Subsection 1: MPS Permission Forms (Round 1 through Round 5)

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.
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’ OR INSURER IS AN HMO (MC01 IS CODED ‘1’ (YES)
    - 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).
MEPS FAMES Panel 2 Round 5 Closing (CL) Section
November 16, 1998

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| 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. |
|-----------------------------

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| 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. |
|-----------------------------

CL01
====

([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

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NOTE: DISPLAY EACH UNIQUE ELIGIBLE PERSON NAME ONLY ONCE.

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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'.

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OMITTED.
MEPS FAMES Panel 2 Round 5 Closing (CL) Section
November 16, 1998

LOOP_01

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| FOR EACH ELEMENT ON THE RU-PERSON PROVIDER PAIRS- |
| ROSTER, ASK CL03 - END_LP01                      |
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| 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                              |
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| NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-   |
| PROVIDER PAIR.                                    |
----------------------------------------------------
INTERVIEWER: {COMPLETE PERMISSION FORM AND RECORD IN SECTION C
OF MPS PF LOG/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.


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.

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END_LP01

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

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

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| FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS- |
| ROSTER, ASK CL04 - END_LP02                        |
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| 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                             |
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| 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 MPS PERMISSION FORM LOG.


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] .......................

----------------------------------------------------
| DISPLAY THE RU END REFERENCE DATE OF THE MOST |
| RECENT ROUND FOR WHICH PAIR IS/WAS ELIGIBLE     |
| FOR PERMISSION FORM COLLECTION FOR ‘MM/DD/YY’.    |
|                                            |
| DISPLAY ‘NOTE: ... LOG.’ IF CURRENT PERSON-       |
| PROVIDER-PAIR ELIGIBLE FOR MPS IN PREVIOUS ROUND|
| AND FORM WAS NOT SIGNED IN THE PREVIOUS ROUND.    |
| OTHERWISE, USE A NULL DISPLAY.                    |
|----------------------------------------------------

33-12
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

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.
ENTR 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]

ENTER OTHER REASON FOR REFUSAL:

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

END_LP02

33-14
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 |

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| OTHERWISE, GO TO BOX_03 |

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LOOP_02A
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| 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 |
| HAS 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)  (In Round 3, sampling
will be done but Permissions Forms will not be collected in
Rounds 4 and 5.)

BOX_03

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>IF ROUND 1 OR ROUND 4 OR ROUND 5, GO TO BOX_05</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, CONTINUE WITH BOX_04</td>
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BOX_04

<table>
<thead>
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<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,</td>
</tr>
<tr>
<td>CONTINUE WITH CL07</td>
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<tr>
<td>--------------------------------------------------------------------------------</td>
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<tr>
<td>OTHERWISE, GO TO BOX_05</td>
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</tbody>
</table>
SAMPLING BOX: (TO BASE ON ROUND 1 CRITERIA FOR COLLECTION OF PFs IN ROUND 2 OR ROUND 3):
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: (TO BASE ON ROUND 1 CRITERIA FOR COLLECTION OF PFs IN ROUND 2 OR ROUND 3):
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 person must be key. 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: Establishments that 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.

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: IF A CURRENT MAIN JOB IS FLAGGED AS 'PREVIOUS HEALTH INSURANCE' BUT THAT INSURANCE IS ONLY LONG TERM CARE IN A NURSING HOME, EXTRA CASH FOR HOSPITAL STAYS, SERIOUS DISEASE OR DREAD DISEASE, DISABILITY, WORKER’S COMPENSATION, AND/OR ACCIDENT INSURANCE, THE JOB IS PROCESSED AS IF IT DOES NOT PROVIDE HEALTH INSURANCE BUT IS ELIGIBLE FOR HEALTH INSURANCE PROVIDER PERMISSION FORM COLLECTION (AS LONG AS OTHER REQUIREMENTS ARE MET).

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

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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 SAME SAMPLING CRITERIA AND NOTES AS ABOVE, BUT USING ROUND 3 DATA INSTEAD OF ROUND 1 DATA, AS DESCRIBED IN THE FOLLOWING BOXES.

