Access to Care (AC) Section

LOOP_01
======

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

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

AC01
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

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

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

[Code One]
PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

AC02
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Would (PERSON) go to one of these places first or most often if (PERSON) (are/is) sick?

YES ..................................... 1 {AC05}
NO ...................................... 2
REF ..................................... -7 {END_LP01}
DK ...................................... -8 {END_LP01}

AC03
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

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

SELDOM OR NEVER GETS SICK .................... 1 {AC04}
RECENTLY MOVED INTO AREA ..................... 2 {AC04}
DON’T KNOW WHERE TO GO FOR CARE ............ 3 {AC04}
USUAL SOURCE OF MEDICAL CARE IN THIS AREA IS NO LONGER AVAILABLE .......... 4 {AC04}
CAN’T FIND A PROVIDER WHO SPEAKS (PERSON)’S LANGUAGE .................. 5 {AC04}
LIKES TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS .......... 6 {AC04}
JUST CHANGED INSURANCE PLAN ................ 7 {AC04}
DON’T USE DOCTORS/TREAT MYSELF .......... 8 {AC04}
COST OF MEDICAL CARE ....................... 9 {AC04}
OTHER REASON ............................ 91
PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

AC03OV
ENTER OTHER REASON:

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

AC04
(PERSON’S FIRST MIDDLE AND LAST NAME)
What are the other reasons (PERSON) (do/does) not have a usual source of health care?

CODE ALL THAT APPLY.

NO OTHER REASONS ........................ 0
Seldom or never gets sick ............... 1
Recently moved into area .............. 2
Don’t know where to go for care ....... 3
Usual source of medical care in this area is no longer available ......... 4
Can’t find a provider who speaks (PERSON)’s language ............... 5
Likes to go to different places for different health needs ............ 6
Just changed insurance plans .......... 7
Don’t use doctors/treat myself .......... 8
Cost of medical care .................... 9
Other reason ............................ 91

[Code All That Apply]

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

<table>
<thead>
<tr>
<th>IF CODED '91' (OTHER REASON) ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH AC04OV</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP01</th>
</tr>
</thead>
</table>

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

AC04OV
ENTER OTHER REASON:

[Enter Other Specify] .................. {END LP01}
REF ..................................... -7 {END LP01}
DK ..................................... -8 {END LP01}
{PERSON'S FIRST MIDDLE AND LAST NAME}

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

PRESS ENTER TO CONTINUE.

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

---

BOX_01

----------------------------------------------------
| ASK THE PROVIDER ROSTER (PV) SECTION              |
----------------------------------------------------

----------------------------------------------------
| AT THE COMPLETION OF THE PROVIDER ROSTER (PV)     |
| SECTION, CONTINUE WITH BOX_02                     |
----------------------------------------------------

BOX_02

----------------------------------------------------
| FLAG THE PROVIDER ADDED OR SELECTED AS THE 'USC   |
| (USUAL SOURCE OF CARE) PROVIDER' FOR THIS PERSON  |
| FOR THIS PARTICULAR ROUND.                        |
----------------------------------------------------

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

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

----------------------------------------------------
| OTHERWISE, GO TO BOX_03                           |
----------------------------------------------------

AC06

---

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

ASK IF NOT OBVIOUS.

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

HOSPITAL CLINIC OR OUTPATIENT DEPARTMENT ......................... 1
HOSPITAL EMERGENCY ROOM ........................................ 2 {BOX_03}
OTHER KIND OF PLACE ............................................. 3 {BOX_03}
REF ............................................................. -7 {BOX_03}
DK ............................................................... -8 {BOX_03}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

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

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

IF CODED ‘2’ (HOSPITAL EMERGENCY ROOM), FLAG THIS USC PROVIDER AS ‘HOSPITAL BASED’.

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


AC07
====

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

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

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

[Code One]

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

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

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

BOX_03
=====

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

IF THIS USC PROVIDER IS FLAGGED AS ‘HOSPITAL BASED’, CONTINUE WITH AC08

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

OTHERWISE, GO TO AC09A

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

AC08
====

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

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

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

[Code One]
----------------------------------------------------
| DISPLAY 'someone who works at' IF THIS USC   |
| PROVIDER IS FLAGGED AS 'PERSON-IN-FACILITY-   |
| PROVIDER'. OTHERWISE, USE A NULL DISPLAY.     |
| DISPLAY 'hospital emergency room' IF AC06 WAS |
| CODED '2' (HOSPITAL EMERGENCY ROOM) DURING ANY |
| LOOP FOR THIS USC PROVIDER. DISPLAY 'hospital |
| clinic or outpatient department' IF AC07 WAS   |
| CODED '1' (OWNED AND OPERATED BY HOSPITAL) OR  |
| '-8' (DON'T KNOW) DURING ANY LOOP FOR THIS USC |
| PROVIDER.                                     |
----------------------------------------------------

AC08OV
====

ENTER OTHER REASON:

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

AC09
====

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

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

CODE ALL THAT APPLY.

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

[Code All That Apply]

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

OTHERWISE, GO TO AC09A

----------------------------------------------------
| EDIT: IF CODED '0' (NO OTHER REASONS), '-7'    |
| (REFUSED), OR '-8 (DON'T KNOW) IN THE FIRST FIELD, |
| NO OTHER REASON CATEGORY CAN BE CODED. IF CODED |
| '0' (NO OTHER REASONS), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW), IN A FIELD OTHER THAN THE FIRST |
| FIELD AND A SUBSEQUENT CODE IS ENTERED, DISPLAY |
| THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PRESS |
| ENTER ON A BLANK FIELD.'                        |
**AC09OV**

ENTER OTHER REASON:

<table>
<thead>
<tr>
<th>[Enter Other Specify]</th>
<th>-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

**AC09A**

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

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

**BOX_04**

<table>
<thead>
<tr>
<th>IF THIS USC PROVIDER IS FLAGGED AS 'PERSON-TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-PROVIDER' AND AC10 WAS NOT ALREADY ASKED FOR THIS USC PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC10</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO END_LP01</td>
</tr>
</tbody>
</table>

**AC10**

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER...)

Is (PROVIDER) a medical doctor?

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

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

**AC11**

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER...)

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

**CODE '5' IF CHIROPRACTOR VOLUNTEERED AS TYPE OF MEDICAL PERSON.**

| NURSE | 1 {END_LP01} |
| NURSE PRACTITIONER | 2 {END_LP01} |
| PHYSICIAN’S ASSISTANT | 3 {END_LP01} |
| MIDWIFE | 4 {END_LP01} |
| CHIROPRACTOR | 5 {END_LP01} |
| OTHER | 91 |
| REF | -7 {END_LP01} |
| DK | -8 {END_LP01} |

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

**AC11OV**
- PROVIDER FLAGGED AS 'USC PROVIDER' DURING THE CURRENT ROUND FOR A CURRENT RU MEMBER.

NOTE: IF THE USC PROVIDER BEING LOOPED ON IS FLAGGED AS 'PERSON-TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-PROVIDER' THE CONTEXT HEADER IN LOOP 02 WILL DISPLAY THE PERSON-PROVIDER NAME. IF THE USC PROVIDER BEING LOOPED ON IS FLAGGED AS 'FACILITY-TYPE-PROVIDER' THE CONTEXT HEADER IN LOOP 02 WILL DISPLAY THE FACILITY-PROVIDER NAME.

AC13
====

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

The next few questions ask about the experience (READ NAME(S) BELOW) have had with (PROVIDER). Please think about their overall experiences when answering the following questions.

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

AC14
====

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

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

YES = 1
NO = 2

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

PRESS F1 FOR DEFINITION OF PREVENTIVE HEALTH CARE AND REFERRAL.

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

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

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

OTHERWISE, CONTINUE WITH AC15
### AC15

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

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

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

### AC16

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

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

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

### AC17

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

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

Would you say it is ... (IF ASKED WHAT IS MEANT BY 'APPOINTMENTS WITH (PROVIDER)', SAY: This refers to appointments with any medical person at (PROVIDER), not necessarily a specific medical person.)

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>very difficult,</td>
<td>1</td>
</tr>
<tr>
<td>somewhat difficult,</td>
<td>2</td>
</tr>
<tr>
<td>not too difficult, or</td>
<td>3</td>
</tr>
<tr>
<td>not at all difficult?</td>
<td>4</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

### AC18

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

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 5 MINUTES</td>
<td>1</td>
</tr>
<tr>
<td>5 TO 15 MINUTES</td>
<td>2</td>
</tr>
<tr>
<td>16 TO 30 MINUTES</td>
<td>3</td>
</tr>
<tr>
<td>31 MINUTES TO 59 MINUTES</td>
<td>4</td>
</tr>
<tr>
<td>1 TO 2 HOURS</td>
<td>5</td>
</tr>
<tr>
<td>MORE THAN 2 HOURS</td>
<td>6</td>
</tr>
</tbody>
</table>
How difficult is it to contact {a medical person at} (PROVIDER) over the telephone about a health problem?

Would you say it is ...

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

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

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

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

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

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

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

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

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

Would you say ...

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

[Code One]

PRESS F1 FOR DEFINITION OF PROFESSIONAL STAFF.

----------------------------------------------------
| DISPLAY ‘(PROVIDER)’ IF USC PROVIDER BEING LOOPED |
| ON IS FLAGGED AS ‘FACILITY-TYPE-PROVIDER’.        |
| OTHERWISE, DISPLAY ‘(PROVIDER)’s office’.          |
----------------------------------------------------

AC19E
=====

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

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

Would you say ...

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

[Code One]

----------------------------------------------------
| DISPLAY ‘(PROVIDER)’ IF USC PROVIDER BEING LOOPED |
| ON IS FLAGGED AS ‘FACILITY-TYPE-PROVIDER’.        |
| OTHERWISE, DISPLAY ‘(PROVIDER)’s office’.          |
----------------------------------------------------

END_LP02
=======

----------------------------------------------------
| CYCLE ON NEXT PROVIDER IN THE RU-MEDICAL- |
| PROVIDERS-ROSTER WHO MEETS THE CONDITIONS STATED |
| IN THE LOOP DEFINITION.                      |
----------------------------------------------------

| IF NO OTHER PROVIDERS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH AC20               |
----------------------------------------------------

AC20
=====

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

YES .............................................. 1
NO .............................................. 2 {AC24}
Why did this change occur?

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

[Code One]

ENTER OTHER:

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

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

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

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

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

[Code One]

ENTER OTHER:

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

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

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

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

Would you say ...

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

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

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

[Code One]
SHOW CARD AC-1.

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

CODE ALL THAT APPLY.

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

[Code All That Apply]
Savings and investments are an important part of family finances. In these next questions, we are going to be asking about a number of different kinds of savings or investments the members of this family may have.

PRESS ENTER TO CONTINUE.

Does anyone in the family own this home?

YES ........................................... 1 {AS16}
NO ............................................ 2 {AS16}
REF ........................................... -7 {AS16}
DK ............................................ -8 {AS16}

PRESS F1 FOR DEFINITION OF ‘OWN THIS HOME’.

Who in the family owns this home?

PROBE: Does anyone else in the family own this home?

CODE ALL THAT APPLY.

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

[1. First Name, [Middle Name], Last Name-65] ...
[2. First Name, [Middle Name], Last Name-65] ...
[3. First Name, [Middle Name], Last Name-65] ...

[Code All That Apply]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-MEMBERS-ROSTER. |

| DISPLAY ‘PERSON DECEASED’ AND ‘PERSON NOT IN RU’ |
| AS THE LAST TWO ENTRIES ON THE ROSTER. |

What is the present value of this home, that is, about how much would it bring if you sold it on today’s market?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

IF AMOUNT IS NOTHING, CODE ‘0’.

[Enter Whole $ Worth] ....................... {AS06}
NOTHING .................................... 0 {AS06}
REF ........................................... -7
DK ............................................ -8

PRESS F1 FOR DEFINITION OF VALUE.

<table>
<thead>
<tr>
<th>SOFT RANGE CHECK: $1 - $9,999,999</th>
</tr>
</thead>
</table>
SHOW CARD AS-1.

Which category on the card best indicates the value of this home?

