMES. VERIFY SPELLING. IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

TO MOVE CURSOR, USE ARROW KEYS.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE49 Q2. IN RU NOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

-----------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL    |
| PERSONS IN THE RU-MEMBERS-ROSTER.           |
|-----------------------------------------------

3-58
<table>
<thead>
<tr>
<th><strong>MATRIX BEHAVIOR SPECIFICATIONS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ALLOW INTERVIEWER TO USE UP AND</td>
</tr>
<tr>
<td>DOWN ARROW KEYS TO MOVE CURSOR AMONG</td>
</tr>
<tr>
<td>ROWS.</td>
</tr>
<tr>
<td>2. ALLOW INTERVIEWERS TO ADD A</td>
</tr>
<tr>
<td>PERSON(S) TO THE ROSTER.</td>
</tr>
<tr>
<td>3. ALLOW INTERVIEWERS TO DELETE</td>
</tr>
<tr>
<td>ONLY THOSE PERSONS WHO WERE ADDED</td>
</tr>
<tr>
<td>AT THIS SCREEN.</td>
</tr>
<tr>
<td>4. ALLOW INTERVIEWERS TO EDIT ONLY</td>
</tr>
<tr>
<td>THOSE PERSONS WHO WERE ADDED AT</td>
</tr>
<tr>
<td>THIS SCREEN.</td>
</tr>
<tr>
<td>5. WHEN SCREEN IS DISPLAYED, DISPLAY</td>
</tr>
<tr>
<td>'YES' IN RE49_02 FOR EACH PERSON</td>
</tr>
<tr>
<td>CODED '1' (IN RU) AT RE21_02 OR</td>
</tr>
<tr>
<td>ADDED TO RU DURING THIS INTERVIEW.</td>
</tr>
<tr>
<td>6. DO NOT ALLOW INTERVIEWERS TO</td>
</tr>
<tr>
<td>CHANGE CODES IN RE49_02.</td>
</tr>
<tr>
<td>7. AUTOMATICALLY DISPLAY 'YES' AT RE49</td>
</tr>
<tr>
<td>_02 FOR PERSON ADDED AT THIS SCREEN.</td>
</tr>
</tbody>
</table>

---

IF PERSON IS ADDED AT RE49, ADD PERSON TO RU-MEMBERS-ROSTER AND FLAG PERSON AS ADDED AT RE49.
RE50
====

Have we missed anyone? For example, babies born or adopted since \{DATE OF PREVIOUS ROUND INTERVIEW\}, anyone related who usually lives here but is traveling, away on business, or in the hospital?

   YES ........................................ 1
   NO .......................................... 2
   REF .......................................... -7
   DK ........................................... -8

----------------------------------------------------
| FOR '{DATE OF PREVIOUS ROUND INTERVIEW}' DISPLAY |
| DATE OF NHIS INTERVIEW IF ROUND 1. OTHERWISE, |
| DISPLAY DATE OF PREVIOUS ROUND MEPS INTERVIEW. |
----------------------------------------------------
----------------------------------------------------
| IF ROUND 1 AND RE50 CODED '2' (NO), '-7' (REF), |
| OR '-8' (DK), GO TO RE53                         |
----------------------------------------------------
----------------------------------------------------
| IF NOT ROUND 1 AND RE50 CODED '2' (NO), '-7' |
| OR '-8' (DK), GO TO BOX_24A                     |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE (RE50 CODED '1' (YES)), CONTINUE WITH |
| RE51                                          |
----------------------------------------------------
Who else is related and living here now?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBERS</th>
<th>RE51_02. RUID</th>
<th>RE51_03. GENDER</th>
<th>RE51_04. AGE</th>
<th>RE51_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

---

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER. |
| DISPLAY 'ANY NEW RU MEMBERS NOT LISTED' AS THE LAST ENTRY ON THE ROSTER. |
MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. ALL COLUMNS ARE PROTECTED. CURSOR WILL NOT ENTER THESE COLUMNS, SO NO CHANGES ARE ALLOWED IN ANY OF THESE COLUMNS.
3. IF NEW RU, AN 'X' WILL BE DISPLAYED IN THE INTERVIEW COMPLETED THIS ROUND COLUMN FOR EACH PERSON WHO HAS ALREADY BEEN INTERVIEWED IN ANOTHER RU IN THE DU.
4. IF PERSON WITH AN 'X' IN INTERVIEW COMPLETED THIS ROUND COLUMN IS SELECTED, DISPLAY MESSAGE: 'PERSON CANNOT BE SELECTED. HAS BEEN INCLUDED IN INTERVIEW WITH ANOTHER RU.'
5. IF INTERVIEWER SELECTS A PERSON WHO HAS LEFT THIS RU OR A CURRENT RU MEMBER, DISPLAY THE MESSAGE: 'SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION.'

ADD EACH PERSON SUCCESSFULLY SELECTED TO THE RU-MEMBERS-ROSTER AND FLAG PERSON AS ADDED AT RE51.

IF 'ANY NEW RU MEMBERS NOT LISTED' SELECTED, CONTINUE WITH RE52

IF ROUND 1 AND 'ANY NEW RU MEMBERS NOT LISTED' NOT SELECTED, GO TO RE53

OTHERWISE, GO TO BOX_24A
Please give me the name of each *new* related person who is living with this household.

PROBE: Anyone else?

ENTER NAMES. VERIFY SPELLING. IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

TO MOVE CURSOR, USE ARROW KEYS.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE52_02. IN RU NOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

---

**Matrix Behavior Specifications:**

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. ALLOW INTERVIEWERS TO ADD A PERSON(S) TO THE ROSTER.
3. ALLOW INTERVIEWERS TO DELETE ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
4. ALLOW INTERVIEWERS TO EDIT ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
5. WHEN SCREEN IS DISPLAYED, DISPLAY 'YES' IN RE52_02 FOR EACH PERSON CODED '1' (IN RU) AT RE49_02 OR ADDED TO RU THIS ROUND.
6. DO NOT ALLOW INTERVIEWERS TO CHANGE CODES IN RE52_02.
7. AUTOMATICALLY DISPLAY 'YES' AT RE52_02 FOR PERSON ADDED AT THIS SCREEN.

---

3-63
ADD ENTERED PERSONS TO RU-MEMBERS-ROSTER AND FLAG PERSONS AS ADDED AT RE52.

IF ROUND 1, CONTINUE WITH RE53

OTHERWISE, GO TO BOX_24A

RE53

{REFERENCE PERSON’S FIRST MIDDLE AND LAST NAME}

Are there any children or young people under 24 years of age related to (REFERENCE PERSON) who are not listed on this form (HAND HOUSEHOLD SUMMARY) and who usually live here but are currently living away from home in the U.S., never married, going to school? Please include any new member you may have just mentioned who is under 24, never married, and living away from home going to school in the U.S.

YES .................................... 1
NO ..................................... 2 {BOX_24}
REF ................................... -7 {BOX_24}
DK .................................... -8 {BOX_24}

FOR CONTEXT HEADER, DISPLAY NHIS REFERENCE PERSON IF RE42 CODED ‘1’ (YES), ‘-7’ (REF), OR ‘-8’ (DK). OTHERWISE, DISPLAY PERSON SELECTED AT RE43 OR RE44 OR NAME ENTERED AT RE45.
Who is under 24, never married, and living away at school in the U.S.?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

---

<table>
<thead>
<tr>
<th>ROSTER.</th>
<th>RE54_02. RUID</th>
<th>RE54_03. GENDER</th>
<th>RE54_04. AGE</th>
<th>RE54_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>DU MEMBERS</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

---

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER. |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|

---

<table>
<thead>
<tr>
<th>DISPLAY 'ANY NEW RU MEMBERS NOT LISTED' AS THE LAST ENTRY ON THE ROSTER.</th>
</tr>
</thead>
</table>
MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. RU MEMBERS, RUID, GENDER, AND AGE COLUMNS ARE PROTECTED. CURSOR WILL NOT ENTER THESE COLUMNS, SO NO CHANGES ARE ALLOWED INFORMATION IN ANY OF THESE COLUMNS.
3. IF NEW RU, AN 'X' WILL BE DISPLAYED IN THE INTERVIEW COMPLETED THIS ROUND COLUMN FOR EACH PERSON WHO HAS ALREADY BEEN INTERVIEWED IN THE STANDARD RU OR ANOTHER NEW RU IN THE DU.
4. IF PERSON WITH AN 'X' IN 'INTERVIEW COMPLETED THIS ROUND' COLUMN IS SELECTED, DISPLAY MESSAGE: 'PERSON CANNOT BE SELECTED. HAS BEEN INCLUDED IN INTERVIEW WITH ANOTHER RU.'
5. IF GENDER OR AGE NOT YET COLLECTED, DISPLAY '--' IN APPROPRIATE CELL(S).
6. IF INTERVIEWER SELECTS A PERSON WHO HAS LEFT THIS RU OR A CURRENT RU MEMBER, DISPLAY THE MESSAGE: 'SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION.'

ADD EACH SUCCESSFULLY SELECTED PERSON TO THE RU-MEMBERS-ROSTER AND FLAG PERSON AS ADDED AT RE54.

IF 'ANY NEW RU MEMBERS NOT LISTED' SELECTED, CONTINUE WITH RE55

OTHERWISE, GO TO BOX_22A
Please give me the name of each new related person who is a student, under 24, never married, and living away at school.

PROBE: Anyone else?

ENTER NAMES. VERIFY SPELLING. IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

TO MOVE CURSOR, USE ARROW KEYS.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE55 Q2. IN RU NOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER. |
------------------


**MATRIX BEHAVIOR SPECIFICATIONS:**

1. Allow interviewer to use up and down arrow keys to move cursor among rows.
2. Allow interviewers to add a person(s) to the roster.
3. Allow interviewers to delete only those persons who were added at this screen.
4. Allow interviewers to edit only those persons who were added at this screen.
5. Display ‘YES’ in RE55_02 for each person coded ‘1’ (in RU) at RE52_02 when screen is displayed.
6. Do not allow interviewers to change codes in RE55_02.
7. Automatically display ‘YES’ at RE55_02 for person added at this screen.

---

Add persons to the RU-MEMBERS-ROSTER and flag persons as added at RE55.

---

**BOX_22A**

---

If at least one person added to the RU-MEMBERS-ROSTER at RE54 or RE55, continue with LOOP_05.

---

Otherwise, go to BOX_24.
LOOP_05
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| RE56-END_LP05 |
|-------------------------------------------------
| LOOP DEFINITION: LOOP_05 COLLECTS INFORMATION |
| THAT CAPI REQUIRES TO DETERMINE THE KEYNESS AND |
| ELIGIBILITY OF PERSONS WHO WERE ADDED TO THE RU |
| AT RE54 OR RE55. THIS LOOP CYCLES ON RU MEMBERS |
| WHO MEET THE FOLLOWING CONDITION: |
| - NEW RU MEMBER < 24, NEVER MARRIED, LIVING AWAY |
|   AT SCHOOL (SELECTED AT RE54 OR ADDED AT RE55) |
|-------------------------------------------------
| NOTE: AT THE END OF THE LOOP, CAPI REMOVES FROM |
| THE RU-MEMBERS-ROSTER ANY NEW RU MEMBER WHO IS |
| ADDED AT RE54 OR RE55 AND WHO IS FLAGGED AS |
| 'NEW STUDENT' OR 'NON-MILITARY MOVER IN U.S.' |
| DURING THE COURSE OF THE LOOP. THE RE SECTION |
| WILL COLLECT LOCATING AND OTHER PERTINENT |
| INFORMATION FOR SUCH PERSONS BUT THEY WILL NOT BE |
| INCLUDED IN THIS INTERVIEW BEYOND THE RE SECTION. |
| IMMEDIATELY AFTER LOOP_05 ENDS, CAPI WILL REMOVE |
| FROM THE RU-MEMBERS-ROSTER ANY NEW RU MEMBER WHO |
| IS FLAGGED AS 'SAMPLEABLE AT NHIS' DURING THE |
| COURSE OF THE LOOP. NO INFORMATION WILL BE |
| COLLECTED FOR SUCH PERSONS. |
| NEW RU MEMBERS WHO ARE NOT 'NEW STUDENT', 'NON- |
| MILITARY MOVER IN U.S.', OR 'SAMPLEABLE AT NHIS' |
| REMAIN ON THE RU-MEMBERS-ROSTER AFTER LOOP_05. |
|-------------------------------------------------
RE56
====

{PERSON’S FIRST MIDDLE AND LAST NAMES}

(Are/Is) (PERSON) attending ...

grades 1-12, ......................... 1
a college or university, or ........ 2
some other training school
   after high school? ........>......... 3
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE56A
=====

{PERSON’S FIRST MIDDLE AND LAST NAMES}

Where (were/was) (PERSON) living when this household participated in the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

PERSON WAS ...
   INSTITUTIONALIZED ............... 1 {BOX_23A}
   STUDENT UNDER 24 LIVING AWAY AT
      POST-SECONDARY SCHOOL ........ 2
PERSON WAS NOT FT MILITARY AT TIME
   OF NHIS AND WAS ...
   LIVING IN U.S. ................. 3
   LIVING OUTSIDE U.S. .......... 4 {BOX_23A}
PERSON WAS FT MILITARY AT TIME OF NHIS
   AND WAS ...
   LIVING AT A MILITARY FACILITY ... 5 {BOX_23A}
   LIVING OUTSIDE U.S................. 6 {BOX_23A}
   LIVING IN ANOTHER HOUSEHOLD IN U.S. 7
PERSON WAS ...
   LIVING WITH THIS FAMILY (PERSON LEFT
      OFF NHIS ROSTER) ............. 8 {BOX_23A}
   OTHER ................................ 91
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
NOTE: THE RESPONSE CATEGORY 'LIVING WITH THIS FAMILY (PERSON LEFT OFF NHIS ROSTER)' INCLUDES PERSONS WHO WERE LIVING AWAY AT SCHOOL IN GRADES 1 - 12.

IF CODED ONE OF THE FOLLOWING:
- '1' (INSTITUTIONALIZED),
OR
- '4' (NOT FT MILITARY AT TIME OF NHIS AND LIVING OUTSIDE U.S.),
OR
- '5' (FT MILITARY AT TIME OF NHIS AND LIVING AT A MILITARY FACILITY),
OR
- '6' (FT MILITARY AT TIME OF NHIS AND LIVING OUTSIDE U.S.),
OR
- '8' (LIVING WITH THIS FAMILY BUT LEFT OFF NHIS ROSTER),
FLAG PERSON AS 'NOT SAMPLEABLE AT NHIS' (PERSON HAD NO POSSIBILITY OF BEING INCLUDED IN THE NHIS SAMPLE).

IF CODED ANY OTHER CODE (INCLUDING '-7' (REFUSED) AND '-8' (DON’T KNOW), FLAG PERSON AS 'SAMPLEABLE AT NHIS.' (PERSON HAD POSSIBILITY OF BEING INCLUDED IN THE NHIS SAMPLE.)

IF PERSON MEETS BOTH OF THE FOLLOWING CONDITIONS:
- PERSON IS FLAGGED AS 'NOT SAMPLEABLE AT NHIS' (SEE PREVIOUS BOX)
AND
- PERSON IS ATTENDING (COLLEGE OR UNIVERSITY) OR (SOME OTHER TRAINING SCHOOL AFTER HIGH SCHOOL) (THAT IS, RE56 IS CODED '2' OR '3' FOR PERSON),
FLAG PERSON AS A 'NEW STUDENT'.

IF PERSON MEETS BOTH OF THE FOLLOWING CONDITIONS:
- PERSON IS FLAGGED AS 'NOT SAMPLEABLE AT NHIS' (SEE BOX ABOVE)
AND
- RE56 IS CODED '-7' (REFUSED) OR '-8' (DON’T KNOW) FOR PERSON,
FLAG PERSON AS 'NON-MILITARY MOVER IN U.S.'
RE56B

{PERSON’S FIRST MIDDLE AND LAST NAME}

At the time of the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}, (were/was) (PERSON) 17 to 23 years old?

YES .................................... 1
NO ..................................... 2 {END_LP05}
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

| IF CODED ’1’ (YES) AND RE56A CODED ’2’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL), CONTINUE WITH RE56C |

| IF CODED ’1’ (YES) AND RE56A NOT CODED ’2’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL), GO TO BOX_23A |

RE56C

{PERSON’S FIRST MIDDLE AND LAST NAME}

At the time of the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW} were either of (PERSON)’s parents living in this household?

YES ................................. 1
NO .................................... 2
REF ................................... -7
DK ................................. -8

| IF CODED ’1’ (YES), FLAG PERSON AS ‘A NEW STUDENT’.” |
IF PERSON MEETS EITHER OF THE FOLLOWING CONDITIONS:
- FLAGGED AS A ‘NEW STUDENT’ (SEE BOX ON RE56A AND RE56C)
- OR
- FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ (SEE BOX ON RE56A)

REMOVE PERSON FROM RU-MEMBERS-ROSTER.
THE RE SECTION WILL COLLECT LOCATING AND OTHER PERTINENT INFORMATION FOR PERSON BUT PERSON WILL NOT BE INCLUDED IN THIS INTERVIEW AFTER THE RE SECTION. INFORMATION FOR PERSON MAY BE COLLECTED AS PART OF ANOTHER RU.