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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’

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:

  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 INCURANCE 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 (OEO1, OEO12, OEO26 IS CODED ‘1’ (YES) FOR THE POLICYHOLDER)
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS DECEASED -- AT LEAST ONE DEPENDENT [(SELECTED AT HP16 OR OEO45) OR (CONFIRMED AS STILL COVERED AT OEO29 OR OEO30)] 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 (OEO26 IS CODED ‘1’ (YES) FOR THE COVERED PERSON)]

-----------------------------
-----------------------------
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: IF A CURRENT MAIN JOB IS FLAGGED AS ‘PREVIOUS HEALTH INSURANCE’ BUT THAT INSURANCE IS ONLY LONG TERM CARE IN A NURSING HOME, EXTRA CASH FOR HOSPITAL STAYS, SERIOUS DISEASE OR DREAD DISEASE, DISABILITY, WORKER’S COMPENSATION, AND/OR ACCIDENT INSURANCE, THE JOB IS PROCESSED AS IF IT DOES NOT PROVIDE HEALTH INSURANCE BUT IS ELIGIBLE FOR HEALTH INSURANCE PROVIDER PERMISSION FORM COLLECTION (AS LONG AS OTHER REQUIREMENTS ARE MET).
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.

```
ROSTER. PERSON          CL07 01. ESTABLISHMENT  HI?
[First, [Middle], Last Name-35] [Name of Establishment........-30] {Y/N}
[First, [Middle], Last Name-35] [Name of Establishment........-30] {Y/N}
[First, [Middle], Last Name-35] [Name of Establishment........-30] {Y/N}
```

[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.]
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 IF CURRENT ROUND IS ROUND 3]
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:


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'.

DISPLAY 'PF STATUS FROM PREVIOUS ROUND (DISPLAY PREVIOUS ROUND STATUS -40)' IF ROUND 3. OTHERWISE, USE A NULL DISPLAY.

FOR 'DISPLAY PREVIOUS...-40', DISPLAY THE CATEGORY ENTRY ASSOCIATED WITH THE PREVIOUS ROUND (OR RECEIPT CONTROL UPDATED) CL09 OUTSTANDING STATUS. THAT IS, IF CL09 WAS CODED '3', DISPLAY 'LEFT WITH R'; IF CL09 WAS CODED '4', DISPLAY 'MAILED TO R'; IF CL09 WAS CODED '5', DISPLAY 'REFUSED'; AND IF CL09 WAS CODED '91' (OTHER), DISPLAY THE FIRST 40 CHARACTERS FROM THE SPECIFY ENTRY (OR THE RECEIPT CONTROL UPDATE TEXT GENERATED FOR THE '91' CODE).

--------------------------------------------------------------------------------
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.

[Code One]

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

----------------------------------------------------
| 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.’                                    |
|---------------------------------------------------
MEPS FAMES Panel 2 Round 5 Closing (CL) Section
November 16, 1998

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.                            |
----------------------------------------------------
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'. |

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

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 1-2)

--
<table>
<thead>
<tr>
<th>IF ROUND 1 OR ROUND 2, CONTINUE WITH BOX_06</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_10</td>
</tr>
<tr>
<td>--</td>
</tr>
</tbody>
</table>

---
NOTE: IN PANEL 2, POLICY BOOKLETS ARE COLLECTED IN ROUNDS 1 AND 2 ONLY, BASED ON A ROUND 1 SAMPLE. THERE IS NO POLICY BOOKLET COLLECTION IN SUBSEQUENT ROUNDS.

---

BOX_06

| IF: |
| ROUND 1 AND AT LEAST ONE ESTABLISHMENT-PERSON-PAIR ELIGIBLE (SEE SAMPLING BOXES BELOW) FOR POLICY BOOKLET COLLECTION |
| OR |
| 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 |
| |
| OTHERWISE, GO TO BOX_10 |
SAMPLING BOX (TO BASE ON ROUND 1 CRITERIA FOR COLLECTION OF POLICY BOOKETS IN ROUND 1 AND 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)

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 IS CODED ONLY COMBINATIONS OF CODES '6', '7', '8', '9', '10', AND '11').
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.
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. |
| DISPLAY ‘For this study,’ IF ROUND 1. |

| DISPLAY ‘their current’ IF ROUND 1. DISPLAY ‘the’ IF ROUND 2. DISPLAY ‘policies...interview’ |
| IF ROUND 2. |

| 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.

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:                                  |       |
|   - 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:                                  |       |
|   - 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); AND |       |
|   - ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/ |       |
|     PHYSICIAN                                  |       |
|----------------------------------------------------

33-35
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 ‘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:
- 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:
- 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) AND
- ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/PHYSICIAN
CL15

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}

{RD (1/2) STATUS: {DISPLAY CL15 STATUS FROM RD 1/2...... - 40}}

ENTER POLICY BOOKLET STATUS BELOW:

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

[Code One]

PRESS F1 FOR MORE INFORMATION ON POLICY BOOKETS.