<table>
<thead>
<tr>
<th>Value Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 500</td>
<td>1</td>
</tr>
<tr>
<td>501 - 1,000</td>
<td>2</td>
</tr>
<tr>
<td>1,001 - 5,000</td>
<td>3</td>
</tr>
<tr>
<td>5,001 - 10,000</td>
<td>4</td>
</tr>
<tr>
<td>10,001 - 25,000</td>
<td>5</td>
</tr>
<tr>
<td>25,001 - 50,000</td>
<td>6</td>
</tr>
<tr>
<td>50,001 - 100,000</td>
<td>7</td>
</tr>
<tr>
<td>100,001 - 250,000</td>
<td>8</td>
</tr>
<tr>
<td>250,001 - 500,000</td>
<td>9</td>
</tr>
<tr>
<td>500,001 - 1,000,000</td>
<td>10</td>
</tr>
<tr>
<td>1,000,001 OR MORE</td>
<td>11</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

Is any money owed or are there any loans outstanding on this home?

<table>
<thead>
<tr>
<th>Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 {AS09}</td>
</tr>
<tr>
<td>REF</td>
<td>-7 {AS09}</td>
</tr>
<tr>
<td>DK</td>
<td>-8 {AS09}</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

How much is still owed for this home, that is, how much principal is still owed on the mortgage(s)?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON’T KNOW' (SHIFT/8).

[Enter Whole $ Amount Owed] ........... {AS09}
| REF                          | -7 {AS09} |
| DK                          | -8 {AS09} |

PRESS F1 FOR DEFINITION OF STILL OWED.

| SOFT RANGE CHECK: $1 - $9,999,999 |

SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

<table>
<thead>
<tr>
<th>Value Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 500</td>
<td>1</td>
</tr>
<tr>
<td>501 - 1,000</td>
<td>2</td>
</tr>
<tr>
<td>1,001 - 5,000</td>
<td>3</td>
</tr>
<tr>
<td>5,001 - 10,000</td>
<td>4</td>
</tr>
<tr>
<td>10,001 - 25,000</td>
<td>5</td>
</tr>
<tr>
<td>25,001 - 50,000</td>
<td>6</td>
</tr>
<tr>
<td>50,001 - 100,000</td>
<td>7</td>
</tr>
<tr>
<td>100,001 - 250,000</td>
<td>8</td>
</tr>
<tr>
<td>250,001 - 500,000</td>
<td>9</td>
</tr>
<tr>
<td>500,001 - 1,000,000</td>
<td>10</td>
</tr>
<tr>
<td>1,000,001 OR MORE</td>
<td>11</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>
Does anyone in the family own a second home?

YES .................................... 1
NO ..................................... 2 {AS16}
REF ................................... -7 {AS16}
DK .................................... -8 {AS16}

PRESS F1 FOR DEFINITION OF SECOND HOME.

Who in the family owns the second home?

PROBE: Does anyone else in the family own the second home?

CODE ALL THAT APPLY.

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

[1. First Name, [Middle Name], Last Name-65] ...
[2. First Name, [Middle Name], Last Name-65] ...
[3. First Name, [Middle Name], Last Name-65] ...

What is the present value of the second home, that is, about how much would it bring if you sold it on today’s market?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

IF AMOUNT IS NOTHING, CODE ‘0’.

SHOW CARD AS-1.

Which category on the card best indicates the value of the second home?

0 - 500 ................................ 1
501 - 1,000 ............................ 2
1,001 - 5,000 .......................... 3
AS13
====

Is any money owed or are there any loans outstanding on the second home?

PROBE: Please do not include any debt we’ve already talked about.

YES .................................... 1
NO ..................................... 2 {AS16}
REF ................................... -7 {AS16}
DK .................................... -8 {AS16}

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

AS14
====

How much is still owed for the second home?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

[Enter Whole $ Amount Owed] ........... {AS16}
REF ................................... -7 {AS16}
DK .................................... -8 {AS16}

PRESS F1 FOR DEFINITION OF STILL OWED.

| SOFT RANGE CHECK: $1 - $9,999,999 |

AS15
====

SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

0 - 500 ................................ 1
501 - 1,000 ............................ 2
1,001 - 5,000 .......................... 3
5,001 - 10,000 ......................... 4
10,001 - 25,000 ........................ 5
25,001 - 50,000 ........................ 6
50,001 - 100,000 ....................... 7
100,001 - 250,000 ....................... 8
250,001 - 500,000 ....................... 9
500,001 - 1,000,000 ..................... 10
1,000,001 OR MORE ..................... 11
REF ................................... -7
DK .................................... -8

[Code One]

AS16
====

Does anyone in the family own part or all of a farm or business [other than what we have already talked about]?
YES .................................... 1
NO ..................................... 2 {AS24}
REF .................................... -7 {AS24}
DK ..................................... -8 {AS24}

PRESS F1 FOR DEFINITION OF FARM AND BUSINESS.

AS17

How many farm(s) or business(es) are owned by the family?

[Enter Number-2] ......................
REF .................................... -7
DK ..................................... -8

| SOFT RANGE CHECK:  1 - 10

AS18

Who in the family owns the farm(s) or business(es)?

PROBE: Does anyone else in the family own the farm(s) or business(es)?

CODE ALL THAT APPLY.

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

[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65] ...

[Code All That Apply]

| ROSTER DEFINITION:  THIS ITEM DISPLAYS THE
| RU-MEMBERS-ROSTER.

| DISPLAY ‘PERSON DECEASED’ AND ‘PERSON NOT IN RU’
| AS THE LAST TWO ENTRIES ON THE ROSTER.

AS19

What are all the farm(s) or business(es) worth together if sold today?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

IF AMOUNT IS NOTHING, CODE ‘0’.

[Enter Whole $ Worth] ...................... {AS21}
NOTHING ............................................... 0 {AS21}
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF WORTH.

| SOFT RANGE CHECK: $1 - $9,999,999

AS20

SHOW CARD AS-1.
Which category on the card best indicates the worth of the farm(s) or business(es) if sold today?

0 - 500 .............................. 1
501 - 1,000 .......................... 2
1,001 - 5,000 ........................ 3
5,001 - 10,000 ........................ 4
10,001 - 25,000 ........................ 5
25,001 - 50,000 ........................ 6
50,001 - 100,000 ...................... 7
100,001 - 250,000 ...................... 8
250,001 - 500,000 ...................... 9
500,001 - 1,000,000 ................... 10
1,000,001 OR MORE ..................... 11
REF ................................. -7
DK .................................. -8

[Code One]

AS21
====

Is any money owed or are there any loans outstanding on the farm(s) or business(es)?

PROBE: Please do not include any debt we’ve already talked about.

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

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

AS22
====

How much is still owed for the farm(s) or business(es)?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

[Enter Whole $ Amount Owed] ............ {AS24}
REF .................................. -7
DK .................................. -8

PRESS F1 FOR DEFINITION OF STILL OWED.

----------------------------------------------------
| SOFT RANGE CHECK: $1 - $9,999,999                |
----------------------------------------------------

AS23
====

SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

0 - 500 .............................. 1
501 - 1,000 .......................... 2
1,001 - 5,000 ........................ 3
5,001 - 10,000 ........................ 4
10,001 - 25,000 ........................ 5
25,001 - 50,000 ........................ 6
50,001 - 100,000 ...................... 7
100,001 - 250,000 ...................... 8
250,001 - 500,000 ...................... 9
500,001 - 1,000,000 ................... 10
1,000,001 OR MORE ..................... 11
REF .................................. -7
DK .................................. -8

[Code One]
Does anyone in the family have any real estate such as land, rental real estate, a real estate partnership, or money owed to the family on a land contract or mortgage (other than what we have already talked about)?

YES .................................... 1
NO ..................................... 2 {AS31}
REF ........................................... -7 {AS31}
DK ..................................... -8 {AS31}

PRESS F1 FOR DEFINITION OF REAL ESTATE.

Who in the family owns other properties or real estate (such as land, rental real estate, or a real estate partnership)?

PROBE: Does anyone else in the family own other properties or real estate (such as land, rental real estate, or a real estate partnership)?

CODE ALL THAT APPLY.

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

[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65] ...

[Code All That Apply]

Altogether, what is the present value of the other properties or real estate (such as land, rental real estate, or a real estate partnership), that is, about how much would it bring if you sold it on today’s market?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

IF AMOUNT IS NOTHING, CODE ‘0’.

[Enter Whole $ Worth] ................. {AS28}
NOTHING ........................................... 0 {AS28}
REF ........................................... -7 {AS28}
DK ........................................... -8 {AS28}

PRESS F1 FOR DEFINITION OF VALUE.

| SOFT RANGE CHECK: $1 - $9,999,999 |

SHOW CARD AS-1.
Which category on the card best indicates the value of the other properties or real estate (such as land, rental real estate, or a real estate partnership)?

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 500</td>
<td>1</td>
</tr>
<tr>
<td>501 - 1,000</td>
<td>2</td>
</tr>
<tr>
<td>1,001 - 5,000</td>
<td>3</td>
</tr>
<tr>
<td>5,001 - 10,000</td>
<td>4</td>
</tr>
<tr>
<td>10,001 - 25,000</td>
<td>5</td>
</tr>
<tr>
<td>25,001 - 50,000</td>
<td>6</td>
</tr>
<tr>
<td>50,001 - 100,000</td>
<td>7</td>
</tr>
<tr>
<td>100,001 - 250,000</td>
<td>8</td>
</tr>
<tr>
<td>250,001 - 500,000</td>
<td>9</td>
</tr>
<tr>
<td>500,001 - 1,000,000</td>
<td>10</td>
</tr>
<tr>
<td>1,000,001 OR MORE</td>
<td>11</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

AS28
====

Is any money owed or are there any loans outstanding on the other properties or real estate (such as land, rental real estate, or a real estate partnership)?

PROBE: Please do not include any debt we’ve already talked about.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 {AS31}</td>
</tr>
<tr>
<td>REF</td>
<td>-7 {AS31}</td>
</tr>
<tr>
<td>DK</td>
<td>-8 {AS31}</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

AS29
====

How much is still owed for the other properties or real estate (such as land, rental real estate, or a real estate partnership)?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

[Enter Whole $ Amount Owed] ............ {AS31}
| REF           | -7 {AS31} |
| DK            | -8       |

PRESS F1 FOR DEFINITION OF STILL OWED.

<table>
<thead>
<tr>
<th>SOFT RANGE CHECK: $1 - $9,999,999</th>
</tr>
</thead>
</table>

AS30
====

SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 500</td>
<td>1</td>
</tr>
<tr>
<td>501 - 1,000</td>
<td>2</td>
</tr>
<tr>
<td>1,001 - 5,000</td>
<td>3</td>
</tr>
<tr>
<td>5,001 - 10,000</td>
<td>4</td>
</tr>
<tr>
<td>10,001 - 25,000</td>
<td>5</td>
</tr>
<tr>
<td>25,001 - 50,000</td>
<td>6</td>
</tr>
<tr>
<td>50,001 - 100,000</td>
<td>7</td>
</tr>
<tr>
<td>100,001 - 250,000</td>
<td>8</td>
</tr>
<tr>
<td>250,001 - 500,000</td>
<td>9</td>
</tr>
<tr>
<td>500,001 - 1,000,000</td>
<td>10</td>
</tr>
<tr>
<td>1,000,001 OR MORE</td>
<td>11</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>
Does anyone in the family own any transportation vehicles, such as cars, trucks, or vans?

PROBE: Do not include recreational vehicles, such as motorcycles, trailers, motor homes, boats, or airplanes. We ask about those types of vehicles next.

YES .................................... 1
NO ..................................... 2 {AS39}
REF ................................... -7 {AS39}
DK .................................... -8 {AS39}

How many transportation vehicles (such as cars, trucks, or vans) are owned by the family?

[Enter Number-2] ......................
REF ................................... -7
DK .................................... -8

| SOFT RANGE CHECK: 1 - 15 |

Who in the family owns the transportation vehicles (such as cars, trucks, or vans)?

PROBE: Does anyone else in the family own the transportation vehicles (such as cars, trucks, or vans)?

CODE ALL THAT APPLY.

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

[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65] ...

Altogether, what is the present value of the transportation vehicles (such as cars, trucks, or vans), that is, about how much would it bring if you sold them on today’s market?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

IF AMOUNT IS NOTHING, CODE ‘0’.

[Enter Whole $ Worth] ...................... {AS36}
SHOW CARD AS-1.

Which category on the card best indicates the value of the transportation vehicles (such as cars, trucks, or vans)?

0 - 500 .................................. 1
501 - 1,000 ............................ 2
1,001 - 5,000 .......................... 3
5,001 - 10,000 ........................ 4
10,001 - 25,000 ........................ 5
25,001 - 50,000 ........................ 6
50,001 - 100,000 ...................... 7
100,001 - 250,000 .................... 8
250,001 - 500,000 .................... 9
500,001 - 1,000,000 ................. 10
1,000,001 OR MORE .................. 11
REF ................................... -7
DK .................................... -8

[Code One]

SHOW CARD AS-1.