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_23

IF NO ONE ON THE RU-MEMBERS-ROSTER IS FLAGGED AS ‘SAMPLEABLE AT NHIS’, GO TO BOX_24

OTHERWISE, CONTINUE WITH RE56D
{PERSON’S FIRST MIDDLE LAST NAME}

At the time we are only collecting information about some of the students you just now identified. Therefore, the remaining questions will not be asked about (READ NAMES BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO ARE FLAGGED AS ‘SAMPLEABLE AT NHIS’. (SEE BOX ON RE56A) |
------------------------------------------------------------------

------------------------------------------------------------------
| REMOVE ALL PERSONS WHO ARE FLAGGED AS ‘SAMPLEABLE AT NHIS’ (THAT IS, ALL RU MEMBERS DISPLAYED AT RE56D) FROM THE RU-MEMBERS-ROSTER. SUCH PERSONS ARE NOT ELIGIBLE FOR THIS INTERVIEW AND ARE NOT KEY. INFORMATION WILL NOT BE COLLECTED FOR SUCH PERSONS AS PART OF THIS OR ANY OTHER RU. |
------------------------------------------------------------------

------------------------------------------------------------------
| GO TO BOX_24 |
------------------------------------------------------------------

BOX_24A

------------------------------------------------------------------
| IF NOT ROUND 1, CONTINUE WITH RE57A. |
------------------------------------------------------------------

------------------------------------------------------------------
| OTHERWISE, GO TO BOX_26 |
------------------------------------------------------------------
VERIFY DISPLAYED INFORMATION.
ASK APPROPRIATE QUESTION FOR EACH BLANK FIELD.

ENTER GENDER.  1 = MALE, 2 = FEMALE
IF NOT OBVIOUS, ASK:  Is (READ NAME BELOW) male or female?

What is (READ NAME BELOW)'s date of birth?
ENTER MM/DD/YYYY.

VERIFY AGE - IF AGE IS INCORRECT, RE-ENTER DATE OF BIRTH.
IF DATE OF BIRTH UNKNOWN, PROBE FOR AGE AND ENTER IF KNOWN.

TO MOVE CURSOR, USE ARROW KEYS.  TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE57A_02. GENDER</th>
<th>RE57A_03. DATE OF BIRTH</th>
<th>RE57A_04. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

----------------------------------------------------
| REFUSED AND DON'T KNOW ALLOWED.                   |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL          |
| PERSONS ON THE RU-MEMBERS-ROSTER                 |
----------------------------------------------------
**MATRIX BEHAVIOR SPECIFICATIONS:**

1. FOR ALL PERSONS ON ROSTER, PRESENT BLANK FIELDS FOR THE MISSING DATA ITEMS.
2. PLACE CURSOR ON FIRST BLANK FIELD. AFTER ENTRY, MOVE CURSOR TO NEXT BLANK CELL ON THAT ROW.
3. COMPUTE AGE FROM DATE OF BIRTH AND DISPLAY IN RE57A_04. IF UNABLE TO CALCULATE AGE BECAUSE OF MISSING DATA, DISPLAY '?' IN RE57A_04.
4. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.
5. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.
6. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY RU MEMBER ON ROSTER.

---

IF AGE MISSING FOR ANY RU MEMBER, CONTINUE WITH LOOP_06A

---

OTHERWISE, GO TO BOX_26

---

LOOP_06A

---

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK RE57B-END_LP06A

---

LOOP DEFINITION: LOOP_06A COLLECTS AGE ESTIMATE FOR RU MEMBERS WHOSE AGE IS MISSING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITION:

- PERSON'S AGE MISSING FROM RE57A_04
RE57B

{PERSON'S FIRST MIDDLE AND LAST NAME}

PROBE FOR RESPONDENT'S BEST ESTIMATE OF AGE.

(Are/Is) (PERSON)...  

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year old</td>
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</tr>
<tr>
<td>55 - 64, or</td>
<td>8</td>
</tr>
<tr>
<td>65 years or older?</td>
<td>9</td>
</tr>
</tbody>
</table>

[Code One]

RE57C

{PERSON'S FIRST MIDDLE AND LAST NAME}

ENTER YOUR BEST GUESS FOR (PERSON)'S AGE.

<table>
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</thead>
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<tr>
<td>65 years or older?</td>
<td>9</td>
</tr>
</tbody>
</table>

[Code One]

---------------------------------------------
| REFUSED AND DON'T KNOW DISALLOWED.         |
---------------------------------------------
END_LP06A

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER     |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP       |
| DEFINITION.                                       |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS,    |
| END LOOP_06A AND GO TO BOX_26                     |
----------------------------------------------------

BOX_24

---------------------------------------------------
| IF AT LEAST ONE PERSON IN THE RU-MEMBERS-ROSTER  |
| MEETS BOTH OF THE FOLLOWING CONDITIONS:          |
| - ADDED TO THE RU THIS ROUND                     |
| AND                                              |
| - NOT A DU MEMBER AT THE TIME OF NHIS (THAT IS,  |
|   A NEW RU MEMBER NOT SELECTED FROM THE          |
|   DU-MEMBERS-ROSTER),                           |
| CONTINUE WITH RE57                               |
---------------------------------------------------

---------------------------------------------------
| OTHERWISE, GO TO BOX_25A                         |
---------------------------------------------------

BOX_25 OMMITTED.
ASK APPROPRIATE QUESTION FOR EACH BLANK FIELD.

ENTER GENDER. 1 = MALE, 2 = FEMALE
IF NOT OBVIOUS, ASK:  Is (READ NAME BELOW) male or female?

What is (READ NAME BELOW)'s date of birth?
ENTER MM/DD/YYYY.

VERIFY AGE - IF AGE IS INCORRECT, RE-ENTER DATE OF BIRTH.
IF DATE OF BIRTH UNKNOWN, PROBE FOR AGE AND ENTER IF KNOWN.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE57_02. GENDER</th>
<th>RE57_03. DATE OF BIRTH</th>
<th>RE57_04. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

--------------------------------------------------------------------------------------------------------------------
| REFUSED AND DON'T KNOW ALLOWED IN ALL FIELDS. |
--------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION: |
| - PERSON IS A NEW RU MEMBER ADDED IN CURRENT ROUND WHO WAS NOT SELECTED FROM THE DU-MEMBERS-ROSTER |
--------------------------------------------------------------------------------------------------------------------
MATRIX BEHAVIOR SPECIFICATIONS:

1. FOR ALL PERSONS ON ROSTER, PRESENT BLANK FIELDS FOR THE MISSING DATA ITEMS (EITHER NOT YET COLLECTED OR MISSING FROM PREVIOUS ROUNDS)
2. PLACE CURSOR ON FIRST BLANK FIELD. AFTER ENTRY, MOVE CURSOR TO NEXT BLANK CELL ON THAT ROW.
3. COMPUTE AGE FROM DATE OF BIRTH AND DISPLAY IN RE57_04. IF UNABLE TO CALCULATE AGE BECAUSE OF MISSING DATA, DISPLAY '?' IN RE57_04.
4. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.
5. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.
6. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY RU MEMBER ON ROSTER.

IF AGE NOT MISSING FOR ANY NEW RU MEMBER WHO WAS NOT A DU MEMBER IN PREVIOUS ROUND (THAT IS, AGE NOT MISSING AT RE57_04)),
GO TO BOX_25A

OTHERWISE (AGE IS MISSING FOR ANY NEW RU MEMBER WHO WAS NOT A DU MEMBER IN PREVIOUS ROUND (THAT IS, AGE IS MISSING AT RE57_04)),
CONTINUE WITH LOOP_06
LOOP_06
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK | RE58-END_LP06 |
|------------------------------------------------|

-----------------------------------------------

| LOOP DEFINITION: LOOP_06 COLLECTS AN AGE ESTIMATE|
| FOR NEW RU MEMBERS WHOSE AGE IS MISSING. THIS    |
| LOOP CYCLES ON ALL RU MEMBERS WHO MEET THE       |
| FOLLOWING CONDITION:                             |
| - PERSON'S AGE IS MISSING AT RE57_04             |

-----------------------------------------------

RE58
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)

PROBE FOR RESPONDENT'S BEST ESTIMATE OF AGE.

(Are/Is) (PERSON)...

- Less than 1 year old, ...................... 1 {END_LP06}
- 1 - 4, ................................... 2 {END_LP06}
- 5 - 15, .................................. 3 {END_LP06}
- 16 - 23, .................................. 4 {END_LP06}
- 24 - 34, .................................. 5 {END_LP06}
- 35 - 44, .................................. 6 {END_LP06}
- 45 - 54, .................................. 7 {END_LP06}
- 55 - 64, or ................................ 8 {END_LP06}
- 65 years or older? .......................... 9 {END_LP06}
- REF ....................................... -7
- DK ....................................... -8

[Code One]
RE59
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

ENTER YOUR BEST GUESS FOR (PERSON)'S AGE.

Less than 1 year old, .................. 1
1 - 4, ................................ 2
5 - 15, ............................... 3
16 - 23, .............................. 4
24 - 34, .............................. 5
35 - 44, .............................. 6
45 - 54, .............................. 7
55 - 64, or ............................ 8
65 years or older? .................... 9

[Code One]

END_LP06
======

------------------------------------------------------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_25A |
------------------------------------------------------------------------------------------------------------------
BOX_25A

---

IF ROUND 1 AND AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER WAS A MEMBER OF THE RU OR DU AT THE DATE OF THE NHIS INTERVIEW, OR IF AT LEAST ONE PERSON REMOVED FROM THE RU-MEMBERS-ROSTER THIS ROUND MEETS BOTH OF THE FOLLOWING CONDITIONS:
- PERSON WAS A MEMBER OF THE RU OR DU AT THE DATE OF THE NHIS INTERVIEW
AND
- PERSON IS FLAGGED AS A 'NEW STUDENT', CONTINUE WITH LOOP_07

---

OTHERWISE, GO TO BOX_26

---

LOOP_07

---

FOR EACH ELEMENT IN THE DU MEMBERS-ROSTER, ASK RE60-END_LP07

---

LOOP DEFINITION: LOOP_07 UPDATES NAME, GENDER, BIRTH DATE, AND AGE OF BOTH CURRENT RU MEMBERS WHO WERE MEMBERS OF THE RU OR DU AT THE TIME OF NHIS AND PERSONS WHO ARE FLAGGED AS 'NEW STUDENT'. THIS LOOP CYCLES ON ALL DU MEMBERS WHO MEET ANY ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT MEMBER OF THIS RU AND WAS A MEMBER OF THIS RU AT THE TIME OF NHIS
OR
- PERSON IS A CURRENT MEMBER OF THIS RU AND WAS A MEMBER OF THE DU AT THE TIME OF NHIS
OR
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND IS FLAGGED AS A 'NEW STUDENT'

---

3-83
LET'S REVIEW SOME INFORMATION ABOUT (PERSON). PLEASE LOOK AT THIS FORM (HAND HOUSEHOLD SUMMARY) AND TELL ME IF (PERSON)'S NAME IS SPelled CORRECTLY.

MAKE CORRECTIONS TO NAME BELOW.

IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

Current Info: [NHIS FIRST NAME]  
               [NHIS MIDDLE NAME]  
               [NHIS LAST NAME]

FIRST NAME (RE60_01): [______________]  
MIDDLE NAME (RE60_02): [______________]  
LAST NAME (RE60_03): [______________]  

----------------------------------------------------
| REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS.     |
| HOWEVER, DO NOT ALLOW INTERVIEWER TO CHANGE 'REAL |
| DATA' TO '-7' (REFUSED) OR '-8' (DON'T KNOW).     |
----------------------------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME}

ASK IF NOT OBVIOUS: I have (PERSON) recorded as (READ GENDER BELOW). Is that correct?

MAKE CORRECTIONS TO GENDER BELOW.

IF NO CORRECTION IS NECESSARY, PRESS ENTER.
IF CORRECTION IS NECESSARY, ENTER APPROPRIATE CODE.

1 = MALE  2 = FEMALE

Current Info:  [NHIS GENDER]

[Enter Gender]........................
REF .................................. -7
DK ................................... -8

----------------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED. HOWEVER, DO NOT | |
| ALLOW INTERVIEWER TO CHANGE ‘REAL DATA’ TO ‘-7’ | |
| (REFUSED) OR ‘-8’ (DON’T KNOW).                  | |
----------------------------------------------------
RE62
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

I have recorded that (PERSON) was born on (READ DATE BELOW). Is that correct?

MAKE CORRECTIONS TO DATE OF BIRTH BELOW.

IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

Current Info: [NHIS DATE OF BIRTH]

[Enter Month,Day,Year-4] ............
REF ................................. -7
DK ................................. -8

----------------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED. HOWEVER, DO NOT | |
| ALLOW INTERVIEWER TO CHANGE ‘REAL DATA’ TO ‘-7’ | |
| (REFUSED) OR ‘-8’ (DON’T KNOW).                   | |
----------------------------------------------------

----------------------------------------------------
| IF CURRENT INFO IS NOT AVAILABLE, ENTRY FOR DATE | |
| OF BIRTH IS REQUIRED. (REF AND DK ARE ALLOWED.)  | |
----------------------------------------------------

----------------------------------------------------
| IF ANY FIELD IN DATE OF BIRTH CODED ‘-7’ (REFUSED)| |
| OR ‘-8’ (DON’T KNOW), GO TO RE64                   | |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH RE63                     | |
----------------------------------------------------
RE63
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

So (PERSON) is {AGE CALCULATED FROM DATE OF BIRTH AT RE62} years old. Is that correct?

YES ........................................ 1 {END_LP07}
NO ........................................ 2
REF ...................................... -7 {RE65}
DK ...................................... -8 {RE65}

----------------------------------------------------
| IF CODED ‘2’ (NO), DISPLAY MESSAGE: ‘IF AGE      |
| INCORRECT, USE CTRL/B AND CORRECT DATE OF BIRTH   |
| AT PREVIOUS SCREEN.’                              |
----------------------------------------------------

RE64
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

How old (are/is) (PERSON)?

[Enter Age] ........................... {END_LP07}
REF ................................... -7
DK .................................... -8
PROBE FOR RESPONDENT’S BEST ESTIMATE OF AGE.

(Are/Is) (PERSON)...

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Code</th>
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[Code One]

ENTER YOUR BEST GUESS FOR (PERSON)’S AGE.

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[Code One]
END_LP07

------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN RU-MEMBERS-ROSTER WHO                  |
| MEETS THE CONDITIONS STATED IN THE LOOP                       |
| DEFINITION.                                                   |
------------------------------------------------------------------

------------------------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS,                |
| END LOOP_07 AND CONTINUE WITH BOX_26                         |
------------------------------------------------------------------

BOX_26

------------------------------------------------------------------
| IF ROUND 1 AND AT LEAST ONE RU MEMBER MEETS BOTH             |
| OF THE FOLLOWING CONDITIONS:                                 |
| - ADDED TO THE RU THIS ROUND                                 |
| AND                                                          |
| - NOT A NEWBORN (THAT IS, NOT BORN BETWEEN NHIS               |
| INTERVIEW DATE AND DATE OF THE CURRENT                       |
| INTERVIEW),                                                  |
| GO TO LOOP_08                                                |
------------------------------------------------------------------

------------------------------------------------------------------
| IF NOT ROUND 1 AND AT LEAST ONE RU MEMBER MEETS              |
| BOTH OF THE FOLLOWING CONDITIONS:                            |
| - ADDED TO THE RU THIS ROUND                                 |
| AND                                                          |
| - NOT A NEWBORN (THAT IS, NOT BORN BETWEEN 1/1/96            |
| AND THE DATE OF THE CURRENT INTERVIEW), CONTINUE WITH LOOP_07A|
------------------------------------------------------------------

------------------------------------------------------------------
| OTHERWISE, GO TO BOX_27                                       |
------------------------------------------------------------------

3-89
LOOP_07A
=======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK RE66A-END_LP07A

LOOP DEFINITION: LOOP_07A COLLECTS INFORMATION ON THE LOCATION OF NEW RU MEMBERS ON 1/1/96 TO DETERMINE THEIR KEYNESS AND ELIGIBILITY. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- ADDED TO RU IN CURRENT ROUND
AND
- NOT NEWBORN (THAT IS, NOT BORN BETWEEN 1/1/96 AND THE DATE OF THE CURRENT INTERVIEW)

RE66A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) start living with the family?

[Enter Month,Day,Year-2] .............
REF .................................. -7
DK .................................... -8

IF DATE ≤ PREVIOUS ROUND INTERVIEW DATE,
CONTINUE WITH RE66B

OTHERWISE, GO TO RE66C
Let me make sure that I have entered this date correctly. I have recorded that (PERSON) began living with this family on {RE66A DATE}. That is before the interview on {DATE OF PREVIOUS ROUND INTERVIEW}. Is that correct?

YES .................................... 1
NO ..................................... 2
REF ..................................... -7
DK .................................... -8

[Code One]

---------------------------------------------------------------------------------
| FOR DATE OF PREVIOUS ROUND INTERVIEW, DISPLAY DATE OF PREVIOUS ROUND MEPS INTERVIEW. |
---------------------------------------------------------------------------------

---------------------------------------------------------------------------------
| IF CODED '2' (NO), DISPLAY MESSAGE: 'USE CTRL/B AND CORRECT DATE PERSON JOINED RU AT PREVIOUS |
| SCREEN.' |
---------------------------------------------------------------------------------

BOX_26A OMITTED.


On January 1, 1996, was (PERSON) living in an institution?

YES .................................... 1 {RE66G}
NO ..................................... 2
REF ..................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION FOR LIVING IN AN INSTITUTION.
{PERSON'S FIRST MIDDLE AND LAST NAME}

On January 1, 1996, was (PERSON) living outside the United States?