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 HX310V 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 {1/2} ..... -40}' IF ROUND 2.
OTHERWISE, USE A NULL DISPLAY. DISPLAY '1' IF ROUND 2. FOR 'DISPLAY CL15 STATUS FROM RD 1/2..... - 40', DISPLAY THE TEXT ENTRY ASSOCIATED WITH THE ROUND 1 (IF CURRENT ROUND IS ROUND 2) 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). IF IN ROUND 2 (IF CURRENT ROUND IS 2) 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 INTERVIEW DATE.

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

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

----------------------------------------------------
| GO TO END_LP04                                    |
----------------------------------------------------
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'), 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 AGNCY WHICH PROVIDES HOSPITAL &
PHYSICIAN BENEFITS}]

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

{RD (1/2) STATUS: {DISPLAY CL18 STATUS FROM RD 1/2.... - 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 DOCUMENTS ......................... 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’.

33-45
DISPLAY THE ESTABLISHMENT FLAGGED AS 'INSURER' FOR MEDICAID OR GOVT-HOSPITAL/PHYSICIAN FOR NAME OF INSURANCE COMPANY/HMO.


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

FOR 'DISPLAY CL18 STATUS FROM RD 1/2..... - 40', DISPLAY THE TEXT ENTRY ASSOCIATED WITH THE ROUND 1 (IF CURRENT ROUND IS 2) (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).

DISPLAY ',WILL GET OTHERS' AS PART OF CODE '2' IF ROUND 1. OTHERWISE, USE A NULL DISPLAY.
CL180V

======

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 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 AGENCY 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] ...............

----------------------------------------------------
<p>| 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 |</p>
<table>
<thead>
<tr>
<th>COLLECTION.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| 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| |</p>
<table>
<thead>
<tr>
<th>'MEDICAID'.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY THE ESTABLISHMENT FLAGGED AS 'INSURER' FOR| |</p>
<table>
<thead>
<tr>
<th>MEDICAID OR GOVT-HOSPITAL/PHYSICIAN.</th>
</tr>
</thead>
</table>

BOX_08

----------------------------------------------------
<p>| IF: |
| ROUND 1 |
| 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, |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH LOOP_04A</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_09</th>
</tr>
</thead>
</table>
LOOP_04A
========

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK CL21 - END_LP04A |

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

LOOPER_04A: 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

(Code One)

(PRESS F1 FOR MORE INFORMATION ON POLICY BOOKLET FOLLOW-UP.)
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 |
| 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

[Code One]

----------------------------------------------------
| 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. |
----------------------------------------------------

| 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 and Round 5)

BOX_10

<table>
<thead>
<tr>
<th>IF ROUND 3 OR ROUND 5, CONTINUE WITH BOX_11</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO CL41</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
</tbody>
</table>

BOX_11

<p>| IF AT LEAST ONE PERSON-PHARMACY-PAIR ELIGIBLE |
| (SEE SAMPLING BOX BELOW) FOR PHARMACY PERMISSION |</p>
<table>
<thead>
<tr>
<th>FORM COLLECTION, CONTINUE WITH CL29</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO CL41</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
</tbody>
</table>

SAMPLING BOX (FOR ROUND 3):
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

SAMPLING BOX (FOR ROUND 5):
PERSON-PHARMACY-PAIRS ELIGIBLE FOR PHARMACY PERMISSION FORM COLLECTION IN ROUND 5:
- PERSON IS A KEY, ELIGIBLE RU MEMBER
- PERSON ASSOCIATED WITH THE PHARMACY
- PHARMACY COLLECTED DURING ROUND 3, 4, OR 5
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 WILL BE REQUESTED.

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

CL23
====
OMITTED.

CL24
====
OMITTED.

LOOP_05
=======
OMITTED.

CL25
====
OMITTED.
END_LP05
========

OMITTED.

CL26
====

OMITTED.

BOX_12
======

OMITTED.

CL27
====

OMITTED.

LOOP_06
=======

OMITTED.

CL28
====

OMITTED.

END_LP06
========

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.
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>
</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 IF ROUND 3 OR FOR ROUNDS 3, 4, OR 5 IF ROUND 5.