Is any money owed or are there any loans outstanding on the transportation vehicles (such as cars, trucks, or vans)?

PROBE: Please do not include any debt we’ve already talked about.

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

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

SHOW CARD AS-1.

How much is still owed for the transportation vehicles (such as cars, trucks, or vans)?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

[Enter Whole $ Amount Owed] ........... {AS39}
REF ................................... -7 {AS39}
DK .................................... -8

PRESS F1 FOR DEFINITION OF STILL OWED.

SHOW CARD AS-1.

Which category on the card best indicates the amount owed?
Does anyone in the family own any recreational vehicles, such as motorcycles, a trailer, a motor home, a boat, or an airplane?

YES .................................... 1
NO ..................................... 2 {AS46}
REF ................................... -7 {AS46}
DK .................................... -8 {AS46}

PRESS F1 FOR DEFINITION OF RECREATIONAL VEHICLES.

How many recreational vehicles (such as motorcycles, trailers, motor homes, boats, or airplanes) are owned by the family?

[Enter Number-2] .......................  {AS46}
REF ................................... -7  {AS46}
DK .................................... -8  {AS46}

| SOFT RANGE CHECK: 1 - 15              |

Altogether, what is the present value of the recreational vehicles (such as motorcycles, trailers, motor homes, boats, or airplanes), that is, about how much would it bring if you sold them on today’s market?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

IF AMOUNT IS NOTHING, CODE ‘0’.

[Enter Whole $ Worth] ...................  {AS43}
NOTHING ................................... 0 {AS43}
REF ................................... -7 {AS43}
DK .................................... -8 {AS43}

PRESS F1 FOR DEFINITION OF VALUE.

| SOFT RANGE CHECK: $1 - $9,999,999    |

SHOW CARD AS-1.

Which category on the card best indicates the value of the recreational vehicles (such as motorcycles, trailers, motor
Is any money owed or are there any loans outstanding on the recreational vehicles (such as motorcycles, trailers, motor homes, boats, or airplanes)?

PROBE: Please do not include any debt we’ve already talked about.

YES .................................... 1
NO ..................................... 2 {AS46}
REF ................................... -7 {AS46}
DK .................................... -8 {AS46}

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

How much is still owed for the recreational vehicles (such as motorcycles, trailers, motor homes, boats, or airplanes)?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

[Enter Whole $ Amount Owed] ........... {AS46}
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF STILL OWED.

| SOFT RANGE CHECK: $1 - $9,999,999 |

Which category on the card best indicates the amount owed?

0 - 500 ................................ 1
501 - 1,000 ............................. 2
1,001 - 5,000 ............................ 3
5,001 - 10,000 ........................... 4
10,001 - 25,000 .......................... 5
25,001 - 50,000 .......................... 6
50,001 - 100,000 ........................ 7
100,001 - 250,000 ......................... 8
250,001 - 500,000 ........................ 9
500,001 - 1,000,000 ....................... 10
1,000,001 OR MORE ..................... 11
REF ................................... -7
DK .................................... -8
Does anyone in the family have any shares of stock or stock mutual funds [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2 {AS50}
REF ................................... -7 {AS50}
DK .................................... -8 {AS50}

PRESS F1 FOR DEFINITION OF SHARES OF STOCK AND STOCK MUTUAL FUNDS.

Who in the family owns the shares of stock or stock mutual funds?

PROBE: Does anyone else in the family own the shares of stock or stock mutual funds?

CODE ALL THAT APPLY.

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

[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65] ...

[Code All That Apply]

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS THE</th>
<th>RU-MEMBERS-ROSTER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY 'PERSON DECEASED' AND 'PERSON NOT IN RU'</th>
<th>AS THE LAST TWO ENTRIES ON THE ROSTER.</th>
</tr>
</thead>
</table>

What are all the shares of stock or stock mutual funds worth together if sold today?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON'T KNOW' (SHIFT/8).

IF AMOUNT IS NOTHING, CODE '0'.

[Enter Whole $ Worth] ....................... {AS49A}
NOTHING ...................................... 0 {AS49A}
REF ......................................... -7
DK ......................................... -8

PRESS F1 FOR DEFINITION OF WORTH.

<table>
<thead>
<tr>
<th>SOFT RANGE CHECK: $1 - $9,999,999</th>
</tr>
</thead>
</table>

SHOW CARD AS-1.

Which category on the card best indicates the worth of the shares of stock or stock mutual funds if sold today?

0 - 500 ........................................ 1
501 - 1,000 ................................... 2
Is any money owed or are there any loans outstanding on the purchase of the shares of stock or stock mutual funds?

PROBE: Please do not include any debt we’ve already talked about.

YES .................................... 1
NO ..................................... 2 {AS50}
REF ................................... -7 {AS50}
DK .................................... -8 {AS50}

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

How much is still owed for the shares of stock or stock mutual funds?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

[Enter Whole $ Amount Owed] ........... {AS50}
REF ................................... -7 {AS50}
DK .................................... -8

PRESS F1 FOR DEFINITION OF STILL OWED.

SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

0 - 500 ................................ 1
501 - 1,000 .......................... 2
1,001 - 5,000 .......................... 3
5,001 - 10,000 ........................ 4
10,001 - 25,000 ........................ 5
25,001 - 50,000 ........................ 6
50,001 - 100,000 ........................ 7
100,001 - 250,000 ........................ 8
250,001 - 500,000 ........................ 9
500,001 - 1,000,000 ........................ 10
1,000,001 OR MORE ........................ 11
REF ................................... -7
DK .................................... -8

[Code One]
Does anyone in the family have any corporate, municipal, government, or foreign bonds, or bond funds (other than what we have already talked about)?

YES .................................... 1
NO ..................................... 2 {AS57}
REF .................................... -7 {AS57}
DK .................................... -8 {AS57}

PRESS F1 FOR DEFINITION OF CORPORATE, MUNICIPAL, GOVERNMENT, FOREIGN BONDS AND BOND FUNDS.

Who in the family owns the corporate, municipal, government, or foreign bonds or bond funds?

PROBE: Does anyone else in the family own the corporate, municipal, government, or foreign bonds or bond funds?

CODE ALL THAT APPLY.

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

[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65] ...

[Code All That Apply]

显示成员名册（RU-MEMBERS-ROSTER）

显示‘死亡人员’或‘不在名册内’作为名单的最后一两个条目

What are all the corporate, municipal, government, or foreign bonds or bond funds worth together if sold today?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

IF AMOUNT IS NOTHING, CODE ‘0’.

[Enter Whole $ Worth] ....................... {AS54}
NOTHING ................................. 0 {AS54}
REF .................................... -7 {AS54}
DK .................................... -8

PRESS F1 FOR DEFINITION OF WORTH.

显示范围检查：$1 - $9,999,999

Which category on the card best indicates the worth of these corporate, municipal, government, or foreign bonds or bond funds if sold today?

0 - 500 ................................. 1
501 - 1,000 .............................. 2
1,001 - 5,000 ........................... 3
| Soft Range Check: $1 - $9,999,999 |

AS54

Is any money owed or are there any loans outstanding on the purchase of the corporate, municipal, government, or foreign bonds, or bond funds?

PROBE: Please do not include any debt we’ve already talked about.

| Yes | 1 |
| No  | 2 {AS57} |
| Ref | 7 {AS57} |
| DK  | 8 {AS57} |

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

AS55

How much is still owed for the corporate, municipal, government, or foreign bonds, or bond funds?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

| [Enter Whole $ Amount Owed] |  | {AS57} |
| REF | -7 |
| DK  | -8 |

PRESS F1 FOR DEFINITION OF STILL OWED.

AS56

SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

| 0 - 500 | 1 |
| 501 - 1,000 | 2 |
| 1,001 - 5,000 | 3 |
| 5,001 - 10,000 | 4 |
| 10,001 - 25,000 | 5 |
| 25,001 - 50,000 | 6 |
| 50,001 - 100,000 | 7 |
| 100,001 - 250,000 | 8 |
| 250,001 - 500,000 | 9 |
| 500,001 - 1,000,000 | 10 |
| 1,000,001 OR MORE | 11 |
| REF | -7 |
| DK  | -8 |
Does anyone in the family have any Individual Retirement Accounts, that is, IRA or Keogh accounts?

YES .................................... 1
NO .................................... 2 {AS62}
REF .................................. -7 {AS62}
DK .................................... -8 {AS62}

PRESS F1 FOR DEFINITION OF IRA AND KEOGH ACCOUNTS.

How many IRA or Keogh accounts does the family have?

[Enter Number-2] ......................
REF .................................. -7
DK .................................. -8

| SOFT RANGE CHECK: 1 - 20 |

Who in the family has IRA or Keogh accounts?

PROBE: Does anyone else in the family have IRA or Keogh accounts?

CODE ALL THAT APPLY.

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

[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65] ...

[Code All That Apply]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-MEMBERS-ROSTER. |

| DISPLAY ‘PERSON DECEASED’ AND ‘PERSON NOT IN RU’ |
| AS THE LAST TWO ENTRIES ON THE ROSTER. |

Altogether, what is the current value of these IRA or Keogh accounts?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

[Enter Whole $ Amount] .............. {AS62}
REF .................................. -7
DK .................................. -8

PRESS F1 FOR DEFINITION OF VALUE.

| SOFT RANGE CHECK: $1 - $9,999,999 |
SHOW CARD AS-1.

Which category on the card best indicates the value of these IRA or Keogh accounts?

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 500</td>
<td>1</td>
</tr>
<tr>
<td>501 - 1,000</td>
<td>2</td>
</tr>
<tr>
<td>1,001 - 5,000</td>
<td>3</td>
</tr>
<tr>
<td>5,001 - 10,000</td>
<td>4</td>
</tr>
<tr>
<td>10,001 - 25,000</td>
<td>5</td>
</tr>
<tr>
<td>25,001 - 50,000</td>
<td>6</td>
</tr>
<tr>
<td>50,001 - 100,000</td>
<td>7</td>
</tr>
<tr>
<td>100,001 - 250,000</td>
<td>8</td>
</tr>
<tr>
<td>250,001 - 500,000</td>
<td>9</td>
</tr>
<tr>
<td>500,001 - 1,000,000</td>
<td>10</td>
</tr>
<tr>
<td>1,000,001 OR MORE</td>
<td>11</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

---

Does anyone in the family have any money in certificates of deposit (CDs), government savings bonds, or treasury bills [other than what we have already talked about]?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 {AS67}</td>
</tr>
<tr>
<td>REF</td>
<td>-7 {AS67}</td>
</tr>
<tr>
<td>DK</td>
<td>-8 {AS67}</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF CERTIFICATES OF DEPOSIT, GOVERNMENT SAVINGS BONDS, AND TREASURY BILLS.

---

How many certificates of deposit, savings bonds, or treasury bills does the family have?

[Enter Number-2] 

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

---

SOFT RANGE CHECK: 1 - 50

---

Who in the family owns the certificates of deposit, savings bonds, or treasury bills?

PROBE: Does anyone else in the family own certificates of deposit, savings bonds, or treasury bills?

CODE ALL THAT APPLY.

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

[1. First Name,[Middle Name],[Last Name-65] ... ]
[2. First Name,[Middle Name],[Last Name-65] ... ]
[3. First Name,[Middle Name],[Last Name-65] ... ]

[Code All That Apply]
Altogether, how much is in these certificates of deposit, savings bonds, or treasury bills?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

[Enter Whole $ Amount] ............... {AS67}
REF ................................... -7  
DK .................................... -8

PRESS F1 FOR DEFINITION OF ‘HOW MUCH IS IN’.

| SOFT RANGE CHECK: $1 - $9,999,999 |

SHOW CARD AS-1.

Which category on the card best indicates the amount in these certificates of deposit, savings bonds, or treasury bills?

0 - 500 ................................ 1
501 - 1,000 ............................ 2
1,001 - 5,000 .......................... 3
5,001 - 10,000 ........................ 4
10,001 - 25,000 ........................ 5
25,001 - 50,000 ........................ 6
50,001 - 100,000 ........................ 7
100,001 - 250,000 ........................ 8
250,001 - 500,000 ........................ 9
500,001 - 1,000,000 ....................... 10
1,000,001 OR MORE ..................... 11
REF ................................... -7  
DK .................................... -8

[Code One]

Does anyone in the family have any money in checking or savings accounts, or money market funds [other than what we have already talked about]?