YES ................................. 1 {END_LP07A}
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF LIVING OUTSIDE U.S.

----------------------------------------------------
| IF PERSON < 18 YEARS OLD, GO TO RE66F            |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH RE66E                    |
----------------------------------------------------

{PERSON'S FIRST MIDDLE AND LAST NAME}

On January 1, 1996, was (PERSON) serving on full-time active duty in the Armed Forces?

YES ................................. 1 {END_LP07A}
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME MILITARY.
{PERSON'S FIRST MIDDLE AND LAST NAME}

Where (were/was) {PERSON} living on January 1, 1996?

- NOT YET BORN ........................................... 1 {END_LP07A}
- INSTITUTIONALIZED ........................................ 2 {RE66G}
- STUDENT UNDER 24 LIVING AWAY AT SCHOOL
  - IN GRADES 1-12 ........................................... 3 {END_LP07A}
  - STUDENT UNDER 24 LIVING AWAY AT
    - POST-SECONDARY SCHOOL .............................. 4 {RE66J}
- ANOTHER HOUSEHOLD - NOT FULL-TIME
  - MILITARY ON 1/1/96 ................................. 5 {END_LP07A}
- ANOTHER HOUSEHOLD/MILITARY FACILITY -
  - FULL-TIME MILITARY ON 1/1/96 ............... 6 {RE66K}
- LIVING WITH THIS FAMILY (PERSON LEFT
  - OFF ROSTER LAST INTERVIEW) ..................... 7 {END_LP07A}
- OTHER ................................................... 91
- REF ..................................................... -7 {END_LP07A}
- DK ....................................................... -8 {END_LP07A}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

- [Enter Other Specify] ................................. {END_LP07A}
- REF ..................................................... -7 {END_LP07A}
- DK ....................................................... -8 {END_LP07A}
RE66G

-----

{PERSON'S FIRST MIDDLE AND LAST NAME}

What type of institution (were/was) (PERSON) living in on January 1, 1996?

NURSING HOME .................. 1
OTHER LONG-TERM HEALTH CARE
   INSTITUTION (EXCLUDE COMMUNITY
   BASED HOSPITAL) .............. 2
OTHER NON-HEALTH CARE INSTITUTION ... 3 (END_LP07A)
REF ............................. -7
DK .................................. -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE66H

-----

{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the name and address of the nursing home or long term care facility where (PERSON) (were/was) on January 1, 1996?

NAME (RE66H_01): [___________]
STREET ADDRESS1 (RE66H_02): [___________]
STREET ADDRESS2 (RE66H_03): [___________]
   CITY (RE66H_04): [___________]
   STATE (RE66H_05): [___________]
   ZIP CODE (RE66H_06): [___________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

------------------------------------------------------------------
| CODES '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED ON EACH FORM ITEM. |
------------------------------------------------------------------

------------------------------------------------------------------
| GO TO END_LP07A |
------------------------------------------------------------------

3-94
RE66I  OMITTED.

RE66J

Were either of (PERSON)’s parents living in this household on January 1, 1996?

YES .................................... 1 {END_LP07A}
NO ..................................... 2 {END_LP07A}
REF ................................... -7 {END_LP07A}
DK .................................... -8 {END_LP07A}

RE66K

Were (Were/Was) (PERSON) living in another household or in a military facility on January 1, 1996?

ANOTHER HOUSEHOLD ................. 1
MILITARY FACILITY ................. 2
REF ................................ -7 {END_LP07A}
DK ................................. -8 {END_LP07A}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE66KOV  OMITTED.
END_LP07A

---------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER THAT MEETS THE        |
| CONDITIONS STATED IN THE LOOP DEFINITION.                          |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_07A AND    |
| CONTINUE WITH BOX_27                                              |
---------------------------------------------------------------------

LOOP_08

---------------------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK RE67-END_LP08       |
---------------------------------------------------------------------

---------------------------------------------------------------------
| LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION ON THE LOCATION     |
| AT THE TIME OF NHIS OF NEW RU MEMBERS WHO ARE NOT NEWBORN TO       |
| DETERMINE THEIR KEYNESS AND ELIGIBILITY. THIS LOOP CYCLES ON RU   |
| MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:                |
|   - ADDED TO RU IN CURRENT ROUND AND                             |
|   - NOT NEWBORN (THAT IS, NOT BORN BETWEEN THE NHIS INTERVIEW     |
|     DATE AND THE DATE OF THE CURRENT INTERVIEW)                   |
---------------------------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)

On what date did (PERSON) start living with the family (before leaving to live at school)?

[Enter Month,Day,Year-2] ..............
REF ................................... -7 {RE73}
DK .................................... -8 {RE73}

----------------------------------------------------
| DISPLAY 'before leaving to live at school' IF |
| PERSON IS A STUDENT LIVING AWAY AT SCHOOL |
| (SELECTED AT RE54 OR ADDED AT RE55). OTHERWISE, |
| USE NULL DISPLAY. |

----------------------------------------------------
| IF DATE < PREVIOUS ROUND INTERVIEW DATE, |
| CONTINUE WITH RE68 |

----------------------------------------------------
| IF DATE = OR > PREVIOUS ROUND INTERVIEW DATE, |
| GO TO RE73 |

----------------------------------------------------
Let me make sure that I have entered this date correctly. I have recorded that (PERSON) began living with this family on {RE67 DATE}. That is before the interview on {MONTH, DAY, YEAR OF NHIS INTERVIEW}. Is that correct?

YES .................................... 1
NO ..................................... 2
REF ...................................... -7 {RE73}
DK ...................................... -8 {RE73}

[Code One]

| IF RE68 CODED '1' (YES), CODE RE73 '7' (LIVING WITH THIS FAMILY (PERSON LEFT OFF NHIS ROSTER)) AUTOMATICALLY BY CAPI, THEN GO TO END_LP08 |

| IF CODED '2' (NO), DISPLAY MESSAGE: 'USE CTRL/B AND CORRECT DATE PERSON JOINED RU AT PREVIOUS SCREEN.' |

BOX_26A USED ELSEWHERE.

RE69 OMITTED.

RE70 OMITTED.

RE71 OMITTED.

RE72 OMITTED.
Where (were/was) (PERSON) living when this household participated in the National Health Interview Survey in (MONTH, DAY, YEAR OF NHIS INTERVIEW)?

NOT YET BORN ........................................... 1 {END_LP08}
INSTITUTIONALIZED ................................. 2 {RE73A}
STUDENT UNDER 24 LIVING AWAY AT
   SCHOOL GRADES 1-12 ......................... 3 {END_LP08}
   POST-SECONDARY SCHOOL ..................... 4 {RE73B}
   ANOTHER HH - NOT FT MILITARY AT NHIS .... 5 {RE73B}
   ANOTHER HH/MILITARY FACILITY - FT
      MILITARY AT NHIS ..................... 6 {RE73C}
   LIVING WITH THIS FAMILY - PERSON LEFT
      OFF NHIS ROSTER .................... 7 {END_LP08}
OTHER ............................................. 91
REF ............................................. -7 {END_LP08}
DK ............................................. -8 {END_LP08}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

   [Enter Other Specify] .................. {END_LP08}
   REF ........................................ -7 {END_LP08}
   DK ........................................ -8 {END_LP08}
{PERSON'S FIRST MIDDLE AND LAST NAME}

RE73A

What type of institution (were/was) (PERSON) living in on (MONTH, DAY, YEAR OF NHIS INTERVIEW)?

NURSING HOME ................. 1 [RE74]
OTHER LONG-TERM HEALTH CARE
  INSTITUTION (EXCLUDE COMMUNITY
  BASED HOSPITAL) ............ 2 [RE74]
OTHER NON-HEALTH CARE INSTITUTION ... 3 [END_LP08]
REF ................................ -7 [RE74]
DK .............................. -8 [RE74]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE73B

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) living within the U.S. or outside the U.S. on (MONTH, DAY, YEAR OF NHIS INTERVIEW)?

WITHIN U.S. ....................... 1
OUTSIDE U.S. ...................... 2
REF ................................ -7
DK .............................. -8

PRESS F1 FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

| IF RE73 CODED '4' (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL), GO TO RE75 |
| OTHERWISE, GO TO END_LP08 |
(Were/Was) (PERSON) living in another household or in a military facility on (MONTH, DAY, YEAR OF NHIS INTERVIEW)?

   ANOTHER HOUSEHOLD .................. 1
   MILITARY FACILITY .................. 2 {END_LP08}
   REF ................................. -7
   DK ................................. -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

Was that household within the U.S. or outside the U.S.?

   WITHIN U.S. ......................... 1 {END_LP08}
   OUTSIDE U.S. ......................... 2 {END_LP08}
   REF ................................. -7 {END_LP08}
   DK ................................. -8 {END_LP08}
RE74
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the name and address of the nursing home or long term care facility where (PERSON) (were/was) living at the time of the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

NAME (RE74_01): [_____________]
STREET ADDRESS1 (RE74_02): [_____________]
STREET ADDRESS2 (RE74_03): [_____________]
CITY (RE74_04): [_____________]
STATE (RE74_05): [_____________]
ZIP CODE (RE74_06): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| CODES '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE |
| ALLOWED ON EACH FORM ITEM.                     |
----------------------------------------------------
----------------------------------------------------
| GO TO END_LP08                                  |
----------------------------------------------------

RE75
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

At the time of the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}, were either of (PERSON)’s parents living in this household?

YES ..................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
END_LP08

-------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION.                                    |
-------------

-------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_08 AND CONTINUE WITH BOX_27          |
-------------

BOX_27

-------------
| CONTINUE WITH REENUMERATION-B (RE-B) SUBSECTION |
-------------
NOTE: THE RU-MEMBERS-ROSTER HAS BEEN UPDATED THROUGHOUT THE RE-A SECTION AS FOLLOWS:
- NEW RU MEMBERS RECORDED AT RE08, RE45, RE49, RE52, AND RE55 HAVE BEEN ADDED
- DU MEMBERS SELECTED AT RE06, RE44, RE48, RE51, AND RE54 HAVE BEEN ADDED
- RU MEMBERS WHO MEET ANY ONE OF THE FOLLOWING CONDITIONS HAVE BEEN REMOVED:
  - PERSONS IN STUDENT RUs IDENTIFIED AS FULL-TIME MILITARY (RE14 CODED ‘1’ (YES))
  OR
  - INCORRECTLY LISTED IN RU DURING (NHIS/PREVIOUS INTERVIEW) (RE21_02 CODED ‘3’) OR
  - LEFT THE RU BEFORE 01/01/96 FOR ANY REASON OTHER THAN STUDENT LIVING AWAY AT SCHOOL IN GRADES 1-12 (DATE AT RE41)
  OR
  - FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ OR
  - FLAGGED AS ‘NEW STUDENT’ OR
  - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’ OR
  - ADDED TO THE RU AT RE54 OR RE55 AND FLAGGED AS ‘SAMPLEABLE AT NHIS’ AT RE56A

REFERENCES IN THE RE-B SUBSECTION TO RU MEMBERS OR TO THE RU-MEMBERS-ROSTER POINT TO THE CURRENT STATUS OF THAT ROSTER, INCLUDING THE ADDITIONS AND DELETIONS, IF ANY, THAT OCCURRED IN RE-A.
BOX_28

<p>| IF STUDENT RU AND RU-MEMBERS-ROSTER IS EMPTY, |</p>
<table>
<thead>
<tr>
<th>GO TO BOX_44</th>
</tr>
</thead>
</table>

<p>| IF STUDENT RU AND RU-MEMBERS-ROSTER IS NOT EMPTY, |</p>
<table>
<thead>
<tr>
<th>GO TO BOX_37</th>
</tr>
</thead>
</table>

<p>| IF STANDARD OR NEW RU |
| AND |
| RU-MEMBERS-ROSTER IS EMPTY |
| AND |
| NO PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS ONE OF THE FOLLOWING: |
| - ‘NEW STUDENT’ |
| OR |
| - ‘NON-MILITARY MOVER IN U.S.’ |
| OR |
| - ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’, |</p>
<table>
<thead>
<tr>
<th>GO TO BOX_44</th>
</tr>
</thead>
</table>

<p>| IF STANDARD OR NEW RU |
| AND |
| RU-MEMBERS-ROSTER IS EMPTY |
| AND |</p>
<table>
<thead>
<tr>
<th>AT LEAST ONE PERSON WHO WAS AN ORIGINAL RU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER AT THE TIME OF NHIS) WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND FLAGGED AS A ‘NEW STUDENT’, GO TO LOOP_09</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF STANDARD OR NEW RU</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>RU-MEMBERS-ROSTER IS EMPTY</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>AT LEAST ONE PERSON WHO WAS ADDED TO THE RU DURING THIS INTERVIEW AT RE54 OR RE55 WAS SUBSEQUENTLY REMOVED FROM THE RU-MEMBERS-ROSTER AND IS FLAGGED AS A ‘NEW STUDENT’,</td>
</tr>
<tr>
<td>GO TO LOOP_13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IF STANDARD OR NEW RU</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND</td>
</tr>
<tr>
<td>RU-MEMBERS-ROSTER IS EMPTY</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>NO ONE WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’,</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>AT LEAST ONE PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS EITHER OF THE FOLLOWING:</td>
</tr>
<tr>
<td>- ‘NON-MILITARY MOVER IN U.S.’</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>- ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’,</td>
</tr>
<tr>
<td>GO TO RE85A</td>
</tr>
</tbody>
</table>

| IF STANDARD OR NEW SINGLE-PERSON RU |
| AND                    |
| NO ONE WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’, |
| GO TO BOX_29              |

| IF MULTI-PERSON RU       |
| OR                      |
| (IF STANDARD OR NEW SINGLE-PERSON RU AND |
| AT LEAST ONE PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’), |
| CONTINUE WITH RE76       |
ASK RELATIONSHIP FOR EACH BLANK FIELD.

{What {is/was} {ROW PERSON'S NAME} relationship to {COLUMN PERSON'S NAME}?/We have recorded that {ROW PERSON'S NAME} {is/was} {COLUMN PERSON'S NAME} {COLUMN PERSON'S RELATIONSHIP}.}

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBER NAME</th>
<th>RE76_01. DU MEMBER 1</th>
<th>RE76_02. DU MEMBER 2</th>
<th>RE76_03. DU MEMBER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

1 = MOTHER                        5 = DAUGHTER/ADOPTED DAUGHTER
2 = FATHER                        6 = SON/ADOPTED SON
3 = SISTER/STEP-/HALF-            7 = WIFE/SPouse
4 = BROTHER/STEP-/HALF-           8 = HUSBAND/SPouse

PRESS F1 FOR COMPLETE LIST OF RELATIONSHIP CODES.

----------------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED.                   |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE DU-MEMBERS-ROSTER TO DISPLAY ALL DU MEMBERS WHO MEET EITHER OF THE FOLLOWING CONDITIONS: |
| - PERSON IS A MEMBER OF THE RU FOR THIS CASE   |
| OR |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND IS FLAGGED AS A 'NEW STUDENT’ |
----------------------------------------------------
DISPLAY 'What {is/was} {ROW PERSON’S NAME} relationship to {COLUMN PERSON’S NAME}?’ IF CELL WHERE CURSOR IS LOCATED IS BLANK. DISPLAY ‘is’ IF BOTH PERSONS ARE LIVING. DISPLAY ‘was’ IF EITHER OR BOTH PERSONS ARE DECEASED.

DISPLAY 'We have recorded that {ROW PERSON’S NAME} {is/was} {COLUMN PERSON’S NAME} {COLUMN PERSON’S RELATIONSHIP}.’ IF CELL CONTAINS A CODE. DISPLAY ‘is’ IF BOTH PERSONS ARE LIVING. DISPLAY ‘was’ IF EITHER OR BOTH PERSONS ARE DECEASED. FOR ‘{COLUMN PERSON’S RELATIONSHIP}’, DISPLAY ‘UNKNOWN’ IF RELATIONSHIP CODED ‘-7’ (REF) OR ‘-8’ (DK). OTHERWISE, DISPLAY TEXT FOR CODE.

<table>
<thead>
<tr>
<th><strong>MATRIX BEHAVIOR SPECIFICATIONS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ALLOW HORIZONTAL AND VERTICAL SCROLLING TO COLLECT RELATIONSHIPS AMONG ALL PERSONS IN THE MATRIX.</td>
</tr>
<tr>
<td>2. THE COLUMN HEADINGS ‘DU MEMBER 1’, ‘DU MEMBER 2’ AND ‘DU MEMBER 3’ ARE FILLED WITH THE NAMES OF DU MEMBERS IN THE ORDER PRESENTED IN THE ROSTER.</td>
</tr>
<tr>
<td>3. DISPLAY RELATIONSHIPS THAT WERE CODED IN PREVIOUS ROUND AND ARE STILL APPLICABLE.</td>
</tr>
<tr>
<td>4. DISPLAY BLANK FIELDS FOR RELATIONSHIPS NOT YET COLLECTED OR WHERE RELATIONSHIP WAS CODED ‘-7’ (REF) OR ‘-8’ (DK) IN PREVIOUS ROUND.</td>
</tr>
<tr>
<td>5. PLACE CURSOR ON FIRST BLANK FIELD. AFTER ENTRY, MOVE CURSOR TO NEXT BLANK CELL ON THAT ROW.</td>
</tr>
<tr>
<td>6. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.</td>
</tr>
<tr>
<td>7. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.</td>
</tr>
<tr>
<td>8. INTERVIEWERS SHOULD NOT BE ALLOWED TO DELETE ANY PERSON(S).</td>
</tr>
<tr>
<td>9. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY PERSON ON MATRIX.</td>
</tr>
</tbody>
</table>

| IF ANY RELATIONSHIP IS CODED ‘99’ (NOT RELATED), CONTINUE WITH RE77 |

| OTHERWISE, GO TO BOX_29 |
RE77
====

REVIEW RELATIONSHIPS BELOW. USE CODES 28-33 IF MORE DESCRIPTIVE.