---

NOTE: DISPLAY EACH UNIQUE ELIGIBLE PERSON-PHARMACY-PAIR ONLY ONCE.---
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 IF ROUND 3 OR FOR ROUNDS 3, 4, OR 5 IF ROUND 5.

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.
DISPLAY 'LOCATE ... LOCATED)' IF PERSON-PHARMACY-PAIR WAS ELIGIBLE FROM ROUNDS 1 OR 2 IF ROUND 3 OR FROM ROUNDS 3 OR 4 IF ROUND 5. 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.

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 IF ROUND 3 OR FOR ROUNDS 3, 4, OR 5 IF ROUND 5.

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.’                               
---------------------------------------------

CL32OV1

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

ENTER PROBLEM:

[Enter Problem-45] .....................   {CL33}
ENTER OTHER:

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

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

[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 GO TO CL41                            |
----------------------------------------------------
Subsection 5: Self-Administered Questionnaire

BOX_15
======
OMITTED

CL35
====
OMITTED

LOOP_09
======
OMITTED

CL36
====
OMITTED

CL36OV
======
OMITTED

CL37
====
OMITTED

CL37OV
======
OMITTED
END_LP09
========
OMITTED

BOX_16
=====
OMITTED

CL38
====
OMITTED

LOOP_10
======
OMITTED

CL39
====
OMITTED

CL39OV
======
OMITTED

CL40
====
OMITTED

CL40OV
======
OMITTED

END_LP10
========
OMITTED
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. We are nearing the end of this study. I’d like to thank you for your participation in this important study. Just in case my supervisor needs to reach you to verify that I was here and collected this information correctly, I’d like to verify a few pieces of information.

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

[Code One]

ENTER OTHER:

[Enter Other Specify] ........................
BOX_17

| 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 |

33-68
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}
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] .......

<table>
<thead>
<tr>
<th>EDIT:  DISALLOW LEADING ZEROS AS AN ENTRY.</th>
</tr>
</thead>
</table>

<p>| EDIT:  IF NO CURRENT SECOND PHONE AVAILABLE, AN |
| ENTRY MUST BE MADE FOR EVERY FIELD (REF AND DK ARE| |</p>
<table>
<thead>
<tr>
<th>ALLOWED).</th>
</tr>
</thead>
</table>

<p>| EDIT:  IF CURRENT SECOND PHONE AVAILABLE, AT LEAST| |</p>
<table>
<thead>
<tr>
<th>ONE FIELD MUST UPDATED.</th>
</tr>
</thead>
</table>

| 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
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 {BOX_17A}
MAILING ADDRESS NEEDS CORRECTION .... 3
NO CURRENT MAILING ADDRESS ........... 4 {BOX_17A}
REF ................................... -7 {BOX_17A}
DK .................................... -8 {BOX_17A}

----------------------------------------------------
| 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.'                   |
----------------------------------------------------
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. |
----------------------------------------------------
<table>
<thead>
<tr>
<th>IF NOT ROUND 5, CONTINUE WITH CL48</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (I.E., IF ROUND 5), GO TO CL62</th>
</tr>
</thead>
</table>

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.
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.’ |  |

----------------------------------------------------
NOTES: 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.

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

------------------------------------------------------------------------
<p>| EDIT:  IF CURRENT ALTERNATE ADDRESS AVAILABLE, AT LEAST ONE FIELD MUST  | |</p>
<table>
<thead>
<tr>
<th>BE UPDATED.</th>
</tr>
</thead>
</table>

------------------------------------------------------------------------
<p>| FLAG ALTERNATE RESPONDENT INFORMATION FOR THE RU WITH THE NAME, ADDRESS, | |</p>
<table>
<thead>
<tr>
<th>AND PHONE ENTERED OR CORRECTED AT CL55 FOR THE CURRENT ROUND.</th>
</tr>
</thead>
</table>
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): [_____________]

| DISPLAY THE NAME ENTERED AT CL55_01 FOR ‘NAME OF ALTERNATE RESPONDENT CL55_01’. |
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE RU FOR ‘NAME OF REFERENCE PERSON’. |

| THE ENTRY FIELD FOR CL56_01 SHOULD BE 45 CHARACTERS OF FREE FORM TEXT IN LENGTH. |

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

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

| FLAG ALTERNATE RESPONDENT RELATIONSHIP FOR THE RU WITH THE RELATIONSHIP ENTERED OR CORRECTED AT CL56 FOR THE CURRENT ROUND. |
Is anyone in the family planning to move within the next 3 months?