YES .................................... 1
NO ...................................... 2 {AS72}
REF ................................... -7 {AS72} 
DK .................................... -8 {AS72}

PRESS F1 FOR DEFINITION OF CHECKING, SAVINGS, AND MONEY MARKET ACCOUNTS.

How many checking, savings, or money market accounts does the family have?

[Enter Number-2] ........................... 
REF ................................... -7  
DK .................................... -8
Who in the family has checking, savings, or money market accounts?

PROBE: Does anyone else in the family have checking, savings, or money market accounts?

CODE ALL THAT APPLY.

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

[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65] ...

[Code All That Apply]

Altogether, how much is in these checking, savings, or money market accounts?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

[Enter Whole $ Amount] ............... {AS72}
REF .................................. -7
DK .................................... -8

SHOW CARD AS-1.

Which category on the card best indicates the amount in these checking, savings, or money market accounts?

0 - 500 ................................ 1
501 - 1,000 ............................. 2
1,001 - 5,000 .......................... 3
5,001 - 10,000 ........................ 4
10,001 - 25,000 ........................ 5
25,001 - 50,000 ....................... 6
50,001 - 100,000 .................... 7
100,001 - 250,000 ................... 8
250,001 - 500,000 .................. 9
500,001 - 1,000,000 .................. 10
1,000,001 OR MORE ................ 11
REF .................................. -7
DK .................................... -8

[Code One]
Does anyone in the family have any other savings or assets, such as jewelry, money owed to you by others, a collection for investment purposes, rights in a trust or estate where someone in the family is the beneficiary, or an annuity [that you haven’t already told me about]?

YES .................................... 1 {AS76}
NO ..................................... 2 {AS76}
REF ..................................... -7 {AS76}
DK ..................................... -8 {AS76}

PRESS F1 FOR DEFINITION OF ‘OTHER SAVINGS OR ASSETS’.

Who in the family has other savings or assets [such as jewelry, money owed to you, a collection for investment purposes, rights in a trust or estate, or an annuity]?

PROBE: Does anyone else in the family have other savings or assets [such as jewelry, money owed to you, a collection for investment purposes, rights in a trust or estate, or an annuity]?

CODE ALL THAT APPLY.

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

[1. First Name, [Middle Name], Last Name-65] ...
[2. First Name, [Middle Name], Last Name-65] ...
[3. First Name, [Middle Name], Last Name-65] ...

[Code All That Apply]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-MEmBERS-ROSTER. | |
| | |

| DISPLAY ‘PERSON DECEASED’ AND ‘PERSON NOT IN RU’ |
| AS THE LAST TWO ENTRIES ON THE ROSTER. |

What are all the other savings or assets [such as jewelry, money owed to you, a collection for investment purposes, rights in a trust or estate, or an annuity] worth together?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

IF AMOUNT IS NOTHING, CODE ‘0’.

[Enter Whole $ Worth] ................. 0 {AS76}
NOTHING ................................... 0 {AS76}
REF ..................................... -7 {AS76}
DK ..................................... -8 {AS76}

PRESS F1 FOR DEFINITION OF WORTH.

| SOFT RANGE CHECK: $1 - $9,999,999 |

SHOW CARD AS-1.
Which category on the card best indicates the worth of the other savings or assets?

0 - 500 ................................ 1
501 - 1,000 ............................ 2
1,001 - 5,000 .......................... 3
5,001 - 10,000 ........................ 4
10,001 - 25,000 ......................... 5
25,001 - 50,000 ........................ 6
50,001 - 100,000 ........................ 7
100,001 - 250,000 ...................... 8
250,001 - 500,000 ..................... 9
500,001 - 1,000,000 .................. 10
1,000,001 OR MORE ................... 11
REF ................................... -7
DK .................................... -8

[Code One]

---

AS76

Does anyone in the family have any debts that we haven’t asked about, such as credit card balances, medical debts, life insurance policy loans, loans from relatives, and so forth?

YES .................................... 1
NO ..................................... 2 {BOX_02}
REF .................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

PRESS F1 FOR DEFINITION OF DEBTS.

---

AS77

Who in the family has the debts [such as credit card balances, medical debts, life insurance policy loans, loans from relatives and so forth]?

PROBE: Does anyone else in the family have the debts [such as credit card balances, medical debts, life insurance policy loans, loans from relatives and so forth]?

CODE ALL THAT APPLY.

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

[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65] ...

[Code All That Apply]

---------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-MEMBERS-ROSTER.                       |
---------------------------------------------

---------------------------------------------
| DISPLAY ‘PERSON DECEASED’ AND ‘PERSON NOT IN RU’ |
| AS THE LAST TWO ENTRIES ON THE ROSTER.         |
---------------------------------------------

---

AS78

How much do these debts amount to?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

[Enter Whole $ Amount Owed] ........... {BOX_02}
REF .................................... -7
DK .................................... -8
SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

0 - 500 ................................ 1
501 - 1,000 ............................ 2
1,001 - 5,000 ........................ 3
5,001 - 10,000 ......................... 4
10,001 - 25,000 ........................ 5
25,001 - 50,000 ........................ 6
50,001 - 100,000 ...................... 7
100,001 - 250,000 .................... 8
250,001 - 500,000 .................... 9
500,001 - 1,000,000 .................. 10
1,000,001 OR MORE ................... 11
REF ................................... -7
DK .................................... -8

[Code One]
Calendar (CA) Section

BOX_01
======
----------------------------------------------------
| IF ROUND 1 OR IF RESPONDENT FOR THIS ROUND IS NOT |  
| THE SAME AS THE RESPONDENT FOR THE PREVIOUS ROUND |  
| GO TO CA01                                         |
----------------------------------------------------

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

BOX_02
======
----------------------------------------------------
| IF NOT ROUND 1 AND RESPONDENT USED ANY CALENDAR   |  
| DURING THE PREVIOUS ROUND’S INTERVIEW – CL67_01,  |  
| CL67_02, CL67_03, OR CL67_05 IS CODED ‘1’ (YES), |  
| GO TO CA02                                        |
----------------------------------------------------

| OTHERWISE, CONTINUE WITH CA01                     |

CA01
=====

We’ve talked about health conditions for the family. The next set of questions is about health care received [in the last few months/between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}]. Some of these questions ask for information which may be difficult to remember. Because it is important to the U.S. Public Health Service to get complete and accurate information, please take your time in answering these questions.

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

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

[Code One]
----------------------------------------------------
| DISPLAY ‘in the last few months’ IF NOT ROUND 5. |  
| DISPLAY ‘between {START DATE OF REFERENCE PERIOD} |  
| and {END DATE OF REFERENCE PERIOD}’ IF ROUND 5. |  
| FOR ‘START DATE OF REFERENCE PERIOD’, DISPLAY THE |  
| DATE OF THE ROUND 4 INTERVIEW AS MM/DD/YY. FOR |  
| ‘END DATE OF REFERENCE PERIOD’, DISPLAY THE RU END |  
| DATE FOR ROUND 5 AS MM/DD/YY.                  |

CA02
=====

We’ve talked about health conditions for the family. The next set of questions is about health care received [in the last few months/between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}]. As you may remember from the last interview, some of these questions ask for information which may be difficult to remember.
THANK RESPONDENT FOR USING CALENDAR DURING THE PREVIOUS INTERVIEW.
ASK RESPONDENT TO GET CALENDAR IF NOT ALREADY OUT.

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

[Code One]

| DISPLAY 'in the last few months' IF NOT ROUND 5. |
| DISPLAY 'between {START DATE OF REFERENCE PERIOD} |
| and {END DATE OF REFERENCE PERIOD}' IF ROUND 5. |
| FOR 'START DATE OF REFERENCE PERIOD', DISPLAY THE |
| DATE OF THE ROUND 4 INTERVIEW AS MM/DD/YY. FOR |
| 'END DATE OF REFERENCE PERIOD', DISPLAY THE RU END |
| DATE FOR ROUND 5 AS MM/DD/YY. |

CA03
====

CODE WITHOUT ASKING IF RESPONDENT HAS ALREADY ANSWERED.

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

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

[Code One]

CA04
====

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

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

CIRCLE {TODAY'S DATE/12/31/1999} (AND DATE OF LAST INTERVIEW).

PRESS ENTER TO CONTINUE.

|-- DISPLAY 'TODAY’S DATE' IF NOT ROUND 5. DISPLAY |
|-- '12/31/1999’ IF ROUND 5. |
|-- DISPLAY ‘AND DATE OF LAST INTERVIEW’ IF NOT |
|-- ROUND 1. OTHERWISE, USE A NULL DISPLAY. |

BOX_03
=====

|-- IF ROUND 1, GO TO BOX_05 |

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

|--
If any events (including prescribed medicines) recorded during previous round, continue with CA05.

If no events (including prescribed medicines) recorded during previous round, go to BOX_05.

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

Hold up summary of health care events for this RU.

Press enter to continue.

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

Hold up summary of health care events for this RU.

Press enter to continue.

Go to next questionnaire section.
Condition Enumeration (CE) Section

BOX_01

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

LOOP_01

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

LOOP DEFINITION: LOOP_01 COLLECTS GENERAL HEALTH | RATINGS AND ENUMERATES THE MEDICAL CONDITIONS OF | EACH PERSON IN THE RU. THIS LOOP CYCLES ON EACH | PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE | FOLLOWING CONDITIONS: | - PERSON IS A CURRENT OR INSTITUTIONALIZED RU | MEMBER | AND | - PERSON IS NOT DECEASED

CE01

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

I'd like to talk about (PERSON)'s health.

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

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

[Code One]