28 = FEMALE PARTNER            32 = PARTNER’S DAUGHTER
29 = MALE PARTNER               33 = PARTNER’S SON
30 = MOTHER’S PARTNER           91 = OTHER RELATED, SPECIFY
31 = FATHER’S PARTNER

USE OTHER RELATIONSHIP CODES IF APPROPRIATE.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER UNRELATED MEMBER</th>
<th>RE77_01. DU MEMBER 1</th>
<th>RE77_02. DU MEMBER 2</th>
<th>RE77_03. SPECIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Other Specify]</td>
</tr>
<tr>
<td>2. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Other Specify]</td>
</tr>
<tr>
<td>3. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Other Specify]</td>
</tr>
</tbody>
</table>

PRESS F1 FOR COMPLETE LIST OF RELATIONSHIP CODES.

REFUSED AND DON’T KNOW ALLOWED.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON IS CODED ‘99’ (NOT RELATED) AT RE76 IN AT LEAST ONE CELL IN ROW WITH PERSON’S NAME
MATRIX BEHAVIOR SPECIFICATIONS:

1. Allow horizontal and vertical scrolling to collect relationships among all members in the matrix.

2. The first column displays the names of row persons coded '99' (not related) at RE76 for at least one relationship. The column headings 'DU MEMBER 1', 'DU MEMBER 2', etc. are filled with the names of the DU members.

3. Display relationships that were coded in RE76.

4. Allow interviewers to use all arrow keys to move cursor among rows and columns.

5. Interviewers should not be allowed to add new persons.

6. Interviewers should not be allowed to delete any person(s).

7. Interviewers should not be allowed to edit names of any person on matrix.

If at least one RU member or 'new student' meets the following condition:

- coded '99' (not related) for relationship with reference person at RE77, continue with RE78

Otherwise, go to BOX_29

BOX_28A OMITTED.

3-111
At this time, we are only collecting information about the people in this family. Therefore, that is all the information we will need about the non-related people who live here. We will **not** collect any additional information about (READ NAMES BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]  
[2. First Name,[Middle Name],Last Name-65]  
[3. First Name,[Middle Name],Last Name-65]

---

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET BOTH OF THE FOLLOWING CONDITIONS: |
| - AN RU MEMBER OR ‘NEW STUDENT’ DISPLAYED AT RE76 AND |
| - NOT RELATED TO REFERENCE PERSON (RELATIONSHIP TO REFERENCE PERSON CODED ‘99’ AT RE77) |

---

| REMOVE ALL RU MEMBERS DISPLAYED AT RE78 FROM THE RU-MEMBERS-ROSTER AND FLAG SUCH PERSONS AS REMOVED FROM THE ROSTER AT RE78. (NOTE THAT ‘NEW STUDENTS’ HAVE BEEN REMOVED FROM THE RU-MEMBERS-ROSTER EARLIER IN THE RE SECTION.) |

---

| IF PERSON DISPLAYED AT RE78 MEETS BOTH OF THE FOLLOWING CONDITIONS: |
| - ADDED TO THE RU DURING THIS INTERVIEW AND |
| - FLAGGED AS A ‘NEW STUDENT’, TURN OFF THE ‘NEW STUDENT’ FLAG. PERSON IS NOT RELATED TO REFERENCE PERSON AND, THEREFORE, DOES NOT MEET THE REQUIREMENTS FOR A ‘NEW STUDENT’ ASSOCIATED WITH THIS RU. PERSON IS NOT KEY AND IS OUT OF SCOPE FOR THIS STUDY. NO INFORMATION WILL BE COLLECTED FOR PERSON. |

---

3-112
BOX_28B OMITTED.

LOOP_08A OMITTED.

END_LP08A OMITTED.

BOX_29

----------------------------------------------------
| IF ROUND 1 AND AT LEAST ONE PERSON ON THE         |
| DU-MEMBERS-ROSTER MEETS EITHER OF THE FOLLOWING   |
| SETS OF CONDITIONS:                               |
| PERSON IS:                                        |
|    - CURRENTLY ON THE RU-MEMBERS-ROSTER          |
|        AND                                       |
|    - AGE 17 - 23, INCLUSIVE, AT THE TIME OF NHIS |
|        AND                                       |
|    - AN ORIGINAL RU OR DU MEMBER (THAT IS, ON THE |
|        RU-MEMBERS-ROSTER OR THE DU-MEMBERS-ROSTER|
|        AT THE START OF THIS ROUND)                |
|        AND                                       |
|    - PERSON’S KEYNESS HAS NOT YET BEEN DETERMINED|
|        DURING THIS INTERVIEW OR IN A PREVIOUS     |
|        INTERVIEW WITHIN THIS ROUND                |
| OR PERSON IS:                                     |
|    - FLAGGED AS A 'NEW STUDENT'                  |
|        AND                                       |
|    - AN ORIGINAL RU MEMBER (THAT IS, ON THE RU- |
|        MEMBERS-ROSTER AT THE START OF THIS ROUND),|
| CONTINUE WITH LOOP_09                            |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_30A                           |
----------------------------------------------------
LOOP_09
=======

<p>| FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER,   |</p>
<table>
<thead>
<tr>
<th>ASK RE79-END_LP09</th>
</tr>
</thead>
</table>

LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION TO IDENTIFY THE FOLLOWING TYPES OF STUDENTS:
- STUDENTS SAMPLED BY NHIS APART FROM THEIR PARENTS
  AND
- STUDENTS WHO ARE LIVING ‘PERMANENTLY’ APART FROM THEIR PARENTS AND WHO DO NOT RECEIVE HEALTH CARE BENEFITS THROUGH THE CURRENT RU

THIS LOOP CYCLES ON PERSONS ON THE DU-MEMBERS-ROSTER WHO MEET EITHER OF THE FOLLOWING SETS OF CONDITIONS:

PERSON IS:
- CURRENTLY ON THE RU-MEMBERS-ROSTER
  AND
- AGE 17 - 23, INCLUSIVE, AT THE TIME OF NHIS
  AND
- AN ORIGINAL RU OR DU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER OR THE DU-MEMBERS-ROSTER AT THE START OF THIS ROUND)
  AND
- PERSON’S KEYNESS HAS NOT YET BEEN DETERMINED DURING THIS INTERVIEW OR IN A PREVIOUS INTERVIEW WITHIN THIS ROUND

OR PERSON IS:
- FLAGGED AS A ‘NEW STUDENT’
  AND
- AN ORIGINAL RU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER AT THE START OF THIS ROUND).
{PERSON’S FIRST MIDDLE LAST NAME}

At the time of the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW} (were/was) (PERSON) attending school?

YES ........................................ 1
NO ........................................... 2 {END_LP09}
REF ....................................... -7 {END_LP09}
DK ......................................... -8 {END_LP09}

{PERSON’S FIRST MIDDLE LAST NAME}

(Were/Was) (PERSON) attending ...

grades 1-12, .............................1 {END_LP09}
a college or university, or ..........2
some other training school after
    high school? ..........................3
REF .................................... -7 {END_LP09}
DK ..................................... -8 {END_LP09}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

------------------------------------------------------------------------
| IF CODED ‘2’ (COLLEGE) OR ‘3’ (OTHER TRAINING | |
| SCHOOL) | |
| AND | |
| PERSON WAS NOT CODED ‘NEVER MARRIED’ AT NHIS | |
| INTERVIEW, | |
| GO TO END_LP09 | |
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF CODED ‘2’ (COLLEGE) OR ‘3’ (OTHER TRAINING | |
| SCHOOL) | |
| AND | |
| PERSON WAS CODED ‘NEVER MARRIED’ AT NHIS | |
| INTERVIEW, | |
| CONTINUE WITH RE80A | |
------------------------------------------------------------------------
RE80A
=====

{PERSON’S FIRST MIDDLE LAST NAME}

At the time of the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW} were either of (PERSON)’s parents living in this household?

YES ............................................. 1 {END_LP09}
NO ................................................ 2
REF ................................................ -7 {END_LP09}
DK .................................................. -8 {END_LP09}

RE81
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does)(PERSON) have parents who live somewhere else?

YES ............................................. 1
NO ................................................. 2 {END_LP09}
REF ............................................. -7
DK .............................................. -8

BOX_29A OMITTED.
=====

3-116
RE82
====

(PERSON'S FIRST MIDDLE AND LAST NAME)

Is this (PERSON)'s usual year-round place of residence or is this (PERSON)'s place of residence only during the school year?

USUAL YEAR-ROUND PLACE OF RESIDENCE .... 1 {END_LP09}
RESIDENCE ONLY DURING SCHOOL YEAR ...... 2 {END_LP09}
SOME OTHER ARRANGEMENT ................ 91
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

--------------------------------------------------------------------------------
| IF RE82 CODED ‘2’ (RESIDENCE ONLY DURING SCHOOL YEAR) AND PERSON IS FLAGGED AS A ‘NEW STUDENT’, TURN OFF THE ‘NEW STUDENT’ FLAG. PERSON DOES NOT MEET THE REQUIREMENTS FOR A ‘NEW STUDENT’ ASSOCIATED WITH THIS RU. PERSON IS NOT KEY AND IS OUT OF SCOPE FOR THIS STUDY. NO INFORMATION WILL BE COLLECTED FOR PERSON. |
--------------------------------------------------------------------------------

BOX_29B OMITTED.
(PERSON'S FIRST MIDDLE AND LAST NAME)

Does someone in this household have primary responsibility for (PERSON)'s health and health care?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF PRIMARY RESPONSIBILITY.

| IF RE83 CODED ‘2’ (NO), ‘-7’ (DON’T KNOW), OR ‘-8’ (REFUSED) |
| AND |
| PERSON IS FLAGGED AS A ‘NEW STUDENT’, |
| TURN OFF THE ‘NEW STUDENT’ FLAG. PERSON DOES NOT |
| MEET THE REQUIREMENTS FOR A ‘NEW STUDENT’ |
| ASSOCIATED WITH THIS RU. PERSON IS NOT KEY AND |
| IS OUT OF SCOPE FOR THIS STUDY. NO INFORMATION |
| WILL BE COLLECTED FOR PERSON. |

END_LP09

-------------------

<p>| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP |</p>
<table>
<thead>
<tr>
<th>DEFINITION.</th>
</tr>
</thead>
</table>

<p>| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |</p>
<table>
<thead>
<tr>
<th>END LOOP_09 AND CONTINUE WITH BOX_30</th>
</tr>
</thead>
</table>
IF AT LEAST ONE PERSON BECAME NON-KEY IN THE COURSE OF LOOP_09, THAT IS, IF AT LEAST ONE PERSON WHOSE KEYNESS WAS EVALUATED IN LOOP_09 MEETS EITHER OF THE FOLLOWING CONDITIONS:

PERSON IS:
- AGE 17 - 23, INCLUSIVE, AND LIVES IN RU ONLY DURING SCHOOL YEAR (RE82 CODED ‘2’)

OR PERSON IS:
- AGE 17-23, INCLUSIVE, AND RU IS NOT PERSON’S YEAR-ROUND RESIDENCE, AND PERSON’S HEALTH CARE IS NOT THE PRIMARY RESPONSIBILITY OF AN RU MEMBER (RE83 CODED ‘2’, ‘-7’, OR ‘-8’),

CONTINUE WITH RE84

OTHERWISE, GO TO BOX_30A
RE84
====

At this time, we are only collecting information about persons who are usual year-round residents of this household and for whom we can collect health care information. Therefore, the remaining questions will not be asked about (READ NAMES BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

-------------------------------------
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON’S KEYNESS WAS EVALUATED IN LOOP_09 AND EITHER OF THE FOLLOWING CONDITIONS:
  - PERSON LIVES IN THE RU ONLY DURING THE SCHOOL YEAR (RE82 CODED ‘2’)
  OR
  - RU IS NOT PERSON’S YEAR-ROUND RESIDENCE AND PERSON’S HEALTH CARE IS NOT THE PRIMARY RESPONSIBILITY OF ANOTHER RU MEMBER RE83 CODED ‘2’, ‘-7’, OR ‘-8’)

-------------------------------------

IF ANY PERSON MEETS EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER AND
- PERSON WAS DETERMINED TO BE NON-KEY IN THE COURSE OF LOOP_09 (THAT IS, PERSON WAS DISPLAYED AT RE84)
REMOVE PERSON FROM THE RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED FROM RU-MEMBERS-ROSTER AT RE84.

NO FURTHER INFORMATION WILL BE COLLECTED FOR SUCH PERSONS OR FOR THE ‘NEW STUDENTS’ WHO HAD THE ‘NEW STUDENT’ FLAG TURNED OFF DURING THE COURSE OF LOOP_09. THESE PERSONS ARE NON-KEY AND OUT-OF-SCOPE (INELIGIBLE FOR REST OF SURVEY).

-------------------------------------
DETERMINE THE KEYNESS AND ELIGIBILITY OF ALL PERSONS ON THE RU-MEMBERS-ROSTER.

THE DETERMINATION OF KEYNESS AND ELIGIBILITY IS BASED ON DEFINED CRITERIA AND IS DETERMINED IN THE FOLLOWING ORDER:
1. DETERMINE THE KEYNESS OF PERSONS WHO ARE NOT NEWBORN
2. DETERMINE THE KEYNESS OF PERSONS WHO ARE NEWBORN
3. DETERMINE THE ELIGIBILITY OF ALL PERSONS ON THE RU-MEMBERS-ROSTER

KEYNESS AND ELIGIBILITY FOR PERSONS WHO HAVE BEEN REMOVED FROM THE RU-MEMBERS-ROSTER IS DETERMINED ELSEWHERE IN THE REENUMERATION (RE) SECTION OF THE INSTRUMENT.

DELETE ANY RU MEMBERS WHO ARE DETERMINED TO BE INELIGIBLE FROM THE RU-MEMBERS-ROSTER.

IF THE RU-MEMBERS-ROSTER IS NOT EMPTY (THAT IS, IF AT LEAST ONE RU MEMBER REMAINS ELIGIBLE FOR THE SURVEY IN THE CURRENT ROUND, CONTINUE WITH RE85

IF THE RU-MEMBERS-ROSTER IS EMPTY (THAT IS NO RU MEMBER REMAINS ELIGIBLE FOR THE SURVEY IN THE CURRENT ROUND), GO TO RE85A
THESE ARE NOW THE MEMBERS OF THE RU WHO WILL BE INCLUDED IN THIS INTERVIEW.

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

{FULL NAME OF REFERENCE PERSON......}'S FAMILY:

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.
INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON ............................. 1
TELEPHONE ............................. 2

(Code One)

<table>
<thead>
<tr>
<th>IF AT LEAST ONE PERSON REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A 'NEW STUDENT', GO TO BOX_37</th>
</tr>
</thead>
</table>

<p>| IF NO PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A 'NEW STUDENT' AND AT LEAST ONE PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS EITHER OF THE FOLLOWING: |
| - 'NON-MILITARY MOVER IN U.S.' OR |</p>
<table>
<thead>
<tr>
<th>- 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY', GO TO RE111</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (NO 'NEW STUDENT', 'NON-MILITARY MOVER IN U.S.', OR 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY'), GO TO BOX_44</th>
</tr>
</thead>
</table>

BOX_31 OMITTED.
RE86 OMITTED.
RE87 OMITTED.
LOOP_10 OMITTED.
RE88 OMITTED.
====

END_LP10 OMITTED.
==========

BOX_32 OMITTED.
====

RE89 OMITTED.
====

RE90 OMITTED.
====

LOOP_11 OMITTED.
==========

RE91 OMITTED.
====

END_LP11 OMITTED.
==========

BOX_33 OMITTED.
====

RE92 OMITTED.
====

RE93 OMITTED.
====

RE93A OMITTED.
====

RE93B OMITTED.
====
BOX_34
=======

| IF ROUND 1                  |
| AND                         |
| AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER |
| IS > 16 YEARS OLD AND NOT CODED ‘FULL TIME ACTIVE’ |
| DUTY IN THE MILITARY’       |
| CONTINUE WITH RE94A         |

| IF NOT ROUND 1              |
| AND                         |
| AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER |
| IS > 16 YEARS OLD AND < 60 YEARS OLD,         |
| GO TO LOOP_12A0             |

| OTHERWISE, GO TO BOX_35     |

BOX_35AA OMITTED.

BOX_34A OMITTED.