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

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]
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'

(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
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 BOX_18A

---

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.
```

<table>
<thead>
<tr>
<th>EDIT: IF NO CURRENT PROXY ADDRESS AVAILABLE, AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EDIT: IF CURRENT PROXY ADDRESS AVAILABLE, AT LEAST ONE FIELD MUST BE UPDATED.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FLAG PROXY ADDRESS INFORMATION FOR THE RU WITH THE ADDRESS AND PHONE ENTERED OR CORRECTED AT CL61B FOR THE CURRENT ROUND.</th>
</tr>
</thead>
</table>

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]

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]

ENTER OTHER LANGUAGE:

[Enter Other Specify-45] .................
CL63
====

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]

----------------------------------------------------
| DISPLAY ‘RESPONDENT’ IF CURRENT RESPONDENT IS AN |
| RU MEMBER. DISPLAY ‘PROXY’ IF CURRENT RESPONDENT |
| IS A PROXY.                                       |
|----------------------------------------------------

CL64
====

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
OR
- PERSON ON THE RU ROSTER AND WAS ELIGIBLE AT THE END OF RE-ENUMERATION AND IS PHYSICALLY IN THE RU ON THE INTERVIEW DATE
AND
- PERSON IS NOT IDENTIFIED AS CURRENT RESPONDENT

DISPLAY 'SOMEONE 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.
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 1997/early 1998/the summer of 1998/early 1999}.} /This check is for your efforts in keeping records and participating in this survey.)

5. THANK RESPONDENT FOR THIS INTERVIEW.

6. {ASK RESPONDENT TO KEEP RECORDS FOR NEXT INTERVIEW./GIVE RESPONDENT GIFT AND LETTER:

I would also like to thank you on behalf of the two Public Health Service agencies that sponsor this study -- the Agency for Health Care Policy and Research and the National Center for Health statistics. As a token of their appreciation, they would like you to have this gift for your participation in MEPS. In addition, here is a letter of commendation recognizing your contributions of time and effort in a research project to help enlighten Americans about our health care system.)

PRESS ENTER TO CONTINUE.
DISP '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.

DISP 'This {next} ... /early 1999}.' IF ROUNDS 1-4. OTHERWISE, DISP 'This check ... this survey.'

DISP '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.


DISP 'ASK ... INTERVIEW.' IF ROUNDS 1 OR 2 OR 3 OR 4. DISP 'GIVE RESPONDENT ... health care system.' IF ROUND 5.

CL67
====

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

    Yes   No

CL67_01
=======

HEALTH EVENTS RECORD,
WITH ENTRIES           1     2

33-93
MEPS FAMES Panel 2 Round 5 Closing (CL) Section
November 16, 1998

CL67_02
=======
HEALTH EVENTS RECORD,
WITHOUT ENTRIES  1   2

CL67_03
=======
HEALTH EVENTS RECORD
WORKSHEET        1   2

CL67_04
=======
RECORD FILE      1   2

CL67_05
=======
OTHER CALENDAR   1   2

CL67_06
=======
CHECK BOOK       1   2

CL67_07
=======
BILL/STATEMENT FROM
PROVIDER         1   2

CL67_08
=======
INSURANCE PAYMENT
STATEMENT        1   2

CL67_09
=======
MEDICINE
BOTTLE/RECEIPT   1   2
CL67_10

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<th>OTHER</th>
<th>1</th>
<th>2</th>
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<td>CL68</td>
<td></td>
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<td>OTHERWISE, GO TO BOX_20</td>
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CL68

<table>
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<th>WHICH OTHER MEMORY AIDS?</th>
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<tbody>
<tr>
<td>Yes   No</td>
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CL68_01

| DOCTOR’S CARD OR APPOINTMENT SLIP | 1 | 2 |

CL68_02

| INSURANCE POLICY | 1 | 2 |

CL68_03

| INSURANCE CARDS | 1 | 2 |

CL68_04

| TELEPHONE BOOK | 1 | 2 |
CL68_05
======

OTHER                  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.                                          |
----------------------------------------------------
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<p>| IF CL68_05 IS CODED '1' (YES), CONTINUE WITH      |</p>
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CL68OV
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ENTER OTHER:

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

BOX_20
=====

----------------------------------------------------
| END INTERVIEW.                                    |
----------------------------------------------------