CE01OV

```
INTERVIEWER: WHO ANSWERED THIS QUESTION?

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

[Code One]

| FLAG RESPONSE TO CE01 AS 'SELF-REPORT' IF CE01OV | IS CODED '1' ((PERSON)) AND AS 'PROXY REPORT' IF |
| CE01OV IS CODED '2' (SOMEONE ELSE). |
In general, would you say that (PERSON)'s mental health is excellent, very good, good, fair, or poor?

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

[Code One]

INTERVIEWER: WHO ANSWERED THIS QUESTION?

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

[Code One]

| FLAG RESPONSE TO CE02 AS ‘SELF-REPORT’ IF CE02OV IS CODED ‘1’ ((PERSON)) AND AS ‘PROXY REPORT’ IF CE02OV IS CODED ‘2’ (SOMEONE ELSE).

| IF FIRST CYCLE OF LOOP, CONTINUE WITH CE03 |

| OTHERWISE, GO TO CE04 |

CE03

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

PRESS ENTER TO CONTINUE.

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.

| DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5. |

CE04

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

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

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

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.

DISPLAY ‘At the time (PERSON) entered the institution, did (PERSON) have any physical or mental health problems, or had (PERSON) experienced any accidents or injuries?’ IF PERSON CODED AS BEING INSTITUTIONALIZED.

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

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

DISPLAY ‘Also include health problems that may have been mentioned during a previous interview, but have also bothered (PERSON) {since (START DATE)/between (START DATE) and (END DATE)}.’ IF NOT ROUND 1. IF ROUND 1, USE A NULL DISPLAY.

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

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

CE05
====

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

What did (PERSON) have?

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

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

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.
ROSTER DEFINITION: This item displays person's medical-conditions-roster.

Flag response(s) as collected in CE section.

ROSTER BEHAVIOR SPECIFICATIONS:

1. Interviewer may select a condition(s) already listed on the roster. Doing so should not impact the round flag of the condition.

2. Interviewer should be able to add any number of conditions at the roster questions (i.e., no limit to the number of conditions). As conditions are entered, they should be flagged with the number of the round in which they were first created. This round flag will be used later in the interview to determine which questions should be asked.

3. Interviewer should be able to delete condition that was recorded on the screen where delete is used. That is, as long as the interviewer has not left the screen, she should be able to delete a condition entered in error. If delete is attempted at a time when it is not allowed (i.e., after the link is established), display the following error message: 'Delete allowed only when condition is first entered.'

4. Any condition added to the roster should be flagged as 'created' this round (with the round status). Any condition selected at the roster should be flagged as 'selected' this round (with the round status). This flagging should occur, at all of the person's-medical-conditions-rosters throughout the instrument, the first time the condition is added or selected during the round. For example, if it is round 1, all conditions on the roster would have the flag 'created - round 1'. If a condition is created in CE, but selected in MV, all during round 1, it would only have the flag 'created - round 1'. Thus, for any one round, a condition can only be flagged as 'created' or 'selected'. If it is round 2 and a condition that was created in round 1 is selected, it should be flagged as 'selected - round 2'. This flag is in addition to the original 'created - round 1' flag.

END_LP01

Cycle on next person in the RU-members-roster who meets the conditions stated in the loop definition.

If no other persons meet the stated conditions, end loop_01 and continue with box_02.

BOX_02

Check household enumeration. If any females aged 15-45 years, inclusive, (or age categories 4-6) in the RU, continue with box_03.
BOX_03
======

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

| OTHERWISE, GO TO BOX_06 |

LOOP_02
=======

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

LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION ABOUT THE PREGNANCIES OF RU MEMBERS WHO WERE 'STILL PREGNANT' DURING THE PREVIOUS ROUND. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS FEMALE AND 15-45 YEARS OF AGE, INCLUSIVE, OR IN AGE CATEGORIES 4-6 AND
- PERSON WAS FLAGGED AS 'STILL PREGNANT' (PG01 CODED '1' (YES)) DURING THE PREVIOUS ROUND

LOOP_03
=======

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

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

BOX_04
======

| ASK PREGNANCY DETAIL (PG) SECTION |

| END |

| END |

| END |

| END |

| END |

| END |

| END |

| END |
WHEN PG SECTION COMPLETED, CONTINUE WITH BOX_05

---

BOX_05

---

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

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

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

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

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

CE06

---

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)
(START-DT)

(Was this/Were these) (PERSON)'s only (pregnancy/pregnancies) (since (START DATE)/between (START DATE) and (END DATE))? 

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

DISPLAY 'Was this' AND 'pregnancy' IF FIRST TIME THROUGH LOOP_03. OTHERWISE, DISPLAY 'Were these' AND 'pregnancies' IF NOT FIRST TIME THROUGH LOOP_03.

DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

END_LP03

---

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

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

END_LP02
---

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

---

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

---

**BOX_06**

---

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

---

| OTHERWISE, GO TO BOX_09 |

---

**CE07**

---

{STR-DT}
{END-DT}

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

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

---

| DISPLAY ‘Besides the pregnancies we’ve already talked about, {since/between}’ IF SOMEONE IN THE |
| RU WAS FLAGGED AS ‘STILL PREGNANT’ AT TIME OF LAST |
| INTERVIEW. OTHERWISE, DISPLAY ‘(Since/Between)’. |
| DISPLAY ‘since’ AND ‘Since’ IF NOT ROUND 5. |
| DISPLAY ‘between’ AND ‘Between’ IF ROUND 5. |
| DISPLAY ‘ and (END DATE)’ IF ROUND 5. OTHERWISE, |
| USE A NULL DISPLAY. |
| DISPLAY ‘else’ IF SOMEONE IN THE RU WAS FLAGGED |
| AS ‘STILL PREGNANT’ AT TIME OF LAST INTERVIEW. |
| OTHERWISE, USE A NULL DISPLAY. |

---

**CE08**

---

{STR-DT}
{END-DT}

Who was pregnant {since (START DATE)/between (START DATE) and (END DATE)}? 

PROBE: Anyone else pregnant at any time {since (START DATE)/between (START DATE) and (END DATE)}?

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS FEMALE AND 15-45 YEARS OF AGE, INCLUSIVE, OR IN AGE CATEGORIES 4-6 AND
- PERSON WAS NOT FLAGGED AS ‘STILL PREGNANT’ (PG01 CODED ‘2’ (NO), ‘7’ (REFUSED), OR ‘8’ (DON’T KNOW)) DURING THE PREVIOUS ROUND FOR ALL PREGNANCIES

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

LOOP_04
=======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK LOOP_05-END_LP04

LOOP DEFINITION: LOOP_04 COLLECTS INFORMATION ABOUT THE PREGNANCIES OF RU MEMBERS DURING THIS ROUND WHO WERE NOT ‘STILL PREGNANT’ DURING THE PREVIOUS ROUND. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS FEMALE AND 15-45 YEARS OF AGE, INCLUSIVE, OR IN AGE CATEGORIES 4-6 AND
- PERSON WAS NOT FLAGGED AS ‘STILL PREGNANT’ (PG01 CODED ‘2’ (NO), ‘7’ (REFUSED), OR ‘8’ (DON’T KNOW) OR NOT ASKED FOR ALL PREGNANCIES DURING THE PREVIOUS ROUND) AND
- PERSON WAS SELECTED AT CE08 (PREGNANT SINCE START DATE)

LOOP_05
=======

FOR EACH OF THE FOLLOWING:
PREGNANCY 1
PREGNANCY 2
PREGNANCY 3
ASK BOX_07-END_LP05

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

WHEN PG SECTION COMPLETED, CONTINUE WITH BOX_08

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

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

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

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

DISPLAY ‘Was this’ AND ‘pregnancy’ IF FIRST TIME THROUGH LOOP_05. OTHERWISE, DISPLAY ‘Were these’ AND ‘pregnancies’ IF NOT FIRST TIME THROUGH LOOP_05.

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

END_LP05

IF CE09 IS CODED ‘2’ (NO), CYCLE ON NEXT PREGNANCY.

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

END_LP04

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

----------------------------------------------------
IF NO OTHER PERSONS MEET THE STATED CONDITIONS,  
END LOOP_04 AND CONTINUE WITH BOX_09
----------------------------------------------------
Subsection 1: MPS Permission Forms (Round 1 through Round 5)

BOX_01

---

IF:
1. AT LEAST ONE PERSON-PROVIDER-PAIR ELIGIBLE (SEE SAMPLING BOXES BELOW) FOR PERMISSION FORM COLLECTION FOR THE CURRENT ROUND,
2. 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, ROUND 3, ROUND 4, OR ROUND 5 REFERENCE PERIODS.

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

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

---

SAMPLING BOX (FOR ROUNDS 2-5) CONT’D:

WHEN DETERMINING IF THE MV EVENTS FOR AN RU REQUIRE PERMISSION FORMS, AN RU IS SELECTED FOR THE MPS SAMPLE AT THE TIME OF THE ROUND 1 INTERVIEW USING THE FOLLOWING RATES:
- 100% OF RUs WITH AT LEAST ONE RU MEMBER COVERED BY MEDICAID OR GOV’T HOSPITAL (PHYSICIAN) AT ANY TIME DURING THE REFERENCE PERIOD
- 75% OF THE REMAINING RUs (THAT IS, RUs WITH NO RU MEMBER COVERED BY MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE REFERENCE PERIOD) WITH AT LEAST ONE RU MEMBER WITH HMO COVERAGE AT ANY TIME DURING THE REFERENCE PERIOD. HMO COVERAGE IS DEFINED AS:
  - FLAGGED AS ‘PROVIDING HOSPITAL/PHYSICIAN BENEFITS’ (EXCLUDE INSURERS WHERE HOSPITAL/PHYSICIAN BENEFITS ARE PROVIDED SOLELY THROUGH MEDIGAP)
  - ESTABLISHMENT OR INSURER IS FLAGGED AS ‘HMO’
  - INSURER IS AN HMO (MC01 IS CODED ‘1’ (YES)
  - INSURER REQUIRES PERSONS TO SIGN UP WITH PRIMARY PHYSICIAN (MC02 IS CODED ‘1’ (YES)
- 25% OF THE REMAINING RUs (THAT IS, RUs WITH NO RU MEMBER COVERED BY MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN AND HMO COVERAGE AT ANY TIME DURING THE REFERENCE PERIOD).

---

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

---

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

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

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

[HAND RESPONDENT THE BLUE PERMISSION FORM BOOKLET.]

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

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

- PERSON IS ELIGIBLE FOR MPS PERMISSION FORM COLLECTION FOR THE CURRENT ROUND (SEE BOX_01 SAMPLING SPECIFICATIONS)
OR
- PERSON WAS ASSOCIATED WITH A PERSON-PROVIDER-PAIR ELIGIBLE FOR PERMISSION FORM COLLECTION IN PREVIOUS ROUND, AND
- CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PERSON-PROVIDER-PAIR IN PREVIOUS ROUND

NOTE: DISPLAY EACH UNIQUE ELIGIBLE PERSON NAME ONLY ONCE.

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

OMITTED.

FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS-ROSTER, ASK CL03 - END_LP01

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

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

NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-
PROVIDER-PAIR.

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

CL03
=====

INTERVIEWER: {COMPLETE PERMISSION FORM AND RECORD IN THE 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/YYYY}

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

PRESS ENTER TO CONTINUE.

PRESS F1 FOR MORE INFORMATION ON MPS PERMISSION FORMS.

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

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

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

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

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

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

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

END_LP01
========
CYCLE ON NEXT PAIR ON THE RU-PERSON-PROVIDER-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

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

LOOP_02

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

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

NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-PROVIDER-PAIR.

CL04

INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN PERMISSION FORM. IF NOT AVAILABLE TO SIGN, LEAVE PF AND BLUE BOOKLET WITH RESPONDENT. RECORD STATUS BELOW AND ON THE PERMISSION FORM LOG.

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