RE94 OMITTED (INTEGRATED WITH RE94A).
RE94A

{In addition to (READ NAMES BELOW), has/Has} anyone in the family ever served on active duty in the Armed Forces of the United States?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES .................................... 1
NO ..................................... 2 {BOX_35}
REF ................................... -7 {BOX_35}
DK .................................... -8 {BOX_35}

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

---------------------------------------------
| IF AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER |
| IS CODED AS ON FULL-TIME ACTIVE DUTY IN THE |
| MILITARY (RE35 CODED ‘6’) IN ANY INTERVIEW DURING |
| THIS ROUND, DISPLAY THE INTRODUCTORY PHRASE ‘In |
| addition to ...’ AND THE SCREEN INSTRUCTIONS AND |
| ROSTER. OTHERWISE, DISPLAY ‘Has’ AND DO NOT |
| DISPLAY THE SCREEN INSTRUCTIONS AND ROSTER. |

---------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET THE |
| FOLLOWING CONDITION: |
| - CODED AS ON FULL-TIME ACTIVE DUTY IN THE |
| MILITARY (RE35 CODED ‘6’) IN ANY INTERVIEW |
| DURING THIS ROUND, |

3-126
Who {else} has served on active duty in the Armed Forces?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

1. First Name,[Middle Name],Last Name-65
2. First Name,[Middle Name],Last Name-65
3. First Name,[Middle Name],Last Name-65

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

--------------------------------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
| - AGE > 16 YEARS OLD
| AND
| - NOT CODED AS ON FULL-TIME ACTIVE DUTY IN THE MILITARY (RE35 CODED ‘6’) IN ANY INTERVIEW DURING THIS ROUND

--------------------------------------------------------------------------------------------------------

DISPLAY ‘else’ IF A ROSTER WAS DISPLAYED AT RE94. OTHERWISE, USE NULL DISPLAY.

--------------------------------------------------------------------------------------------------------

**ROSTER BEHAVIOR SPECIFICATIONS:**

1. INTERVIEWER MAY SELECT ANY NUMBER OF PERSON(S) LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD NOT BE ABLE TO EDIT ANY OF THE NAMES.
3. INTERVIEWER SHOULD NOT BE ABLE TO ADD NEW PERSONS.
4. INTERVIEWER SHOULD NOT BE ABLE TO DELETE ANY PERSONS.

--------------------------------------------------------------------------------------------------------
LOOP_12
=======

| FOR EACH ELEMENT IN RU-MEMBER-ROSTER,                  |
| ASK RE96-END_LP12                                       |

LOOP DEFINITION: LOOP_12 COLLECTS INFORMATION ON WHEN PERSON SERVED IN THE ARMED FORCES AND WHETHER PERSON IS CURRENTLY ON FULL-TIME ACTIVE DUTY. THIS LOOP CYCLES ON RU MEMBERS SELECTED AT RE95.

RE96
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON) serve in the Armed Forces?

World War I (April 1917 - Nov. 1918) ... 1
World War II (Sept. 1940 - July 1947) ... 2
Korean War (June 1950 - Jan. 1955) ...... 3
Vietnam Era (Aug. 1964 - April 1975) ... 4
Post-Vietnam (May 1975 - Present) ...... 5
Other service (all other periods) ...... 6
REF ................................... -7
DK .................................... -8

[Code All That Apply]

IF PERSON IS < 60 YEARS OF AGE,
CONTINUE WITH RE96A

OTHERWISE, GO TO END_LP12
RE96A

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is (PERSON) now on full-time active duty service with the Armed Forces of the United States?

YES .................................... 1
NO ........................................ 2 {END_LP12}
REF ........................................ -7 {END_LP12}
DK ......................................... -8 {END_LP12}

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

----------------------------------------------------
| IF CODED '1' (YES), FLAG PERSON AS 'FULL-TIME MILITARY AND LIVING IN RU'. |
----------------------------------------------------

RE96B

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) enter full-time active duty service in the Armed Forces?

[Enter Month, Day, Year -2] ............
REF ........................................ -7
DK .......................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

END_LP12

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_12 AND CONTINUE WITH BOX_35A |
----------------------------------------------------
LOOP_12A0
=======

FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK
RE96B1-END_LP12A0

LOOP DEFINITION: LOOP_12A0 COLLECTS INFORMATION TO DETERMINE WHETHER PERSON IS CURRENTLY ON
FULL-TIME ACTIVE DUTY IN THE MILITARY. THIS LOOP CYCLES ON RU MEMBERS WHO ARE > 16 YEARS OLD AND
< 60 YEARS OLD.

RE96B1
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is (PERSON) now on full-time active duty service with the Armed Forces of the United States?

YES ................................. 1
NO ................................. 2
REF .................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

IF CODED '1' (YES), FLAG PERSON AS 'FULL-TIME MILITARY AND LIVING IN RU'.

IF CODED '1' (YES), AND PREVIOUS ROUND STATUS NOT FULL-TIME MILITARY LIVING IN THE RU/FULL-TIME MILITARY IN U.S. AND NOT ON A MILITARY FACILITY, CONTINUE WITH RE96B2

OTHERWISE, GO TO END_LP12A0

3-130
On what date did (PERSON) enter full-time active duty service in the Armed Forces?

[Enter Month, Day, Year -2] ............
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.
BOX_35A

--------------------------------------------------------------------------------------------------

| IF AT LEAST ONE RU MEMBER IS KEY AND NOT FULL-TIME MILITARY (THAT IS, KEY AND NOT FLAGGED AS EITHER: |
| - ‘FULL-TIME MILITARY AND LIVING IN RU’ |
| OR |
| - ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’, |
| PERSONS FLAGGED DURING LOOP_12 OR LOOP_12A0 AS ‘FULL-TIME MILITARY LIVING IN RU’ ARE ELIGIBLE FOR THIS INTERVIEW. |

--------------------------------------------------------------------------------------------------

| IF NO RU MEMBER IS KEY AND NOT FULL-TIME MILITARY (THAT IS, KEY AND NOT FLAGGED AS EITHER: |
| - ‘FULL-TIME MILITARY AND LIVING IN RU’ |
| OR |
| - ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’, |
| PERSONS FLAGGED DURING LOOP_12 OR LOOP_12A0 AS ‘FULL-TIME MILITARY LIVING IN RU’ ARE NOT ELIGIBLE FOR THIS INTERVIEW. REMOVE ALL PERSONS FLAGGED AS ‘FULL-TIME MILITARY LIVING IN RU’ FROM THE RU-MEMBERS-ROSTER AND FLAG PERSONS AS REMOVED AT LOOP_12 OR LOOP_12A0. |

--------------------------------------------------------------------------------------------------

| IF NO ONE WAS REMOVED FROM THE RU-MEMBERS-ROSTER AT LOOP_12 OR LOOP_12A0, |
| GO TO BOX_35 |

--------------------------------------------------------------------------------------------------

| IF AT LEAST ONE PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER AT LOOP_12 OR LOOP_12A0 AND AT LEAST ONE PERSON REMAINS ELIGIBLE FOR THE INTERVIEW (THAT IS, THE RU-MEMBERS-ROSTER IS NOT EMPTY), |
| GO TO RE96E |

--------------------------------------------------------------------------------------------------

| IF THE RU-MEMBERS-ROSTER IS EMPTY (THAT IS, ALL REMAINING RU MEMBERS WERE REMOVED AT LOOP_12 OR LOOP_12A0), CONTINUE WITH RE96C |

--------------------------------------------------------------------------------------------------
INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON ............................. 1
TELEPHONE ............................. 2

(Code One)

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:
- FLAGGED AS ‘FULL-TIME MILITARY LIVING IN RU’
- REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW
BOX_35
======

-----------------------------------------------
| IF ANY PERSONS ON THE RU-MEMBERS-ROSTER MEET THE |
| FOLLOWING CONDITION:                            |
| - AGE > 16,                                     |
| CONTINUE WITH RE97                              |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO BOX_37                        |
-----------------------------------------------

BOX_36 OMITTED.
======
(Are/Is) (PERSON) now married, widowed, divorced, separated, or never married?

1 = MARRIED  2 = WIDOWED  3 = DIVORCED  4 = SEPARATED  
5 = NEVER MARRIED.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. FIRST MIDDLE LAST NAME</th>
<th>RE97 02. MARITAL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITIONS OF MARITAL STATUS CODES.

----------------------------------------
| REFUSED AND DON’T KNOW ALLOWED. |
----------------------------------------

----------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| IN THE RU-MEMBERS-ROSTER WHO MEET THE |
| FOLLOWING CONDITION: |
| - AGE > 16 |
----------------------------------------

----------------------------------------
| MATRIX BEHAVIOR SPECIFICATIONS: |
| 1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW |
| KEYS TO MOVE CURSOR AMONG ROWS. |
| 2. RU MEMBERS COLUMN IS PROTECTED. CURSOR WILL |
| NOT ENTER THIS COLUMN, SO NO CHANGES ARE |
| ALLOWED TO RU MEMBERS AT THIS SCREEN. |
----------------------------------------
BOX_37

-----

| IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS ANY ONE OF THE FOLLOWING CONDITIONS: |
| - PERSON IS AN RU MEMBER AND ETHNICITY DATA IS MISSING |
| OR |
| - PERSON IS FLAGGED AS A ‘NEW STUDENT’ ASSOCIATED WITH THIS RU AND ETHNICITY DATA IS MISSING, |
| CONTINUE WITH LOOP_13 |

-----

| OTHERWISE, GO TO BOX_38 |

-----

LOOP_13

-----

| FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, ASK |
| RE98-END_LP13 |

-----

| LOOP DEFINITION: LOOP_13 COLLECTS ETHNICITY FOR RU MEMBERS AND NEW STUDENTS WHOSE ETHNICITY DATA IS MISSING. THIS LOOP CYCLES ON DU MEMBERS WHO MEET EITHER OF THE FOLLOWING CONDITIONS: |
| - PERSON IS AN RU MEMBER AND ETHNICITY DATA IS MISSING |
| OR |
| - PERSON IS FLAGGED AS A ‘NEW STUDENT’ ASSOCIATED WITH THIS RU AND ETHNICITY DATA IS MISSING |

3-136
RE98

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD RE-1.

Do any of the groups on this card represent (PERSON)'s main national origin or ancestry?

YES ................................. 1
NO ...................................... 2 [END_LP13]
REF ...................................... -7 [END_LP13]
DK ...................................... -8 [END_LP13]

PRESS F1 FOR DEFINITIONS OF GROUPS LISTED ON CARD.

RE99

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD RE-1.

Which group represents (PERSON)'s main national origin or ancestry?

IF RESPONDENT CANNOT CHOOSE ONE NATIONAL ORIGIN, PRESS F1 FOR APPROPRIATE PROBES.

PUERTO RICAN .......................... 1 [END_LP13]
CUBAN .................................. 2 [END_LP13]
MEXICAN, MEXICAN-AMERICAN, MEXICANO,
CHICANO ............................... 3 [END_LP13]
OTHER LATIN AMERICAN ............... 4
OTHER SPANISH ........................ 5
OTHER .................................... 91 [END_LP13]
REF ...................................... -7 [END_LP13]
DK ...................................... -8 [END_LP13]

[Code One]

ALSO PRESS F1 FOR DEFINITIONS OF NATIONAL ORIGIN/ANCESTRY.
What country would that be?

IF NECESSARY, PROBE: Which country **best** represents (PERSON)'s main national origin or ancestry?

IF RESPONDENT CANNOT CHOOSE ONE COUNTRY, PRESS F1 FOR APPROPRIATE PROBES.

ARGENTINA .............................. 1 {END_LP13}
BOLIVIA ................................ 2 {END_LP13}
BRAZIL ................................. 3 {END_LP13}
CHILE .................................... 4 {END_LP13}
COLOMBIA ............................... 5 {END_LP13}
COSTA RICA ............................. 6 {END_LP13}
ECUADOR ................................. 7 {END_LP13}
DOMINICAN REPUBLIC ................. 8 {END_LP13}
EL SALVADOR ............................ 9 {END_LP13}
GUATEMALA ............................. 10 {END_LP13}
HONDURAS ............................... 11 {END_LP13}
NICARAGUA ............................. 12 {END_LP13}
PANAMA .................................. 13 {END_LP13}
PARAGUAY ............................... 14 {END_LP13}
PERU ..................................... 15 {END_LP13}
PORTUGAL ............................... 16 {END_LP13}
URUGUAY ................................. 17 {END_LP13}
VENEZUELA ............................... 18 {END_LP13}
SPAIN ................................... 19 {END_LP13}
OTHER ................................. 91
REF ................................... -7 {END_LP13}
DK .................................... -8 {END_LP13}

[Code One]

RE100OV

ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK .................................... -8
END_LP13

-----------------------------
| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP  |
| DEFINITION.                                   |
-----------------------------

-----------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_13 AND CONTINUE WITH BOX_38          |
-----------------------------

BOX_38

-----------------------------
| IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS |
| ANY ONE OF THE FOLLOWING CONDITIONS:         |
| - PERSON IS AN RU MEMBER AND RACE DATA IS MISSING |
| OR                                           |
| - PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED |
| WITH THIS RU AND RACE DATA IS MISSING,       |
| CONTINUE WITH LOOP_14                       |
-----------------------------

-----------------------------
| OTHERWISE, GO TO LOOP_15           |
-----------------------------
LOOP_14

----------------------------------------------------
| FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, ASK    |
| RE101-END_LP14                                    |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_14 COLLECTS RACE DATA FOR   |
| RU MEMBERS AND NEW STUDENTS WHOSE RACE DATA IS    |
| IS MISSING. THIS LOOP CYCLES ON DU MEMBERS WHO    |
| MEET EITHER OF THE FOLLOWING CONDITIONS:          |
| - PERSON IS AN RU MEMBER AND RACE DATA IS MISSING|
| OR                                                |
| - PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED |
| WITH THIS RU AND RACE DATA IS MISSING,            |
----------------------------------------------------

RE101

{(PERSON'S FIRST MIDDLE AND LAST NAME)

SHOW CARD RE-2.

Please look at this card and tell me the group which \textit{best} describes (PERSON)'s racial background.

PROBE: Which group \textit{best} represents (PERSON)'s race ...
MEPS FAMES Panel 1 Round 3 Reenumeration (RE) Section Subsection B
January 31, 1997

RE102
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

ENTER CODE TO SPECIFY 'OTHER' RACIAL BACKGROUND.

IF RESPONDENT CANNOT CHOOSE ONE RACE, PRESS F1 FOR APPROPRIATE PROBES.

AFRICAN AMERICAN ....................... 1 {END_LP14}
ASIAN INDIAN ........................... 2 {END_LP14}
CHINESE ................................ 3 {END_LP14}
FILIPINO ............................... 4 {END_LP14}
GUAMANIAN .............................. 5 {END_LP14}
HAWAIIAN ............................... 6 {END_LP14}
JAPANESE ............................... 7 {END_LP14}
KOREAN ................................. 8 {END_LP14}
SAMOAN ................................. 9 {END_LP14}
VIETNAMESE ............................ 10 {END_LP14}
OTHER ................................. 91

REF ................................... -7 {END_LP14}
DK .................................... -8 {END_LP14}

[Code One]

RE102OV
=====

ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK .................................... -8

END_LP14
=====

-----------------------------------------------
| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION.                                    |
-----------------------------------------------

-----------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_14 AND CONTINUE WITH LOOP_15         |
-----------------------------------------------
LOOP_15

 FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX_39-END_LP15

 LOOP DEFINITION: LOOP_15 COLLECTS INFORMATION ON EDUCATION LEVEL OF ALL RU MEMBERS AND NEW STUDENTS. THIS LOOP CYCLES ON RU MEMBERS WHO MEET EITHER OF THE FOLLOWING CONDITIONS:
  - PERSON IS AN RU MEMBER (THAT IS, CURRENTLY ON THE RU-MEMBERS-ROSTER FOR THIS RU)
  - PERSON IS FLAGGED AS A ‘NEW STUDENT’ ASSOCIATED WITH THIS RU

BOX_39

 IF PERSON’S AGE < 4 YEARS, CODE RE103 AS ‘0’ (NEVER ATTENDED SCHOOL/KINDERGARTEN ONLY) AUTOMATICALLY BY CAPI, THEN GO TO END_LP15

 OTHERWISE, CONTINUE WITH RE103
**RE103**

---

**{PERSON'S FIRST MIDDLE AND LAST NAME}**

What is the highest grade or year of regular school (PERSON) ever completed?

- **NEVER ATTENDED SCHOOL/KINDERGARTEN**
  - ONLY ........................................ 0

- **ELEMENTARY**
  - FIRST GRADE ............................... 1
  - SECOND GRADE .............................. 2
  - THIRD GRADE ............................... 3
  - FOURTH GRADE .............................. 4
  - FIFTH GRADE ............................... 5
  - SIXTH GRADE ............................... 6
  - SEVENTH GRADE ............................. 7
  - EIGHTH GRADE .............................. 8

- **HIGH SCHOOL**
  - NINTH GRADE ............................... 9
  - TENTH GRADE ............................... 10
  - ELEVENTH GRADE ........................... 11
  - TWELFTH GRADE (HIGH SCHOOL DIPLOMA) ... 12

- **COLLEGE**
  - FIRST YEAR ............................... 13
  - SECOND YEAR .............................. 14
  - THIRD YEAR ............................... 15
  - FOURTH YEAR (BACHELOR’S DEGREE) ...... 16
  - FIVE OR MORE YEARS (GRADUATE DEGREE) .. 17

- **REF** ...................................... -7
- **DK** ....................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF REGULAR SCHOOL AND GRADE OR YEAR.