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

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

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 {CL05}
OTHER ................................... 91 {CL04OV2}

PRESS F1 FOR MORE INFORMATION ON MPS PERMISSION FORMS.

[Code One]

DISPLAY THE RU END REFERENCE DATE OF THE MOST RECENT ROUND FOR WHICH PAIR IS/WAS ELIGIBLE FOR PERMISSION FORM COLLECTION FOR 'MM/DD/YYYY'.
EDIT: CODE '4' (MAILED TO R) MUST BE ENTERED TWICE IF RU IS NOT A STUDENT RU. IF CODE '4' SELECTED AND RU IS NOT A STUDENT RU, DISPLAY THE FOLLOWING MESSAGE: ‘UNLIKELY RESPONSE. VERIFY AND RE-ENTER.’

ENTER PROBLEM:

[Enter Problem-45] ................. {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/YYYY}

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/YYYY’.

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.

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


ENTER MPS PERMISSION FORM SIGNATURE DATE:

[Enter Month, Day, Year-4] ................. {END_LP02}
EDIT: DATE ENTERED MUST BE ON OR AFTER THE INTERVIEW DATE OF THE MOST RECENT ROUND’S INTERVIEW FOR WHICH THE PAIR IS/WAS ELIGIBLE FOR PERMISSION FORM COLLECTION. IF DATE IS BEFORE CORRECT DATE, DISPLAY THE FOLLOWING MESSAGE: 'MPS PF MUST BE SIGNED ON OR AFTER ABOVE DATE. VERIFY AND RE-ENTER DATE OR COMPLETE NEW PF.'

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

CL06
====


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

ENTER MAIN REASON FOR REFUSAL:

DOESN’T WANT TO BOTHER PROVIDER ........ 1 {END LP02}
CONFIDENTIALITY/SENSITIVE INFORMATION .. 2 {END LP02}
PAYMENT PROBLEM WITH PROVIDER .......... 3 {END LP02}
HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END LP02}
WANTS MORE INFORMATION BEFORE SIGNING .. 5 {END LP02}
NOT INTERESTED IN STUDY .................. 6 {END LP02}
NO REASON GIVEN ........................ 7 {END LP02}
OTHER .................................... 91 [Code One]

CL06OV
=====

ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] ............... END LP02

END LP02
=====

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

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

BOX_02
=====

IF NOT ROUND 1 AND 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

LOOP_02A

OTHERWISE, GO TO BOX_03

FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK CL06A - END_LP02A

LOOP DEFINITION: LOOP_02A INSTRUCTS THE INTERVIEWER TO COLLECT THE HEALTH CARE INSTITUTION HISTORY AND THE APPROPRIATE NUMBER OF MEDICAL PROVIDER PERMISSION FORMS FOR ALL RU MEMBERS WHO 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

CL06A

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

SIGNATURE DATE ON MPS PF MUST BE ON OR AFTER: [MM/DD/YYYY]

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 THE 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 PF LOG. CAPI WILL NOT COLLECT THIS INFORMATION.

PRESS ENTER TO CONTINUE.

END_LP02A

CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION
Subsection 2: HIPS Permission Forms (In Panel 3, sampling will be done but Permissions Forms will not be collected.)

**Sampling Box for Rounds 2 and 3: (To Base on Round 1 Criteria for Collection of PFs in Round 2 and 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’
  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’).

**Sampling Box for Rounds 2 and 3: (To Base on Round 1 Criteria for Collection of PFs in Round 2 and 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 FOR 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).

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

NOTE: IN ROUND 4, A NEW HIPS FLAG WILL BE SET AND NEW HIPS PERMISSION FORMS WILL BE COLLECTED FOR ALL ESTABLISHMENT-PERSON-PAIRS BASED ON THE SAME SAMPLING CRITERIA AND NOTES AS ABOVE, BUT USING ROUND 3 DATA INSTEAD OF ROUND 1 DATA, AS DESCRIBED IN THE FOLLOWING BOXES.

SAMPLING BOX FOR ROUNDS 4 AND 5 (TO BASE ON ROUND 3 CRITERIA, FOR COLLECTION OF PFs IN ROUNDS 4 AND 5):
- 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
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 FOR ROUNDS 4 AND 5 (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 INSURANCE AT THE TIME OF THE ROUND 3 INTERVIEW DATE [(HQ01 IS CODED ‘1’ (WHOLE TIME) OR HQ02 IS CODED ‘1’ (YES, COVERED NOW) FOR THE POLICYHOLDER) OR (OE01, OE12, OE26 IS CODED ‘1’ (YES) FOR THE POLICYHOLDER)
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS DECEASED -- AT LEAST ONE DEPENDENT [(SELECTED AT HP16 OR OE45) OR (CONFIRMED AS STILL COVERED AT OE29 OR OE30)] IS COVERED BY THE INSURANCE AT THE TIME OF THE ROUND 3 INTERVIEW DATE [(HQ01 IS CODED ‘1’ (WHOLE TIME) OR HQ02 IS CODED ‘1’ (YES, COVERED NOW) FOR THE COVERED PERSON) OR (OE26 IS CODED ‘1’ (YES) FOR THE COVERED PERSON)]

NOTE: ESTABLISHMENTS WHICH ARE EMPLOYERS AND PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS
'SELF-EMPLOYED' WITH A FIRM-SIZE=1 ARE TREATED AS DIRECT PURCHASED INSURANCE, THAT IS, HIPS WILL CONTACT THE ESTABLISHMENT PROVIDING THE INSURANCE, (I.E., CREATED FROM THE HX03 SERIES) NOT THE EMPLOYER.

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).

Note: `-7' (refused) and `-8' (don’t know) responses at any question listed above does NOT meet the criteria.

Box_03
======

Go to Box_05

Box_04
======

Omitted.

Cl07
====

Omitted.

Loop_03
======

Omitted.

Cl08
====

Omitted.

Cl09
====

Omitted.

Cl09OV1
======
Subsection 3: HIPA Policy Booklets (Not collected in Panel 3)

BOX_05
======

---------
| GO TO BOX_10                           |
---------

| BOX_06
======

OMITTED.

| CL12
====

OMITTED.

| CL13
====

OMITTED.

| CL14
====

OMITTED.

| LOOP_04
======

OMITTED.

| CL15
====

OMITTED.
Subsection 4: Pharmacy Requests and Permission Forms (Round 3 and Round 5)  

**BOX 10**

---

| IF ROUND 3 OR ROUND 5, CONTINUE WITH BOX_11 |
---

| OTHERWISE, GO TO CL41 |
---

**BOX 11**

---

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

| OTHERWISE, GO TO CL41 |
---

**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

---

| NOTE: FORMS ASSOCIATED WITH DECEASED AND |
| INSTITUTIONALIZED PERSONS IN ROUNDS 1 AND 2 |
| WILL BE REQUESTED. |
---

**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: FORMS ASSOCIATED WITH DECEASED AND |
| INSTITUTIONALIZED PERSONS IN ROUNDS 3 AND 4 |
| WILL BE REQUESTED. |
---

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

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

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

PRESS ENTER TO CONTINUE.

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

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

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

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

[HAND RESPONDENT THE PURPLE PERMISSION FORM BOOKLET.]

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

-----------------
| ROSTER DEFINITION: DISPLAY EACH PAIR ON THE |
| RU-PERSON-PHARMACY-PAIRS-ROSTER THAT MEET THE |
| FOLLOWING CONDITION: |
| - PAIR IS ELIGIBLE FOR PHARMACY PERMISSION FORM |
| COLLECTION (SEE BOX 11 SAMPLING SPECIFICATIONS) |
| FOR ROUNDS 1, 2, OR 3 IF ROUND 3 OR FOR ROUNDS |
| 3, 4, OR 5 IF ROUND 5. |
-----------------

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

LOOP_07

-----------------
| FOR EACH ELEMENT ON THE RU-PERSON-PHARMACY-PAIRS- |
| ROSTER, ASK CL31 - END LP07 |
-----------------

-----------------
| LOOP DEFINITION: LOOP_07 PRESENTS EACH UNIQUE |
| PERSON-PHARMACY-PAIR ELIGIBLE FOR PHARMACY |
| PERMISSION FORM COLLECTION FOR THE INTERVIEWER TO |
| COMPLETE THE PERMISSION FORM. THIS LOOP CYCLES ON |
| THE RU-PERSON-PHARMACY-PAIRS THAT MEET THE |
| FOLLOWING CONDITION: |
| - PAIR IS ELIGIBLE FOR PHARMACY PERMISSION FORM |
-----------------
INTERVIEWER: {LOCATE APPROPRIATE PREPRINTED PHARMACY PERMISSION FORMS (COMPLETE NEW ONE IF FORM CANNOT BE LOCATED)/COMPLETE PHARMACY PERMISSION FORM AND RECORD IN THE 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 ... LOG’.
----------------------------------------------------

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 PERMISSION FORM LOG.

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

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

ENTER THE PHARMACY PERMISSION FORM STATUS:

SIGNED, NO PROBLEM ...................... 1 {CL33}
SIGNED WITH PROBLEM .................... 2
LEFT WITH R ............................. 3 {END LP08}
MAILED TO R ............................. 4 {END~LP08}
REFUSED .................................. 5 {CL34}
OTHER ...................................... 91 {CL32OV2}

[Code One]

PRESS F1 FOR MORE INFORMATION ON PHARMACY PERMISSION FORMS.

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

ENTER PROBLEM:

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

ENTER OTHER:

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

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

EDIT: NUMBER ENTERED MUST BE 8 CHARACTERS LONG
CL34
=====

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]

CL34OV
=====

ENTER OTHER REASON FOR REFUSAL:

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

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 (Not collected for Panel 3)

BOX_15
=====

GO TO CL41
---

CL35
=====

OMITTED

LOOP_09
========

OMITTED
Subsection 6: Collecting/Updating Locating Information (Round 1 through Round 5)

CL41
====

(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.

----------------------------------------------------
| DISPLAY ‘Thank you ... important study.’ IF ROUNDS | |
| 1 OR 2 OR 3 OR 4. OTHERWISE, USE A NULL DISPLAY. | |
| DISPLAY ‘In the coming months, ... use and | |
| expenses.’ IF ROUNDS 1 OR 2 OR 3 OR 4. OTHERWISE, |
| DISPLAY ‘We are nearing ... of information.’ | |
| DISPLAY ‘Just ... family.’ IF ROUND 1. OTHERWISE, |
| DISPLAY ‘Let ... interview.’ | |
|----------------------------------------------------|

----------------------------------------------------
| IF NOT ROUND 5, CONTINUE WITH CL42 | |
|----------------------------------------------------|
| OTHERWISE (I.E., IF ROUND 5), GO TO BOX_17 | |

CL42
====

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. | |

CL42OV1
=======

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]

CL42OV2
=======
IF NO CURRENT RU MEMBER PART OF THE RU ON THE CURRENT INTERVIEW DATE (I.E., ALL RU MEMBERS DECEASED, INSTITUTIONALIZED, OR OUT OF THE COUNTRY ON CURRENT INTERVIEW DATE), GO TO BOX_18

OTHERWISE, CONTINUE WITH CL43

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

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

Current Info: [2ND_TELEPHONE]

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

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

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

Current Info: [2ND_TELEPHONE]

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

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

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

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

----------------------------------------------------
| FLAG SECOND PHONE INFORMATION FOR THE RU WITH THE |
| NUMBER ENTERED OR CORRECTED AT CL44 FOR THE       |
| CURRENT ROUND.                                    |
----------------------------------------------------

CL45
====

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]

CL45OV1
======

ENTER OTHER:

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

CL45OV2
======

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

CL46
====

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

BOX_17A

----------------------------------------------------
| IF NOT ROUND 5, CONTINUE WITH CL48                |
----------------------------------------------------
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.
ITEM: LOCALLING 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.'

NOTE: IF CURRENT ALTERNATE RESPONDENT IS A DU MEMBER, DO NOT DISPLAY CURRENT ADDRESS AND PHONE INFORMATION. ONLY DISPLAY CURRENT ADDRESS AND PHONE INFORMATION IF CURRENT ALTERNATE RESPONDENT IS OUTSIDE OF THE DU.

CL54

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

CL55

[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).

EDIT: IF CURRENT ALTERNATE ADDRESS AVAILABLE, AT LEAST ONE FIELD MUST BE UPDATED.

FLAG ALTERNATE RESPONDENT INFORMATION FOR THE RU WITH THE NAME, ADDRESS, AND PHONE ENTERED OR CORRECTED AT CL55 FOR THE CURRENT ROUND.

CL56
====

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

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

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]

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 |
--------------------------------------

CL60
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
IF KNOWN, CODE WITHOUT ASKING.

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

YES .................................... 1
NO ..................................... 2 {END LP11}
REF ................................... -7 {END LP11}
DK .................................... -8 {END_LP11}

CL61
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
IF KNOWN, CODE WITHOUT ASKING.

Who is (PERSON) planning to move with?