---

<table>
<thead>
<tr>
<th>IF CODED '0' (NEVER ATTENDED SCHOOL/KINDERGARTEN ONLY) – '12' (TWELFTH GRADE (HIGH SCHOOL DIPLOMA)) AND PERSON = OR &gt; 16, CONTINUE WITH RE104</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>IF CODED '13' THROUGH '17' (COLLEGE LEVEL), '-7' (REFUSED), OR '-8' (DON’T KNOW), GO TO RE105</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP15</th>
</tr>
</thead>
</table>

3-143
{PERSON'S FIRST MIDDLE AND LAST NAME}

{Do/Does/Did} (PERSON) have a high school diploma or {have/has/had} (PERSON) passed the GED equivalency test?

| HAVE HIGH SCHOOL DIPLOMA .......... 1 [END_LP15] |
| PASSED GED ........................... 2 [END_LP15] |
| NEITHER HIGH SCHOOL DIPLOMA OR GED .... 3 [END_LP15] |
| REF ................................... -7 [END_LP15] |
| DK .................................... -8 [END_LP15] |

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| DISPLAY 'Do' AND 'have' IF PERSON IS RESPONDENT. |
| DISPLAY 'Does' AND 'has' IF PERSON IS NOT RESPONDENT AND LIVING. DISPLAY 'Did' AND 'had' IF PERSON IS DECEASED. |

BOX_40 OMITTED.
{PERSON’S FIRST MIDDLE AND LAST NAME}

What is the highest educational degree (PERSON) obtained?

BACHELOR’S DEGREE ......................... 1
MASTER’S DEGREE ............................ 2
DOCTORATE DEGREE .......................... 3
NO DEGREE .................................... 4
OTHER ......................................... 91
REF ............................................... -7
DK .................................................. -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

END_LP15

-- ----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP    |
| DEFINITION.                                     |
| ----------------------------------------------------
-- ----------------------------------------------------

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_15 AND CONTINUE WITH BOX_41           |
| ----------------------------------------------------
BOX_41

| IF RU TYPE IS STANDARD OR NEW (NOT A STUDENT RU) AND IF ANY PERSON ON THE RU-MEMBERS-ROSTER MEETS BOTH OF THE FOLLOWING CONDITIONS: |
| - AGE 17-23, INCLUSIVE AND |
| - NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES |
| 1-12, |
| CONTINUE WITH RE106 |

| OTHERWISE, GO TO BOX 42 |

RE106

(Is/Are) (READ NAMES BELOW) attending school either part-time or full-time?

CODE '1' (YES) IF ANY PERSON ATTENDING SCHOOL.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65] [2. First Name,[Middle Name],Last Name-65] [3. First Name,[Middle Name],Last Name-65]

YES ..................................... 1
NO ...................................... 2 {BOX_41A}
REF .................................... -7 {BOX_41A}
DK ..................................... -8 {BOX_41A}

PRESS F1 FOR DEFINITIONS OF PART-TIME/FULL-TIME.

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET ALL OF THE FOLLOWING CONDITIONS:
- AGE 17-23, INCLUSIVE AND
- NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12
Who is attending school either part-time or full-time?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

-----------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS ON |
| THE RU-MEMBERS-ROSTER THAT MEET BOTH OF THE |
| FOLLOWING CONDITIONS: |
| - AGE 17-23, INCLUSIVE |
| AND |
| - NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES |
| 1-12 |
-----------------------------------------

-----------------------------------------
| ROSTER BEHAVIOR SPECIFICATIONS: |
| 1. INTERVIEWER MAY SELECT A PERSON(S) ALREADY |
| LISTED ON THE ROSTER. |
| 2. INTERVIEWER SHOULD NOT BE ABLE TO EDIT ANY |
| OF THE NAMES. |
| 3. INTERVIEWER SHOULD NOT BE ABLE TO ADD NEW |
| PERSONS. |
| 4. INTERVIEWER SHOULD NOT BE ABLE TO DELETE ANY |
| PERSONS. |
-----------------------------------------
| IF ANY RU MEMBERS MEET EITHER OF THE FOLLOWING CONDITIONS: |
| - SELECTED AT RE107 |
| OR |
| - CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12, |
| CONTINUE WITH RE108 |

| OTHERWISE, GO TO BOX 42 |

RE108

{[Earlier you mentioned (PERSON) was living away at school in grades 1-12.] }Is (PERSON) attending school part-time or full-time?

1 = PART-TIME  2 = FULL-TIME

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBERS</th>
<th>RE108 02. PART-TIME/FULL-TIME STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>Enter Selection</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>Enter Selection</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>Enter Selection</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITIONS OF PART-TIME/FULL-TIME.

| REFUSED AND DON'T KNOW ALLOWED. |
ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS ATTENDING SCHOOL PART-TIME OR FULL-TIME (I.E., SELECTED AT RE107)
  OR
- PERSON IS PREVIOUSLY CODED AS LIVING AWAY AT SCHOOL GRADES 1-12

DISPLAY ‘[Earlier you mentioned (PERSON) was living away at school in grades 1-12. ] IF PERSON BEING ASKED ABOUT IS CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12. OTHERWISE, USE NULL DISPLAY.

MATRIX BEHAVIOR SPECIFICATIONS:
1. DISPLAY PERSONS WHO ARE AGE 17-23 (INCLUSIVE), ATTENDING SCHOOL PART-TIME OR FULL-TIME (I.E., SELECTED AT RE107) FIRST ON THE ROSTER. THEN DISPLAY PERSONS CODED AS LIVING AWAY AT SCHOOL GRADES 1-12.
2. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
3. RU MEMBERS COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO RU MEMBERS AT THIS SCREEN.

IF AT LEAST ONE DU MEMBER WAS REMOVED FROM THE RU-MEMBERS-ROSTER THIS ROUND AND IS FLAGGED AS A ‘NEW STUDENT’, CONTINUE WITH RE109

OTHERWISE, GO TO BOX 43
RE109
=====

We may conduct a separate interview with (READ NAMES BELOW) so I will remove (READ NAMES BELOW) from this form.

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

LINE THROUGH STUDENT NAMES ON HOUSEHOLD SUMMARY.

-------------------------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER THIS ROUND
| AND
| - PERSON IS FLAGGED AS A "NEW STUDENT"

-------------------------------------------------------------------------------------------------

----------------------------------------------------
| NOTE: IN ROUNDS 1 AND 2 QUESTION WAS WORDED, "We will conduct..."
----------------------------------------------------

LOOP_16
=======

-------------------------------------------------------------------------------------------------
| FOR EACH ELEMENT IN DU-MEMBERS-ROSTER,
| ASK RE110-END_LP16

-------------------------------------------------------------------------------------------------

LOOP DEFINITION: LOOP_16 COLLECTS LOCATING ADDRESS AND PHONE NUMBER FOR EACH STUDENT RU. THIS LOOP CYCLES ON PERSONS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER THIS ROUND
| AND
| - PERSON IS FLAGGED AS A "NEW STUDENT"

-------------------------------------------------------------------------------------------------
RE110

{PERSON’S FIRST MIDDLE AND LAST NAME}

Please give me the address and telephone number where (PERSON) can be reached at school.

IF NO TELEPHONE, ENTER ‘000’.

STREET_ADDRESS1 (RE110_01): [_______________]
STREET_ADDRESS2 (RE110_02): [_______________]
CITY (RE110_03): [_______________]
STATE (RE110_04): [_______________]
ZIP CODE (RE110_05): [_______________]
TELEPHONE (RE110_06): [_______________]

RECORD ADDRESS AND TELEPHONE ABOVE AND ON SPLIT/STUDENT MOVING FORM.

END_LP16

------

--------------------------------------------------------
| CYCLE ON THE NEXT PERSON IN THE DU-MEMBERS-ROSTER     |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP            |
| DEFINITION.                                           |
--------------------------------------------------------

--------------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS,         |
| END LOOP_16 AND CONTINUE WITH BOX_43                  |
--------------------------------------------------------
MEPS FAMES Panel 1 Round 3 Reenumeration (RE) Section Subsection B
January 31, 1997

BOX_43
=====

| IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS | IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS |
| EITHER OF THE FOLLOWING CONDITIONS: | EITHER OF THE FOLLOWING CONDITIONS: |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER | - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER |
| DURING THE INTERVIEW WITH THIS RU AND IS | DURING THE INTERVIEW WITH THIS RU AND IS |
| FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ | FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ |
| OR | OR |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER | - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER |
| DURING THE INTERVIEW WITH THIS RU AND IS | DURING THE INTERVIEW WITH THIS RU AND IS |
| ON MILITARY FACILITY’, | ON MILITARY FACILITY’, |
| CONTINUE WITH RE111 | CONTINUE WITH RE111 |

RE111
=====

We may (also) conduct a separate interview with (READ NAMES BELOW) so I will remove (READ NAMES BELOW) from this form.

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

LINE THROUGH NAMES LISTED ABOVE ON HOUSEHOLD SUMMARY SHEET.
MEPS TAMES Panel 1 Round 3 Reenumeration (RE) Section Subsection B
January 31, 1997

----------------------------------------------------
| NOTE: IN ROUNDS 1 AND 2 QUESTION WAS WORDED, “We |
| will conduct…”                                  |
----------------------------------------------------

LOOP_17
=======

----------------------------------------------------
| FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER,       |
| ASK RE111A-END_LP17                              |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_17 COLLECTS LOCATING       |
| INFORMATION FOR EACH PERSON WHO HAS LEFT THE RU  |
| AND MOVED TO ANOTHER HOUSEHOLD IN THE U.S. THIS  |
| LOOP CYCLES ON DU MEMBERS WHO MEET BOTH OF THE   |
| FOLLOWING CONDITIONS:                            |
| - PERSON NOT FLAGGED AS ‘PROCESSED MOVER’        |
| AND                                             |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER  |
| DURING THE INTERVIEW WITH THIS RU                |
| AND EITHER OF THE FOLLOWING CONDITIONS:          |
| - FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’        |
| OR                                              |
| - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT |
| ON MILITARY FACILITY’                           |
----------------------------------------------------
RE111A
======

{PERSON’S FIRST MIDDLE AND LAST NAME}

Please give me the address and telephone number where (PERSON) has moved.

IF NO TELEPHONE, ENTER ‘000’.

STREET_ADDRESS1 (RE111A_1): [_____________]
STREET_ADDRESS2 (RE111A_2): [_____________]
CITY (RE111A_3): [_____________]
STATE (RE111A_4): [_____________]
ZIP CODE (RE111A_5): [_____________]
TELEPHONE (RE111A_6): [_____________]

RECORD ADDRESS AND TELEPHONE ABOVE AND ON SPLIT/STUDENT MOVING FORM.

----------------------------------------------------
| FLAG PERSON AS ‘PROCESSED MOVER’.               |
----------------------------------------------------

----------------------------------------------------
| IF ALL PERSONS WHO MEET EITHER OF THE FOLLOWING |
| CONDITIONS:                                       |
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE  |
| INTERVIEW WITH THIS RU AND FLAGGED AS ‘NON-       |
| MILITARY MOVER IN U.S.’                          |
| OR                                               |
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE  |
| INTERVIEW WITH THIS RU AND FLAGGED AS ‘FULL-      |
| TIME MILITARY IN U.S. AND NOT ON MILITARY        |
| FACILITY’                                        |
| ARE FLAGGED AS ‘PROCESSED MOVER’,                |
| GO TO END_LP17                                   |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH RE111B                  |
----------------------------------------------------

3-154
{PERSON’S FIRST MIDDLE AND LAST NAME}

IF KNOWN, CODE WITHOUT ASKING.

Is (PERSON) living with any of the following family members? (READ NAMES BELOW)

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES ............................. 1
NO ................................. 2 {END_LP17}
REF ................................. -7 {END_LP17}
DK ................................. -8 {END_LP17}

-----------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL    |
| PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET BOTH OF |
| THE FOLLOWING CONDITIONS:                    |
|   - NOT FLAGGED AS ‘PROCESSED MOVER’         |
|   AND                                        |
|   - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE |
|   INTERVIEW WITH THIS RU                      |
| AND EITHER OF THE FOLLOWING CONDITIONS:      |
|   - FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’  |
|   OR                                         |
|   - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT |
|   ON MILITARY FACILITY’                      |
-----------------------------------------------
(PERSON’S FIRST MIDDLE AND LAST NAME)

Who lives with (PERSON)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

[Code All That Apply]

-------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET BOTH OF THE FOLLOWING CONDITIONS: |
| - NOT FLAGGED AS ‘PROCESSED MOVER’ AND |
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS RU AND EITHER OF THE FOLLOWING CONDITIONS: |
| - FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ OR |
| - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’ |
-------------------------------------------------------------------

-------------------------------------------------------------------
| FLAG ALL SELECTED PERSONS AS ‘PROCESSED MOVER’. |
-------------------------------------------------------------------

END_LP17

-------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
-------------------------------------------------------------------

-------------------------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_17 AND CONTINUE WITH BOX_44A |
-------------------------------------------------------------------

3-156
THE PROGRAM DETERMINES THE ELIGIBILITY OF PERSONS WHO HAVE MOVED TO ANOTHER HOUSEHOLD IN THE U.S. AND HAVE THEREFORE BEEN REMOVED FROM THE RU-MEMBERS-ROSTER FOR THE CURRENT CASE. THE ELIGIBILITY OF SUCH PERSONS IS BASED ON WHETHER THEY ARE KEY AND/OR MOVED WITH A KEY PERSON. IF A PERSON WHO HAS MOVED TO A HOUSEHOLD WITHIN THE U.S. IS DETERMINED TO BE ELIGIBLE, THAT PERSON WILL BE INTERVIEWED AS PART OF A NEW RU.

IF NO PERSONS ARE ELIGIBLE AS PART OF THIS RU FOR THE SURVEY THIS ROUND (THAT IS, IF THE RU-MEMBERS-ROSTER IS EMPTY), EXIT INTERVIEW.

OTHERWISE, CONTINUE WITH NEXT QUESTIONNAIRE SECTION
Review of Employment Information (RJ) Section

BOX_01
======

----------------------------------------------------
| IF INFORMATION ABOUT AT LEAST ONE CURRENT JOB WAS |
| COLLECTED FOR PERSON DURING THE PREVIOUS ROUND,    |
| ASK THE REVIEW OF EMPLOYMENT INFORMATION (RJ)      |
| SECTION. THAT IS, IF:                             |
|                                                           |
| - THIS IS NOT ROUND 1,                             |
| - PERSON NOT ADDED TO THE RU THIS ROUND,           |
| - PERSON WAS = OR > 16 YEARS OLD OR IN AGE CATEGORIES 4-9 DURING THE PREVIOUS ROUND, AND |
| - PERSON HAD A JOB WITH A JOB SUBTYPE FLAGGED AS  |
|   'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS JOB     |
|   WITHIN REFERENCE PERIOD' DURING THE PREVIOUS     |
|   ROUND,                                          |
|   CONTINUE WITH LOOP_01                           |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, SKIP THE RJ SECTION, THAT IS, GO TO    |
| BOX_06                                           |
----------------------------------------------------

BOX_02
======

OMITTED.
LOOP_01
 ======

| FOR EACH ELEMENT IN PERSON’S-JOBS-ROSTER, ASK |
| BOX_03 - END_LP01 |

LOOP DEFINITION: LOOP_01 REVIEWS AND UPDATES INFORMATION ABOUT CURRENT JOBS COLLECTED DURING THE PREVIOUS ROUND. THIS LOOP CYCLES ON THE PERSON’S JOBS THAT MEET THE FOLLOWING CONDITIONS:

- JOB IS AN ESTABLISHMENT FLAGGED AS ‘EMPLOYER’
- JOB SUBTYPE IS FLAGGED AS EITHER ‘CURRENT MAIN’ OR ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’

BOX_03
 ======

| IF JOB SUBTYPE FLAGGED AS ‘CURRENT MAIN’, |
| CONTINUE WITH RJ01 |

| OTHERWISE (IF JOB SUBTYPE FLAGGED AS ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’), GO |
| TO RJ06 |
MEPS FAMES Panel 1 Round 3 Review of Employment Information (RJ) Section
January 31, 1997

RJ01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT...} {JOB-ST}
{JOB-ED}

During our last interview on {PREV RD INTV DT}, we recorded
that (PERSON) worked at (ESTABLISHMENT). (Do/Does) (PERSON)
still work at (ESTABLISHMENT)?

YES ................................... 1
NO .................................... 2 {RJ09}
REF ................................... -7 {RJ09}
DK .................................... -8 {RJ09}

RJ01A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT...} {JOB-ST}
{JOB-ED}

Is (ESTABLISHMENT) still (PERSON)'s main job or business?

YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF MAIN JOB/BUSINESS.

<p>| IF CODED '2' (NO), CHANGE JOB SUBTYPE FLAG TO |
| 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE |</p>
<table>
<thead>
<tr>
<th>PERIOD'.</th>
</tr>
</thead>
</table>

<p>| IF RJ01 IS CODED '1' (YES) AND JOB BEING ASKED |</p>
<table>
<thead>
<tr>
<th>ABOUT FLAGGED AS 'SELF-EMPLOYED', GO TO RJ04</th>
</tr>
</thead>
</table>

<p>| IF RJ01 IS CODED '1' (YES) AND JOB BEING ASKED |
| ABOUT FLAGGED AS 'NOT SELF-EMPLOYED', CONTINUE |</p>
<table>
<thead>
<tr>
<th>WITH RJ02</th>
</tr>
</thead>
</table>

25-5
{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}
{JOB-ED}

(During our last interview, we recorded that (PERSON) made \{$XXXXXX.XX\} per \{UNIT OF TIME\}.}  Since \{PREV RD INT DT\}, has there been any change in the amount (PERSON) (make/makes) through \{ESTABLISHMENT\}?  

PROBE:  Include changes of 50 cents or more an hour.

INTERVIEWER NOTE:  THIS INCLUDES CHANGES IN BOTH DIRECTIONS.

YES ................................... 1
NO .................................... 2 {RJ04}
REF ................................... -7 {RJ04}
DK .................................... -8 {RJ04}
Wages can change for many reasons. What is the main reason there has been a change in the amount (PERSON) (make/makes) through (ESTABLISHMENT)?

- PROMOTION OR DEMOTION ................. 1 (BOX_04)
- CHANGE IN RESPONSIBILITIES .......... 2 (BOX_04)
- PAY RAISE OR PAY DECREASE .............. 3 (BOX_04)
- ANNUAL COST OF LIVING INCREASE ...... 4 (BOX_04)
- NEW CONTRACT .......................... 5 (BOX_04)
- CHANGE IN NUMBER OF HOURS WORKED ... 6 (BOX_04)
- CHANGE IN SHIFT TIME .................. 7 (BOX_04)
- RECEIVED AN EDUCATIONAL DEGREE ... 8 (BOX_04)
- TOOK SPECIAL CLASSES ................. 9 (BOX_04)
- OTHER .................................. 91
- REF .................................... -7 (BOX_04)
- DK ..................................... -8 (BOX_04)

[Code One]

ENTER OTHER:

[Enter Other Specify] ....................
- REF .................................... -7
- DK ..................................... -8

<table>
<thead>
<tr>
<th>ASK THE EMPLOYMENT WAGE (EW) SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT COMPLETION OF EMPLOYMENT WAGE (EW) SECTION,</td>
</tr>
<tr>
<td>CONTINUE WITH RJ04</td>
</tr>
</tbody>
</table>

25-7
During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) worked {full-time/part-time} at (ESTABLISHMENT). (Do/Does) (PERSON) still work {35 hours or more/less than 35 hours} per week at (ESTABLISHMENT)?

35 HOURS OR MORE ......................  1
LESS THAN 35 HOURS ....................  2
REF ................................... -7
DK .................................... -8

[Code One]

<table>
<thead>
<tr>
<th>IF THE CLASSIFICATION OF NUMBER OF HOURS WORKED</th>
<th>PER WEEK HAS CHANGED SINCE THE PREVIOUS ROUND,</th>
<th>THAT IS, IF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- CODED '2' (LESS THAN 35 HOURS)</td>
<td>AND</td>
<td>THE NUMERIC ENTRY AT EM104 WAS = OR &gt; 35 DURING</td>
</tr>
<tr>
<td>OR</td>
<td>CODED '1' (35 HOURS OR MORE)</td>
<td>AND</td>
</tr>
<tr>
<td>CONTINUE WITH RJ05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| OTHERWISE, GO TO RJ05A |
What is the main reason (PERSON) changed from {full-time/part-time} to {part-time/full-time} at (ESTABLISHMENT)?

PROMOTION OR DEMOTION ................. 1 {RJ05A}
CHANGE IN RESPONSIBILITY ............... 2 {RJ05A}
CHANGE IN AMOUNT OF WORK BUSINESS
   BRINGS IN ................................ 3 {RJ05A}
CHANGE IN SHIFT TIME ................... 4 {RJ05A}
CHANGE IN NUMBER OF EMPLOYEES
   AVAILABLE TO WORK .................... 5 {RJ05A}
ILLNESS/DISABILITY (BEGINNING OR
   COMPLETED) ............................. 6 {RJ05A}
TEMPORARY LEAVE (BEGINNING OR
   COMPLETED) .............................. 7 {RJ05A}
MATERNITY/PATERNITY LEAVE (BEGINNING
   OR COMPLETED) ........................... 8 {RJ05A}
GOING TO SCHOOL/FINISHED SCHOOL ...... 9 {RJ05A}
CHANGE IN HOME OR FAMILY SITUATION ... 10 {RJ05A}
NEEDED TIME OFF/WANTED TO WORK MORE .... 11 {RJ05A}
OTHER ..................................... 91
REF ...................................... -7 {RJ05A}
DK ....................................... -8 {RJ05A}

[Code One]

ENTER OTHER:

[Enter Other Specify] ...................... {RJ05A}
REF ...................................... -7 {RJ05A}
DK ....................................... -8 {RJ05A}
Has (PERSON)’s usual shift changed since our last interview?

PROBE: (Do/Does) (PERSON) usually work different hours than (PERSON) did at the time of our last interview?

YES ...................................  1 {BOX_05}
NO ....................................  2 {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) worked at (ESTABLISHMENT). (Do/Does) (PERSON) still work there?

YES .....................................  1 {RJ09}
NO .....................................  2 {RJ09}
REF ..................................... -7 {RJ09}
DK ..................................... -8 {RJ09}
BOX_05

----------------------------------------------------
| IF JOB NOT FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
| AND INSURANCE OFFERED THROUGH ESTABLISHMENT IN    |
| PREVIOUS ROUND (EM114 CODED '1' (YES) DURING THE  |
| PREVIOUS ROUND), CONTINUE WITH RJ07                |
----------------------------------------------------

----------------------------------------------------
| IF JOB NOT FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
| AND INSURANCE NOT OFFERED THROUGH ESTABLISHMENT IN|
| PREVIOUS ROUND (EM114 CODED '2' (NO), '-7'        |
| (REFUSED), OR '-8' (DON'T KNOW) DURING THE         |
| PREVIOUS ROUND), GO TO RJ08                        |
----------------------------------------------------

----------------------------------------------------
| IF NOT ROUNDS 1 OR 2 AND JOB NOT FLAGGED AS       |
| 'PROVIDES HEALTH INSURANCE' (TURNED OFF IN HEALTH |
| INSURANCE -- OE01 CODED '2' (NO), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW) DURING THE PREVIOUS ROUND),  |
| GO TO RJ08A                                         |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP01                          |
----------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (JOB-ST)  (JOB-ED)

During our last interview on (PREV RD INTV DT), we recorded that (PERSON) (were/was) offered health insurance through (ESTABLISHMENT), but chose not to take that insurance. (Do/Does) (PERSON) now have health insurance through (ESTABLISHMENT)?

YES ...................................  1 {BOX_05A}
NO ....................................  2 {BOX_05A}
REF ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.
During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) (were/was) not offered health insurance through (ESTABLISHMENT). (Do/Does) (PERSON) now have health insurance through (ESTABLISHMENT)?

YES ...................................  1 {BOX_05A}
NO ....................................  2 {BOX_05A}
REF ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

| IF CODED '1' (YES) FLAG THIS JOBHOLDER- | ESTABLISHMENT PAIR AS 'PROVIDES HEALTH INSURANCE' |
| AND TO BE ASKED ABOUT IN THE HEALTH INSURANCE |
| SECTION. |
During our last interview on {PREV RD INTV DATE}, we recorded that (PERSON) was not receiving health insurance through (ESTABLISHMENT). (Do/Does) (PERSON) now have health insurance through (ESTABLISHMENT)?

YES ...................................  1
NO ....................................  2
REF ...................................... -7
DK ...................................... -8

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

| IF CODED ‘1’ (YES), FLAG THIS JOBHOLDER- | |
| ESTABLISHMENT PAIR AS ‘PROVIDES HEALTH INSURANCE’ | |
| AND TO BE ASKED ABOUT IN THE HEALTH INSURANCE | |
| SECTION. | |

| IF EMPLOYER FLAGGED AS ‘SELF-EMPLOYED’, CONTINUE | |
| WITH RJ08B | |

| OTHERWISE, GO TO END LP01 | |
{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT} {JOB-ST} {JOB-ED}

(During our last interview we recorded that (NUMBER) employee(s), including (PERSON), worked at (ESTABLISHMENT).)

What is the total number of employees who worked at the business last week? Be sure to include the owner and all other household members that may work there.

[Enter Number of Employees]............  {END_LP01}
REF ................................... -7  {END_LP01}
DK .................................... -8  {END_LP01}

| IF '1' ENTERED FOR THE NUMBER OF EMPLOYEES, FLAG | EMPLOYER AS ‘FIRM-SIZE-1’.
----------------------------------------------------

| IF A NUMBER > 1 ENTERED FOR THE NUMBER OF | EMPLOYEES, FLAG EMPLOYER AS 'FIRM-SIZE-GREATER- | THAN-1'.
----------------------------------------------------

| IF CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), | RETAIN EMPLOYER SIZE FLAG USED DURING THE PREVIOUS | ROUND.
----------------------------------------------------
When did (PERSON) last stop working at (ESTABLISHMENT) for pay?

[Enter Year-2, Month-2, Day-2] ........
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| EDIT: JOB END DATE MUST BE = OR > REFERENCE PERIOD |
| PERIOD START DATE AND < OR = TO REFERENCE PERIOD |
| END DATE.                                           |
----------------------------------------------------

What is the main reason (PERSON) no longer (have/has) this job?

JOB ENDED ............................................. 1 {END_LP01}
BUSINESS DISSOLVED OR SOLD ........................ 2 {END_LP01}
RETIRED ............................................ 3 {END_LP01}
ILLNESS OR INJURY .................................. 4 {END_LP01}
LAID OFF ............................................. 5 {END_LP01}
QUIT TO HAVE A BABY ................................... 6 {END_LP01}
QUIT TO GO TO SCHOOL .................................. 7 {END_LP01}
QUIT TO TAKE CARE OF HOME OR FAMILY .... 8 {END_LP01}
QUIT BECAUSE WANTED TIME OFF ......................... 9 {END_LP01}
QUIT TO TAKE OTHER JOB ............................... 10 {END_LP01}
UNPAID LEAVE ......................................... 11 {END_LP01}
OTHER .................................................. 91
REF .................................................... -7 {END_LP01}
DK ..................................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]
RJ10OV

ENTER OTHER:

[Enter Other Specify] .................
REF .................................... -7
DK ..................................... -8

END_LP01

----------------------------------------------------
| CYCLE ON NEXT JOB IN THE PERSON’S-JOBS-ROSTER THAT |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER JOBS MEET THE STATED CONDITIONS, END |
| LOOP_01 AND CONTINUE WITH BOX_06 |

----------------------------------------------------

BOX_06

----------------------------------------------------
| CONTINUE WITH EMPLOYMENT A SUBSECTION (EM-A) |
RS01
====

REFER TO THE RU FACE SHEET AND RU FOLDER FOR INFORMATION REQUIRED TO COMPLETE THIS SECTION.

BASED ON YOUR EXPERIENCE WITH THE RU AND YOUR REVIEW OF THE FACE SHEET AND RECORD OF CALLS, ARE THERE ANY {ADDITIONAL} SPECIAL INSTRUCTIONS THAT SHOULD BE CARRIED OVER TO THE NEXT ROUND? INCLUDE SUCH THINGS AS SPECIAL PROBLEMS WITH THE RU OR SPECIAL NEEDS OF THE RESPONDENT.

YES .................................... 1
NO ..................................... 2 {RS03}

[Code One]

-----------------------------------------------------------------------------
| IF ROUND > 1, DISPLAY THE WORD 'ADDITIONAL'. |
| IF ROUND 1, USE A NULL DISPLAY. |
-----------------------------------------------------------------------------
RS02
====

ENTER SPECIAL INSTRUCTIONS:

[Enter Text] .......................

-----------------------------------------------------------------------------------
| THIS ITEM COLLECTS SPECIAL INSTRUCTIONS IN STANDARD MEMO SCREEN FORMAT. ALLOW THE |
| MAXIMUM NUMBER OF LINES AND CHARACTERS PER LINE THAT THE SCREEN WILL PERMIT.      |
-----------------------------------------------------------------------------------

RS03
====

BASED ON YOUR EXPERIENCE USING THE PREPRINTED ADDRESS INFORMATION ON THE RU FOLDER AND FACE SHEET TO FIND THE HOUSEHOLD, ARE THERE ANY (ADDITIONAL OR DIFFERENT) LOCATING DIRECTIONS THAT SHOULD BE CARRIED OVER TO THE NEXT ROUND? INCLUDE SUCH THINGS AS LANDMARKS, MILEAGE, ROAD SIGNS AND SO FORTH.

YES .................................... 1
NO ..................................... 2 (RS05)

[Code One]
ENTER DIRECTIONS THAT WILL HELP TO LOCATE THE RU IN THE NEXT ROUND.

[Enter Text] ........................

----------------------------------------------------
| THIS ITEM COLLECTS DIRECTIONS IN STANDARD MEMO SCREEN FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS PER LINE THAT THE SCREEN WILL PERMIT. |
----------------------------------------------------

OTHER THAN PERMISSION FORM PROBLEMS REPORTED IN THE CLOSING SECTION, IN GENERAL, DID YOU HAVE ANY PROBLEMS OR QUESTIONS OR ENCOUNTER ANY UNUSUAL SITUATIONS WITH THE CAPI ADMINISTRATION OF THE QUESTIONNAIRE OR ANYTHING ELSE?

YES .................................... 1
NO ..................................... 2 {RS07}

----------------------------------------------------
| NOTE: INFORMATION FORM ITEM RS05 WILL NOT APPEAR ON THE FACE SHEET. |
----------------------------------------------------

ENTER COMMENTS OR QUESTIONS OR DESCRIBE THE SITUATION:

[Enter Text] ..........................

----------------------------------------------------
| THIS ITEM COLLECTS COMMENTS, QUESTIONS OR DESCRIPTIONS OF PROBLEMS IN STANDARD MEMO SCREEN FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS PER LINE THAT THE SCREEN WILL PERMIT. |
----------------------------------------------------

31-3
RS07
====

WHAT IS THE AUDIO-TAPE STATUS OF THE INTERVIEW, THIS ROUND?

TAPED SUCCESSFULLY ....................... 1 [RS09]
SELECTED/REFUSED TO BE TAPED .......... 2
SELECTED/NOT TAPED FOR OTHER REASON .... 3
NOT SELECTED/NOT TAPED ..................... 4 [RS09]

[Code One]

RS08
====

ENTER REASON NOT TAPED:

[Enter Text] .................

----------------------------------
<p>| THIS ITEM COLLECTS INFORMATION IN STANDARD MEMO |
| SCREEN FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES |
| AND CHARACTERS PER LINE THAT THE SCREEN WILL |</p>
<table>
<thead>
<tr>
<th>PERMIT.</th>
</tr>
</thead>
</table>

RS09
====

WAS THE INTERVIEW FOR THIS RU OBSERVED THIS ROUND?

YES .................................... 1
NO ..................................... 2

[Code One]

BOX_01
=====

----------------------------------
<table>
<thead>
<tr>
<th>END OF RU INFORMATION SCREEN (RS) SECTION.</th>
</tr>
</thead>
</table>

31-4
Satisfaction with Health Plan (SP) Section

BOX_01
======
----------------------------------------------------
| IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON- |
| INSURER-TRIPLE WHERE THE ESTABLISHMENT IS PRIVATE |
| AND THE INSURER IS FLAGGED AS PROVIDING 'HOSPITAL |
| AND PHYSICIAN BENEFITS' OR IS FLAGGED AS PROVIDING |
| 'MEDICARE SUPPLEMENT/MEDIGAP BENEFITS', CONTINUE |
| WITH LOOP_01                                      |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_03                           |
----------------------------------------------------

LOOP_01
=======
----------------------------------------------------
| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-      |
| INSURER-TRIPLES-ROSTER, ASK SP01-END_LP01         |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_01 COLLECTS SATISFACTION    |
| INFORMATION ON ALL PRIVATE HEALTH INSURANCE PLANS |
| CURRENTLY HELD BY THE RU THAT PROVIDE HOSPITAL AND |
| PHYSICIAN BENEFITS OR MEDIGAP BENEFITS. THIS LOOP |
| CYCLES ON TRIPLES THAT MEET THE FOLLOWING         |
| CONDITIONS:                                       |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE  |
| WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS OR      |
| MEDICARE SUPPLEMENT OR MEDIGAP                    |
| AND                                              |
| - PERSON IS A CURRENT RU MEMBER WHO IS THE       |
| POLICYHOLDER OF THE PRIVATE HEALTH INSURANCE     |
| OBTAINED THROUGH THIS ESTABLISHMENT               |
| AND                                              |
| - INSURER IS THE SOURCE OF THE BENEFITS PROVIDED |
| TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE    |
| INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY)  |
| AND IS FLAGGED AS 'SUPPLYING HOSPITAL/PHYSICIAN |
| BENEFITS' OR 'SUPPLYING MEDICARE SUPPLEMENT/     |
| MEDIGAP BENEFITS'                                |
| AND                                              |
| - PERSON IS CURRENTLY INSURED BY THIS TRIPLE      |
----------------------------------------------------

27-1
NOTE: PRIVATE INSURANCE IS DEFINED AS:
- Establishments flagged as 'EMPLOYER' and
  flagged as 'PROVIDES HEALTH INSURANCE'
  (Establishments flagged as 'SELF-EMPLOYED' with
  a firm-size=1 are treated as direct purchased,
  see note below)
- Direct purchased insurance, that is,
  establishments created from the HX23 series

----------------------------------------------------------------------------------------------------------------------

NOTE: HELD ON THE DATE OF THE CURRENT ROUND'S INTERVIEW DATE:
- For private sources -- Policyholder held
  insurance at the time of the current round's
  interview date [HQ01 is coded '1' (whole time)
  or HQ02 is coded '1' (yes, covered now) for the
  policyholder] or [OE01 or OE12 or OE26 is coded
  '1' (yes) for the plan]
- For private sources where policyholder is
deceased or the policyholder was originally
selected as 'policyholder not in RU/DU' -- at
least one dependent (selected at HP16) is
covered by the insurance at the time of the
current round's interview date [HQ01 is coded
'1' (whole time) or HQ02 is coded '1' (yes,
covered now for the covered person) or [OE01 or
OE12 or OE26 is coded '1' (yes)] for the plan

----------------------------------------------------------------------------------------------------------------------

NOTE: Establishments which are employers and
provide health insurance and are flagged as
'self-employed' with a firm-size=1 are treated as
direct purchased insurance, that is, loop_01 will
cycle on the establishment providing the
insurance, (i.e., created from the HX03 series)
not the employer.