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

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

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

--------------------------------------
| FLAG ALL SELECTED PERSONS AS ‘PROCESSED FUTURE MOVER’. |
--------------------------------------

END_LP11
========

--------------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
--------------------------------------
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.'
Current Info:  

[1ST STR ADDRESS]  
[2ND STR ADDRESS]  
[CITY],  
[STATE]  
[ZIP CODE]  
[TELEPHONE]

1ST_STR_ADDRESS (CL61B_01):  
2ND_STR_ADDRESS (CL61B_02):  
CITY (CL61B_03):  
STATE (CL61B_04):  
ZIP_CODE (CL61B_05):  
TELEPHONE (CL61B_06):  

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

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

---------------------------------  
| FLAG PROXY ADDRESS INFORMATION FOR THE RU WITH  |
| ADDRESS AND PHONE ENTERED OR CORRECTED AT CL61B |
| FOR THE CURRENT ROUND.                        |
---------------------------------

CL62  

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

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

[Code One]

CL62A  

INTERVIEWER:  WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED IN?

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

[Code One]

CL62AOV  

ENTER OTHER LANGUAGE:

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

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.

INTERVIEWER:  CODE ALL OTHER PERSONS PRESENT DURING INTERVIEW.

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

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

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

DISPLAY ‘SOMEONE OUTSIDE DU’ AS LAST ENTRY ON THE ROSTER.

INTERVIEWER: USE BLACK BALL POINT PEN TO COMPLETE CHECKS AND FORMS.

1b. FILL OUT INTERVIEW CHECK FOR PARTICIPATION WITH RESPONDENT'S NAME.
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 payment in advance for keeping records from today until the next interview. This next interview will take place in the summer of 1998/early 1999/the summer of 1999/early 2000). 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.

| DISPLAY ‘This {next} ... /early 2000}.’ IF ROUNDS 1-4. OTHERWISE, DISPLAY ‘This check ... this survey.’ |
| DISPLAY ‘ASK ... INTERVIEW.’ IF ROUNDS 1 OR 2 OR 3 OR 4. DISPLAY ‘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

---

**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

OTHER 1 2

<table>
<thead>
<tr>
<th>IF CL67_10 IS CODED '1' (YES), CONTINUE WITH CL68</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CL67_10 IS CODED '1' (YES), CONTINUE WITH CL68</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

OTHER 1 2

<table>
<thead>
<tr>
<th>IF CL67_10 IS CODED '1' (YES), CONTINUE WITH CL68</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX 20</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

CL68

WHICH OTHER MEMORY AIDS?

Yes No

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

<p>| IF CL68_01 THROUGH CL68_05 ARE ALL CODED '2' (NO), |</p>
<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CL68_05 IS CODED '1' (YES), CONTINUE WITH CL68OV</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_20</td>
</tr>
</tbody>
</table>

CL680V

ENTER OTHER:

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

BOX_20

| END INTERVIEW.                      |
Conditions (CN) Section

BOX_01
=======

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

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

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

BOX_02
=======

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

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

CN01
====

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

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

CN02
====

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

[WAS THE (CONDITION) DUE TO AN ACCIDENT OR INJURY?/INTERVIEWER: CHECK (CONDITION) AGAINST PRIORITY LIST JOB AID.]

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

1 = YES  2 = NO

<table>
<thead>
<tr>
<th>ROSTER. CONDITION</th>
<th>CN02 02. ACCIDENT/INJURY?</th>
<th>CN02 03. ON LIST?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PERSON'S CN MEDICAL CONDITION.)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>(PERSON'S CN MEDICAL CONDITION.)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>(PERSON'S CN MEDICAL CONDITION.)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>(PERSON'S CN MEDICAL CONDITION.)</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF ACCIDENT/INJURY AND LIST OF PRIORITY CONDITIONS.
CONDITIONS IN THE PERSON’S-MEDICAL-CONDITIONS-ROSTER THAT MEET THE FOLLOWING CONDITION:

- MEDICAL CONDITION IS FLAGGED AS ‘CREATED’ FOR PERSON DURING THE CURRENT ROUND.

---

**CN02 SCREEN BEHAVIOR AND FILL SPECIFICATIONS:**

1. DO NOT ALLOW CONDITIONS TO BE ADDED, EDITED, OR DELETED.
2. ESC CANNOT BE USED ON THIS SCREEN UNTIL ALL ANSWER FIELDS ARE ACCOUNTED FOR. IF ESC IS USED BEFORE ALL FIELDS ARE COMPLETED, DISPLAY THE FOLLOWING MESSAGE: ‘CANNOT LEAVE SCREEN UNLESS ALL FIELDS COMPLETED. CHECK FOR BLANK FIELDS.’
3. THE CURSOR WILL MOVE FROM CN02 02 TO CN02 03 FOR THE SAME CONDITION AND THEN WILL MOVE TO CN02 02 FOR THE NEXT CONDITION ON THE ROSTER, ETC. THE CURSOR MOVES IN THIS FASHION UNTIL ALL FIELDS ARE COMPLETED. IF ‘PREGNANCY’ IS THE CONDITION, THE CURSOR SKIPS TO THE NEXT CONDITION. IF CONDITION WAS SELECTED AT DN02, THUS CN02 02 IS ALREADY PRECODED, THE CURSOR SKIPS TO CN02 03 FOR THAT CONDITION.
4. WHEN THE CURSOR IS IN COLUMN CN02 02 THE FOLLOWING QUESTION SHOULD BE DISPLAYED: ‘Was the (CONDITION) due to an accident or injury?’ WHEN THE CURSOR IS IN COLUMN CN02 03 THE FOLLOWING TEXT SHOULD BE DISPLAYED: ‘INTERVIEWER: CHECK (CONDITION) AGAINST PRIORITY LIST JOB AID.’

---

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

---

NOTE: CAPI WILL PRECODE PREGNANCY AS ‘2’ (NO) IN BOTH CN02_02 AND CN02_03. THESE PRECODED RESPONSES WILL ALREADY APPEAR AT CN02 BEFORE THE INTERVIEWER ENTERS ANY RESPONSES. CAPI WILL ALSO PRECODE ALL CONDITIONS SELECTED AT DN02 AS ‘1’ (YES) IN CN02_02. THIS PRECODED RESPONSE WILL ALREADY APPEAR AT CN02 BEFORE THE INTERVIEWER ENTERS ANY RESPONSES.

---

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

---

BOX_03

---

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

---

OTHERWISE, GO TO BOX_07

---

LOOP_01

---

FOR EACH ELEMENT IN PERSON’S-MEDICAL-CONDITIONS-ROSTER, ASK BOX_04-END_LP01
LOOP DEFINITION: LOOP 01 COLLECTS INFORMATION ABOUT MEDICAL CONDITIONS CREATED DURING THE CURRENT ROUND THAT ARE DUE TO AN ACCIDENT OR INJURY AND/OR ARE ON THE PRIORITY LIST. THIS LOOP CYCLES ON MEDICAL CONDITIONS THAT MEET EITHER OR BOTH OF THE FOLLOWING CONDITIONS:

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

AND ALSO MEET THE FOLLOWING CONDITION:

- MEDICAL CONDITION IS FLAGGED AS ‘CREATED’ DURING THE CURRENT ROUND

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

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

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

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

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

OTHERWISE (I.E., NO EVENT-PROVIDER PAIR ASSOCIATED WITH THE CONDITION), CONTINUE WITH CN03.

CN03

{PERSON’S FIRST MIDDLE AND LAST NAME}  {PERSON’S CN MEDICAL CONDITION.}  {STR-DT}
(STR-DT)
(END-DT)
Did (PERSON) ever see or talk to a doctor or other medical person about the (CONDITION)?

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

---
| IF [CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) OR IF NOT ROUND 1 AND CN03 IS CODED '1' (YES)] AND CONDITION FLAGGED AS BOTH 'DUE TO ACCIDENT/INJURY' AND 'ON PRIORITY LIST', GO TO CN06 |
---

---
| IF [CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) OR IF NOT ROUND 1 AND CN03 IS CODED '1' (YES)] AND CONDITION FLAGGED ONLY AS 'DUE TO ACCIDENT/INJURY', GO TO CN06 |
---

---
| IF [CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) OR IF NOT ROUND 1 AND CN03 IS CODED '1' (YES)] AND CONDITION FLAGGED ONLY AS 'ON PRIORITY LIST', GO TO CN05 |
---

---
| OTHERWISE (I.E., IF ROUND 1 AND CN03 IS CODED '1' (YES)), CONTINUE WITH CN04 |
---

NOTE: ROUND BASED CRITERIA IN SKIPS WERE NOT ADDED UNTIL ROUND 4.

---

NOTE: CN04 SHOULD ONLY BE ASKED IN ROUND 1. HOWEVER, FOR PANEL 1, IT WAS ALSO ASKED IN ROUNDS 2 AND 3, BUT NOT IN ROUNDS 4 AND 5.

---
When did (PERSON) first notice or find out that (PERSON) had (CONDITION)?

(PROBE IF ANY EVENTS LISTED: The dates we have recorded for the medical care for (CONDITION) include (READ EVENT DATES BELOW).)

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>CN05_01. PROVIDER</th>
<th>ROSTER. EVENT DATE</th>
<th>CN05_03. EVENT TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
<tr>
<td>2. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
<tr>
<td>3. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
</tbody>
</table>

[Enter Year-4] .........................
REF ................................... -7 {BOX_06}
DK .................................... -8 {BOX_06}

| ROSTER DEFINITION: THIS ITEM DISPLAYS EVENTS ON THE PERSON’S MEDICAL EVENTS-ROSTER THAT MEET THE FOLLOWING CONDITIONS: |
| - EVENT IS LINKED TO THE CONDITION BEING ASKED ABOUT |
| - EVENT OCCURRED DURING THE CURRENT ROUND |

---

**MATRIX BEHAVIOR SPECIFICATIONS:**

1. THE ROSTER DEFINED ABOVE WILL BE DISPLAYED IN COLUMN 2. THE ASSOCIATED MEDICAL PROVIDER AND EVENT TYPE WILL BE DISPLAYED FOR EACH EVENT IN COLUMN 1 (CN05_01) AND COLUMN 2 (CN05_03), RESPECTIVELY.
2. INFORMATION IN THE MATRIX IS FOR DISPLAY ONLY.

---

IF THERE ARE NO EVENTS RELATED TO THE CONDITION BEING ASKED ABOUT, DO NOT DISPLAY THE PROBE OR EVENT GRID.

---

IF YEAR IS REFERENCE YEAR, CONTINUE WITH CN05OV1

---

IF YEAR IS REFERENCE YEAR MINUS 1, GO TO CN05OV2

---

OTHERWISE, GO TO BOX_06

---

ENTER MONTH AND DAY:
When did the accident or injury happen?

{PROBE IF ANY EVENTS LISTED: The dates we have recorded for the medical care for (CONDITION) include (READ EVENT DATES BELOW).}

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>CN06_01. PROVIDER</th>
<th>ROSTER. EVENT DATE</th>
<th>CN06_03. EVENT TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
<tr>
<td>2. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
<tr>
<td>3. Medical Provider-35</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Event Code]</td>
</tr>
</tbody>
</table>

{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} {STR-DT}
{END-DT}
ABOUT
AND
- EVENT OCCURRED DURING THE CURRENT ROUND

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

MATRIX BEHAVIOR SPECIFICATIONS:

SEE SPECIFICATIONS AT CN05.

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

IF THERE ARE NO EVENTS RELATED TO THE CONDITION
BEING ASKED ABOUT, DO NOT DISPLAY THE PROBE OR
EVENT GRID.

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

IF YEAR IS REFERENCE YEAR, CONTINUE WITH CN06OV1

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

IF YEAR IS REFERENCE YEAR MINUS 1, GO TO CN06OV2

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

OTHERWISE, GO TO BOX_05

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

CN06OV1
=======

ENTER MONTH AND DAY:

[Enter Month-2, Day-2] ................. {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

CN06OV2
=======

ENTER MONTH:

[Enter Month-2] .........................
REF ................................... -7
DK .................................... -8

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

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND
TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED
    '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED
    '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED
    '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED
    '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP
    YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND
DAY FIELDS.

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

EDIT: THE COMPLETE DATE CANNOT BE BEFORE THE
PERSON’S DATE OF BIRTH OR AFTER THE CURRENT
REFERENCE PERIOD END DATE FOR THIS PERSON.

BOX_05
======
| IF PERSON IS = OR > 16 YEARS OF AGE OR IN AGE CATEGORIES 4-9, CONTINUE WITH CN07 |
| OTHERWISE, GO TO CN08 |

**CN07**

{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} (STR-DT)
{END-DT}

Did the accident or injury happen while (PERSON) (were/was) at work?

YES .................................... 1
NO ..................................... 2
DOES NOT WORK .......................... 3
REF ................................... -7
DK .................................... -8

[Code One]

**CN08**

{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} (STR-DT)
{END-DT}

Where did the accident or injury happen?

LISTEN TO RESPONSE AND SELECT OPTION FROM CODE LIST. VERIFY SELECTION WITH RESPONDENT.

AT HOME (OWN OR SOMEONE ELSE’S) ....... 1
ON PUBLIC STREET, ROAD, HIGHWAY, SIDEWALK ................................. 2 {CN10}
ON FARM (OWN OR SOMEONE ELSE’S) 3 {CN10}
SCHOOL (IN BUILDING, ON GROUNDS, INCLUDING PLAYING FIELDS) .......... 4 {CN10}