----------------------------------------------------------------------------------------------------------------------

NOTE: '-7' (refused) and '-8' (don't know)
responses at any question listed above does NOT
meet the criteria.

----------------------------------------------------------------------------------------------------------------------

27-2
The next questions ask about (POLICYHOLDER)’s (and other family member’s) experience(s) with (PLAN NAME), that is, (POLICYHOLDER)’s {hospital and physician/Medicare Supplement or Medigap} coverage through (ESTABLISHMENT).

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| DISPLAY 'hospital and physician' IF THIS INSURER |
| IS FLAGGED AS PROVIDING HOSPITAL AND PHYSICIAN  |
| BENEFITS. DISPLAY 'Medicare Supplement or       |
| Medigap' IF THIS INSURER IS FLAGGED AS PROVIDING|
| MEDICARE SUPPLEMENT/MEDIGAP BENEFITS, BUT NOT    |
| HOSPITAL AND PHYSICIAN BENEFITS.                 |

Looking at this card, how would you rate (POLICYHOLDER)’s (and the family’s) overall satisfaction with (PLAN NAME)?

Would you say ...

very satisfied, ......................... 1
somewhat satisfied, ..................... 2
not too satisfied, or .................... 3
not at all satisfied? ................... 4
REF ..................................... -7
DK ...................................... -8

[Code One]
SP03
====

(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF
ESTABLISHMENT........}

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

How likely (are/is) (POLICYHOLDER) (or anyone in the family) to
recommend the (PLAN NAME) insurance plan to family or friends?

Would you say ...

not at all likely, .........................  1
not too likely, ..........................  2
somewhat likely, or ......................  3
very likely? .............................  4
IF VOLUNTEERED: PLAN LETS FAMILY
    CHOOSE ANY DOCTOR ..................... 95
REF ..................................... -7
DK ...................................... -8

[Code One]

SP04
====

(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF
ESTABLISHMENT........}

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

SHOW CARD SP-1.

In general, how satisfied (are/is) (POLICYHOLDER) (and the
family) with the selection of health care providers
(POLICYHOLDER) (and the family) can choose from under the plan?

Would you say ...

very satisfied, ..........................  1
somewhat satisfied, ........................  2
not too satisfied, or ......................  3
not at all satisfied? ......................  4
IF VOLUNTEERED: PLAN LETS FAMILY
    CHOOSE ANY DOCTOR ..................... 95
REF ..................................... -7
DK ...................................... -8

[Code One]
(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF ESTABLISHMENT.........)

PLAN NAME:  (NAME OF INSURER BEING LOOPED ON)

When (POLICYHOLDER) first joined (PLAN NAME), did
(POLICYHOLDER) (or anyone in the family) have to change
primary care providers?

CODE '2' IF RESPONDENT VOLUNTEERS THAT CHANGED PROVIDERS
BECAUSE OF A MOVE TO ANOTHER AREA.

YES ..................................... 1
YES, BECAUSE MOVED TO ANOTHER AREA ..... 2
NO ..................................... 3
IF VOLUNTEERED:  DIDN'T HAVE A PRIMARY
CARE PROVIDER ....................... 95
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF PRIMARY CARE PROVIDER.

OMITTED
(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT.........)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

How difficult is it for (POLICYHOLDER) (or other family members) to get a referral to see a specialist?

IF A REFERRAL WAS NEVER NEEDED, PROBE: How difficult do you think it would be to get a referral if you needed to see a specialist in the future?

Would you say ...

very difficult, ......................... 1
somewhat difficult, .................... 2
not too difficult, or ................... 3
not at all difficult? .................... 4
REF ..................................... -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST AND REFERRAL.
(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF
ESTABLISHMENT............)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

In general, how difficult is it for (POLICYHOLDER) (or other
family members) to get an appointment with a specialist?

CODE ‘95’ IF RESPONDENT VOLUNTEERS THAT THE FAMILY NEVER TRIED
TO MAKE AN APPOINTMENT WITH A SPECIALIST.

Would you say ...

very difficult, .......................... 1
somewhat difficult, ...................... 2
not too difficult, or ..................... 3
not at all difficult? ..................... 4
NEVER MADE APPOINTMENT ............ 95
REF .................................. -7
DK .................................. -8

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST.
SP08
====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  {NAME OF ESTABLISHMENT...........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

Looking at this card, please tell me how satisfied (POLICYHOLDER) (and the family) (are/is) with the coverage (PLAN NAME) provides for ...

1 = VERY SATISFIED                  3 = NOT TOO SATISFIED
2 = SOMEWHAT SATISFIED              4 = NOT AT ALL SATISFIED

95 = SERVICE NOT COVERED            96 = DON'T KNOW IF SERVICE IS COVERED

SP08_01      a.  Preventive health care?                            (   )
SP08_02      b.  Hospitalization?                                   (   )
SP08_03      c.  Prescription medications?                          (   )
SP08_04      d.  Mental health services?                            (   )

PRESS F1 FOR DEFINITIONS OF HEALTH CARE SERVICES LISTED.

---------------------------------------------------------------------
| ALLOW '-7' (REFUSED) AND '-8' (DON'T KNOW) ON ALL FORM ITEMS.      |
---------------------------------------------------------------------

SP09
====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  {NAME OF ESTABLISHMENT...........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

Over the last year, has the plan refused to pay for or approve medical care (POLICYHOLDER) (or the family) thought was covered?

YES ................................. 1
NO ................................. 2
REF .................................. -7
DK .................................. -8
SP10
====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

Over the last year, has the plan paid substantially less than
(POLICYHOLDER) (or the family) thought was expected for
services the plan covered?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

SP11
====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

Over the last year, (have/has) (POLICYHOLDER) (or anyone in the
family) called (PLAN NAME)’s customer service department or
anyone in the plan’s administration offices?

YES .................................... 1
NO ..................................... 2 {SP13}
REF ................................... -7 {SP13}
DK .................................... -8 {SP13}
(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT........)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

SHOW CARD SP-1.

How satisfied (were/was) (POLICYHOLDER) (or the family) with
the information received or with how the problem was resolved?

Would you say ...

very satisfied, .......................... 1
somewhat satisfied, ....................... 2
not too satisfied, or ..................... 3
not at all satisfied? ...................... 4
REF ...................................... -7
DK ...................................... -8

[Code One]

---

(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT........)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

SHOW CARD SP-1.

How satisfied (are/is) (POLICYHOLDER) (or the family) with the
amount and difficulty of the paperwork associated with the plan?

CODE ’95’ IF RESPONDENT VOLUNTEERS NO PAPERWORK.

Would you say ...

very satisfied, .......................... 1
somewhat satisfied, ....................... 2
not too satisfied, or ..................... 3
not at all satisfied? ...................... 4
NO PAPERWORK ............................. 95
REF ...................................... -7
DK ...................................... -8

[Code One]
Given the plan’s benefits, how satisfied (are/is) (POLICYHOLDER) (and the family) with the amount you pay for health care?

CODE ’95’ IF RESPONDENT VOLUNTEERS NO AMOUNT PAID.

Would you say ...

- very satisfied, .......................... 1
- somewhat satisfied, ...................... 2
- not too satisfied, or .................... 3
- not at all satisfied? .................... 4
- NO AMOUNT PAID .......................... 95
- REF ................................. -7
- DK .................................. -8

[Code One]

PRESS F1 FOR DEFINITION OF ‘YOU PAY FOR HEALTH CARE’.
When choosing (POLICYHOLDER)’s (and the family’s) health care plan, was (PLAN NAME) chosen primarily because of cost, primarily because of quality, or were both cost and quality equally important?

CODE ‘95’ IF RESPONDENT VOLUNTEERS THAT THERE WAS NO CHOICE.

PRIMARILY QUALITY ....................... 1
PRIMARILY COST .......................... 2
COST AND QUALITY EQUALLY IMPORTANT ...... 3
HAD NO CHOICE ........................... 95
REF ..................................... -7
DK ...................................... -8

[Code One]
{NAME OF ESTABLISHMENT........}

{PLAN NAME: [NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER]}

The next questions ask about the family’s experience with
{(PLAN NAME), that is, their coverage through} {Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local
government agency which provides hospital and physician benefits).

PRESS ENTER TO CONTINUE.

| DISPLAY ‘PLAN NAME: ... INSURER’’ IF THERE IS AN |
| INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR |
| GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE |
| CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY. |
| |
| FOR ‘NAME OF ... INSURER’, DISPLAY THE NAME OF THE |
| CURRENT ROUND’S INSURER FOR THE FAMILY’S MEDICAID |
| OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE. |
| |
| DISPLAY ‘(PLAN NAME), ... through’ IF THERE IS AN |
| INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR |
| GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE |
| CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY. |
| |
| DISPLAY ‘{Medicaid/{STATE NAME FOR MEDICAID}}’ IF |
| FAMILY HAS MEDICAID. OTHERWISE, DISPLAY ‘the |
| program ... benefits’. |
| |
| DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY |
| ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL |
| STATE NAME FOR PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY |
| STATE, SEE BOX ON HX06. |
| |
SHOW CARD SP-1.

Looking at this card, how would you rate the family’s overall satisfaction with {(PLAN NAME)/the coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits}?

Would you say ...

very satisfied, ..........................  1
somewhat satisfied, ........................  2
not too satisfied, or .......................  3
not at all satisfied? ........................  4
REF ..................................... -7
DK ...................................... -8

[Code One]

DISPLAY ‘PLAN NAME: ... INSURER’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.

FOR ‘NAME OF ... INSURER’, DISPLAY THE NAME OF THE CURRENT ROUND’S INSURER FOR THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY ‘(PLAN NAME)’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, DISPLAY ‘the coverage through’.

DISPLAY ‘{Medicaid/{STATE NAME FOR MEDICAID}}’ IF FAMILY HAS MEDICAID AND THERE IS NO INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID INSURANCE DURING THE CURRENT ROUND. DISPLAY ‘the program ... benefits’ IF THE FAMILY HAS GOV’T-HOSPITAL/PHYSICIAN AND THERE IS NO INSURER ASSOCIATED WITH THE FAMILY’S GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND.
SP18

{NAME OF ESTABLISHMENT........}

{PLAN NAME: (NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER)}

How likely is the family to recommend {(PLAN NAME)/the coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits} to family or friends?

Would you say ...

not at all likely, ....................... 1
not too likely, .......................... 2
somewhat likely, or ..................... 3
very likely? ................................ 4
IF VOLUNTEERED: PLAN LETS FAMILY CHOOSE ANY DOCTOR .........................95
REF ..................................... -7
DK ...................................... -8

[Code One]
SHOW CARD SP-1.

In general, how satisfied is the family with the selection of health care providers they can choose from under {(PLAN NAME)/the coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}}/this program}?

Would you say ...

very satisfied, .........................  1
somewhat satisfied, ....................  2
not too satisfied, or ...................  3
not at all satisfied? ....................  4

IF VOLUNTEERED: PLAN LETS FAMILY

CHOOSE ANY DOCTOR ..................... 95
REF ..................................... -7
DK ...................................... -8

[Code One]
DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS
BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY
‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL
STATE NAME FOR PROGRAM) IF THE STATE IN WHICH
INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME
‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY
STATE, SEE BOX ON HX06.
When the family first joined \{(PLAN NAME)/Medicaid/{STATE NAME FOR MEDICAID}/this program\}, did anyone in the family have to change primary care providers?

**CODE '2' IF RESPONDENT VOLUNTEERS THAT CHANGED PROVIDERS BECAUSE OF A MOVE TO ANOTHER AREA.**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ....................................</td>
<td>1</td>
</tr>
<tr>
<td>YES, BECAUSE MOVED TO ANOTHER AREA ....</td>
<td>2</td>
</tr>
<tr>
<td>NO .....................................</td>
<td>3</td>
</tr>
<tr>
<td>IF VOLUNTEERED: Didn't have a primary care provider</td>
<td>95</td>
</tr>
<tr>
<td>REF ...................................</td>
<td>-7</td>
</tr>
<tr>
<td>DK ....................................</td>
<td>-8</td>
</tr>
</tbody>
</table>

**[Code One]**

**PRESS F1 FOR DEFINITION OF PRIMARY CARE PROVIDER.**

---

| DISPLAY 'PLAN NAME: ... INSURER' IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY. |
| FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE. |
| DISPLAY '{PLAN NAME}' IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF FAMILY HAS MEDICAID AND THERE IS NO CURRENT ROUND MEDICAID INSURER. DISPLAY 'this program' IF FAMILY HAS GOV'T-HOSPITAL/PHYSICIAN AND THERE IS NO CURRENT ROUND'S GOV'T-HOSPITAL/PHYSICIAN INSURER. |
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06. |
How difficult is it for family members to get a referral to see a specialist?

IF A REFERRAL WAS NEVER NEEDED, PROBE: How difficult do you think it would be to get a referral if you needed to see a specialist in the future?

Would you say ...

very difficult, ..........................  1
somewhat difficult, ......................  2
not too difficult, or .....................  3
not at all difficult? ......................  4
REF ..................................... -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST AND REFERRAL.
In general, how difficult is it for family members to get an appointment with a specialist?

CODE ‘95’ IF RESPONDENT VOLUNTEERS THAT THE FAMILY NEVER TRIED TO MAKE AN APPOINTMENT WITH A SPECIALIST.

Would you say ...

very difficult, .........................  1
somewhat difficult, .....................  2
not too difficult, or ...................  3
not at all difficult? ....................  4
NEVER MADE APPOINTMENT ............... 95
REF ..................................... -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST.

DISPLAY ‘PLAN NAME: ... INSURER’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.

FOR ‘NAME OF ... INSURER’, DISPLAY THE NAME OF THE CURRENT ROUND’S INSURER FOR THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE.
SP23
=====

(NAME OF ESTABLISHMENT........)

PLAN NAME: (NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER)}

SHOW CARD SP-1.

Looking at this card, please tell me how satisfied the family is with the coverage ((PLAN NAME)/(Medicaid/(STATE NAME FOR MEDICAID)))/this program), provides for ...

1 = VERY SATISFIED                  3 = NOT TOO SATISFIED
2 = SOMEWHAT SATISFIED              4 = NOT AT ALL SATISFIED

95 = SERVICE NOT COVERED            96 = DON’T KNOW IF SERVICE IS COVERED

SP23_01  a. Preventive health care? ( )
SP23_02  b. Hospitalization? ( )
SP23_03  c. Prescription medications? ( )
SP23_04  d. Mental health services? ( )

PRESS F1 FOR DEFINITIONS OF HEALTH CARE SERVICES LISTED.

---------------------------------------------------------------------
| ALLOW ‘-7’ (REFUSED) AND ‘-8’ (DON‘T KNOW) ON ALL FORM ITEMS. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| SEE FILL SPECIFICATION FROM SP20. |
---------------------------------------------------------------------
Over the last year, has {(PLAN NAME)/{Medicaid/{STATE NAME FOR MEDICAID}}/this program} refused to pay for or approve medical care the family thought was covered?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
Over the last year, have you and the family paid substantially more than you expected for services covered by {PLAN NAME}/Medicaid/STATE NAME FOR MEDICAID/the program sponsored by a state or local government agency which provides hospital and physician benefits?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REF</td>
<td>7</td>
</tr>
<tr>
<td>DK</td>
<td>8</td>
</tr>
</tbody>
</table>

---

DISPLAY ‘PLAN NAME: ... INSURER’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.

FOR ‘NAME OF ... INSURER’, DISPLAY THE NAME OF THE CURRENT ROUND’S INSURER FOR THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY ‘(PLAN NAME)’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. DISPLAY ‘Medicaid/(STATE NAME FOR MEDICAID)’ IF FAMILY HAS MEDICAID AND THERE IS NO CURRENT ROUND MEDICAID INSURER. DISPLAY ‘the ... benefits’ IF FAMILY HAS GOV’T-HOSPITAL/PHYSICIAN AND THERE IS NO CURRENT ROUND’S GOV’T-HOSPITAL/PHYSICIAN INSURER.

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.
Over the last year, has anyone in the family called anyone in {{PLAN NAME}’s/{Medicaid’s/{STATE NAME FOR MEDICAID}’s}/this program’s} administration offices?

YES .................................... 1
NO ..................................... 2 {SP28}
REF ................................. -7 {SP28}
DK ..................................... -8 {SP28}
SP27
====

(NAME OF ESTABLISHMENT........)

{PLAN NAME: [NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER]}

SHOW CARD SP-1.

How satisfied was the family with the information received or with how the problem was resolved?

Would you say ...

very satisfied, ........................ 1
somewhat satisfied, .................... 2
not too satisfied, or .................. 3
not at all satisfied? ................... 4
REF ................................. -7
DK ................................. -8

[Code One]
SHOW CARD SP-1.

How satisfied is the family with the amount and difficulty of the paperwork associated with {PLAN NAME}/Medicaid/{STATE NAME FOR MEDICAID}/this program?

CODE ’95’ IF RESPONDENT VOLUNTEERS NO PAPERWORK.

Would you say ...

very satisfied, ......................... 1
somewhat satisfied, ...................... 2
not too satisfied, or .................... 3
not at all satisfied? ..................... 4
NO PAPERWORK ............................ 95
REF ..................................... -7
DK ...................................... -8

[Code One]

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATION FROM SP20.</th>
</tr>
</thead>
</table>

GO TO NEXT QUESTIONNAIRE SECTION.