STORE OR RESTAURANT (INCLUDING MALLS) .. 5 {CN10}
OFFICE (ANY PART OF BUILDING) .......... 6 {CN10}
FACTORY, INDUSTRY SITE ................. 7 {CN10}
MILITARY FACILITY ................. 8 {CN10}
RECREATIONAL PLACE OR FACILITY ........ 9 {CN10}
OTHER ................................. 91 {CN10}
REF ................................... -7 {CN10}
DK .................................... -8 {CN10}

[Code One]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

**CN09**

{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} (STR-DT)
{END-DT}

Was it inside or outside the house?

INSIDE .................................. 1
OUTSIDE .................................. 2
REF ................................... -7
DK .................................... -8

[Code One]
SHOW CARD CN-1.

Did the accident or injury involve any of the things listed on this card?

CODE ALL THAT APPLY.

- MOTOR VEHICLE .......................... 1
- GUN .................................... 2
- WEAPON OTHER THAN GUN .................. 3
- POISON OR SOMETHING THAT CAN POISON (LIKE GASOLINE OR A CLEANING FLUID OR CHEMICAL) .............................. 4
- FIRE OR SOMETHING HOT THAT WOULD CAUSE A BURN .................................. 5
- DROWNING OR NEAR-DROWNING .............. 6
- SPORTS INJURY .......................... 7
- FALL (EXCLUDE FALLS RELATED TO SPORTS) . 8
- SOMETHING ELSE/NOTHING ................. 95
- REF ................................... -7
- DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---

<table>
<thead>
<tr>
<th>IF CONDITION FLAGGED AS BOTH ‘DUE TO ACCIDENT/INJURY’ AND ‘ON PRIORITY LIST’ AND CN03 IS CODED ‘2’ (NO-PERSON HAS NEVER SEEN A DOCTOR OR OTHER MEDICAL PERSON ABOUT THE CONDITION), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO CN12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CONDITION FLAGGED ONLY AS ‘DUE TO ACCIDENT/INJURY’ AND CN03 IS CODED ‘2’ (NO-PERSON HAS NEVER SEEN A DOCTOR OR OTHER MEDICAL PERSON ABOUT THE CONDITION), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) GO TO CN12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CONDITION FLAGGED ONLY AS ‘ON PRIORITY LIST’ AND CN03 IS CODED ‘2’ (NO-PERSON HAS NEVER SEEN A DOCTOR OR OTHER MEDICAL PERSON ABOUT THE CONDITION), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) GO TO CN13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH CN11</th>
</tr>
</thead>
</table>

---

CN11

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
(END-DT)

{(Are/Is)/Was} (PERSON) still being treated for (CONDITION) {at (END DATE)}? That is, {(are/is)/was} (PERSON) still receiving care or taking medicine for (CONDITION)?

YES .................................... 1 {CN13}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF STILL BEING TREATED.

----------------------------------------------------
| DISPLAY (Are/Is) AND (are/is) IF PERSON BEING |
| ASKED ABOUT IS CURRENTLY IN THE RU. DISPLAY 'Was', |
| 'was' AND 'at (END DATE)' IF PERSON BEING ASKED |
| ABOUT IS NO LONGER IN THE RU OR CURRENT ROUND IS |
| ROUND 5.                                          |
----------------------------------------------------

----------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW) AND CONDITION IS FLAGGED ONLY AS 'ON        |
| PRIORITY LIST', GO TO CN13                        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH CN12                     |
----------------------------------------------------

CN12
====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (PERSON'S CN MEDICAL
CONDITION.)  (STR-DT)
(END-DT)

ASK IF APPROPRIATE. IF INAPPROPRIATE TO ASK, CODE '3' TO SHOW
THAT THE CONDITION IS PERSISTENT OR PERMANENT.

{(Have/Has)/Had} (PERSON) fully recovered from (CONDITION), or
{(do/does)/did} (PERSON) still have it?

FULLY RECOVERED ........................ 1
STILL HAVE IT ............................ 2
DID NOT ASK: STILL HAS (CONDITION IS
PERSISTENT/PERMANENT) .................... 3
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF RECOVERED.

----------------------------------------------------
| DISPLAY (Have/Has)’ AND (do/does)’ IF PERSON     |
| BEING ASKED ABOUT IS CURRENTLY IN THE RU. DISPLAY |
| 'Had' AND 'did' IF PERSON BEING ASKED ABOUT IS NO |
| LONGER IN THE RU OR CURRENT ROUND IS ROUND 5.    |
----------------------------------------------------

CN13
====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (PERSON'S CN MEDICAL
CONDITION.)  (STR-DT)
(END-DT)

How seriously did the (CONDITION) affect (PERSON)'s overall
health and well-being (since/between) {(START DATE)(and (END
DATE))/that accident or injury)? Would you say it affected
(PERSON)'s health ...

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

[Code One]

-----------------------------------------------
| DISPLAY 'since' IF NOT ROUND 5. DISPLAY 'between'|
IF ROUND 5.
DISPLAY `START DATE}{and (END DATE)}` IF NOT ACCIDENT OR INJURY. DISPLAY `that accident or injury` IF ACCIDENT OR INJURY (CN02_02 CODED '1' (YES) FOR CONDITION).
DISPLAY `and (END DATE)` IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

---

INTERVIEWER: WHO ANSWERED THIS QUESTION?

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

[Code One]

---

FLAG RESPONSE TO CN13 AS SELF-REPORT IF CN13OV IS CODED '1' ((PERSON)) AND AS PROXY REPORT IF CN13OV IS CODED '2' (SOMEONE ELSE).

---

IF CN03 IS CODED '1' (YES) AND CN04 IS CODED '1' (BEFORE START DATE) (THAT IS, PERSON HAS SEEN A DOCTOR OR MEDICAL PERSON BUT NOT SINCE START DATE) OR IF CN03 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO END_LP01

---

OTHERWISE, CONTINUE WITH CN14

---

CN14

{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} (STR-DT)
(END-DT)

Earlier you told me about the health care (PERSON) received for the (CONDITION). Did the health care provider recommend further treatment or consultation?

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

PRESS F1 FOR DEFINITION OF FURTHER TREATMENT/CONSULTATION.

---

CN15

{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} (STR-DT)
(END-DT)

(How/As of December 31, 1999, how) much of the follow-up care did (PERSON) receive for (CONDITION)? Did (PERSON) receive all of the follow-up care, some of it, none of it, or is (PERSON) still being treated?

ALL FOLLOW-UP CARE RECEIVED ............ 1
SOME FOLLOW-UP CARE RECEIVED ........... 2
NO FOLLOW-UP CARE RECEIVED ............. 3
STILL BEING TREATED ..................... 4
REF ........................................ -7
DK ......................................... -8
[Code One]

PRESS F1 FOR DEFINITIONS OF FOLLOW-UP CARE AND ANSWER CATEGORIES.

---

| DISPLAY 'How' IF NOT ROUND 5. DISPLAY 'As of December 31, 1999, how' IF ROUND 5. |

---

END_LP01

======

---

| CYCLE ON NEXT CONDITION IN PERSON'S-MEDICAL-CONDITIONS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |

---

| IF NO OTHER CONDITIONS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_07 |

---

BOX_07

=====

---

| IF AT LEAST ONE CONDITION ON PERSON'S-MEDICAL-CONDITIONS-ROSTER FLAGGED AS 'SELECTED' DURING THE CURRENT ROUND, CONTINUE WITH BOX_08 |

---

| NOTE: 'SELECTED' HERE REFERS TO CONDITIONS PICKED DURING A ROUND AFTER THE ROUND IN WHICH THEY WERE CREATED. |

---

| OTHERWISE, GO TO BOX_09 |

---

BOX_08

=====

---

| CHECK CONDITIONS FLAGGED AS 'SELECTED' DURING THE CURRENT ROUND. IF AT LEAST ONE CONDITION FLAGGED AS 'SELECTED' AND FLAGGED AS 'ON PRIORITY LIST', CONTINUE WITH LOOP_02 |

---

| OTHERWISE, GO TO BOX_09 |

---

LOOP_02

======

---

| FOR EACH ELEMENT IN PERSON'S-MEDICAL-CONDITIONS-ROSTER, ASK CN16-END_LP02 |

---

| LOOP DEFINITION: LOOP_02 COLLECTS 'FOLLOW-UP' INFORMATION ABOUT MEDICAL CONDITIONS THAT WERE NOT-created BUT WERE SELECTED DURING THE CURRENT ROUND, AND WERE FLAGGED AS 'ON PRIORITY LIST' DURING A PREVIOUS ROUND. THIS LOOP CYCLES ON MEDICAL CONDITIONS THAT MEET THE FOLLOWING CONDITIONS: |

---

- MEDICAL CONDITION IS FLAGGED AS 'SELECTED' DURING THE CURRENT ROUND (NOTE THAT CONDITIONS 'CREATED' DURING THE CURRENT ROUND ARE EXCLUDED.
FROM THIS LOOP BUT ARE ASKED ABOUT IN LOOP_01) AND  
- MEDICAL CONDITION WAS FLAGGED AS ‘ON PRIORITY LIST’ (CN02_03 CODED ‘1’ (YES)) DURING A PREVIOUS ROUND

-----------------------------------------------------
CN16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}  {END-DT}

Today, (PERSON)’s (CONDITION) was mentioned. We talked about this condition {another/last} time I was here. I’d just like to ask a few questions about it.

PRESS ENTER TO CONTINUE.

-----------------------------------------------------
DISPLAY ‘another’ IF CONDITION CREATED ANY ROUND PRIOR TO PREVIOUS ROUND. DISPLAY ‘last’ IF CONDITION CREATED PREVIOUS ROUND.

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

-----------------------------------------------------
NOTE: CONDITION LINKS TO HOME HEALTH EVENTS WILL NOT BE CHECKED FOR HERE. IN MANY HOME HEALTH EVENTS, THE SERVICES PROVIDED AND PROVIDER ARE NOT ALWAYS MEDICAL. THERE IS NO CONTROL OR CHECKS DONE TO ASCERTAIN A STRAIGHT-FORWARD LINK TO A HOME HEALTH EVENT RELATED TO MEDICAL SERVICES OR A MEDICAL PROVIDER. THUS ALL CONDITIONS ONLY LINKED TO A HOME HEALTH EVENT WILL CONTINUE WITH CN17.

-----------------------------------------------------
IF THERE IS AN EVENT-PROVIDER PAIR FROM THE CURRENT ROUND ASSOCIATED WITH THE CONDITION, AUTOMATICALLY CODE CN17 AS ‘1’ (YES) BY CAPI AND GO TO CN18

-----------------------------------------------------
OTHERWISE (I.E., NO EVENT-PROVIDER PAIR FROM THE CURRENT ROUND ASSOCIATED WITH THE CONDITION), CONTINUE WITH CN17

-----------------------------------------------------
CN17
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}  {END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, (have/has) (PERSON) seen or talked with a doctor or other medical person about the (CONDITION)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
Since (START DATE) IF NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.

IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW), AND CN03 WAS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW) FOR THIS CONDITION DURING THE ROUND IN WHICH THE CONDITION WAS CREATED, GO TO CN19

OTHERWISE, CONTINUE WITH CN18

CN18
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} (STR-DT)
(END-DT)

{Are/Is}/Was} (PERSON) still being treated for (CONDITION) {at END DATE}? That is, {are/is}/was} (PERSON) still receiving care or taking medicine for (CONDITION)?

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

PRESS F1 FOR DEFINITION OF STILL BEING TREATED.

DISPLAY 'Are/Is' AND 'are/is' IF PERSON BEING ASKED ABOUT IS CURRENTLY IN THE RU. DISPLAY 'Was', 'was', AND at (END DATE) IF PERSON BEING ASKED ABOUT IS NO LONGER IN THE RU OR CURRENT ROUND IS ROUND 5.

CN19
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {PERSON'S CN MEDICAL CONDITION.} (STR-DT)
(END-DT)

How seriously did the (CONDITION) affect (PERSON)'s overall health and well-being {since (START DATE)/between (START DATE) and (END DATE)}? Would you say it affected (PERSON)'s health ...

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

[Code One]

DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

CN19OV
=====

INTERVIEWER: WHO ANSWERED THIS QUESTION?

(PERSON) .................................... 1
SOMEONE ELSE .......................... 2
[Code One]

| FLAG RESPONSE TO CN19 AS SELF-REPORT IF CN19OV IS CODED ‘1’ ((PERSON)) AND AS PROXY REPORT IF CN19OV IS CODED ‘2’ (SOMEONE ELSE).

END_LP02

| CYCLE ON NEXT CONDITION IN PERSON’S-MEDICAL-CONDITIONS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO OTHER CONDITIONS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH BOX_09

BOX_09

| IF ROUND 3 OR ROUND 5, CONTINUE WITH BOX_10

| OTHERWISE, GO TO BOX_12

BOX_10

| IF PERSON IS 18 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 4-9), CONTINUE WITH BOX_11

| OTHERWISE, GO TO BOX_12

BOX_11

| IF AT LEAST ONE CONDITION ON PERSON’S-MEDICAL-CONDITIONS-ROSTER, CONTINUE WITH CN20

| OTHERWISE, GO TO BOX_12

CN20

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

Are any of the health conditions, accidents, and injuries we have listed for (PERSON) [(READ CONDITION NAMES BELOW, IF NECESSARY)] related to service in the Armed Forces of the United States?

CODE '3' IF RESPONDENT VOLUNTEERS NEVER IN ARMED FORCES.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. Medical Condition]
[2. Medical Condition]
Which of the health conditions, accidents, and injuries we have listed for (PERSON) are related to service in the Armed Forces of the United States?

PROBE: Any other health conditions related to service in the Armed Forces?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
Box 00
======

---

NOTE: THROUGHOUT THE CHARGE/PAYMENT (CP) SECTION, ENTRY OF ALL DOLLAR AMOUNTS WILL INCLUDE ONLY WHOLE DOLLARS. ENTRY OF CENTS WILL BE DISALLOWED.
---

---

IF EVENT TYPE IS HH AND HH PROVIDER ASSOCIATED WITH THE EVENT BEING ASKED ABOUT IS FLAGGED AS 'AGENCY' OR 'INFORMAL', GO TO BOX_26
---

---

IF EVENT TYPE IS MV AND MV01 IS CODED '2' (TELEPHONE CALL) OR IF EVENT TYPE IS OP AND OP02 IS CODED '2' (TELEPHONE CALL), GO TO BOX_26
---

---

OTHERWISE, CONTINUE WITH BOX_01
---

Box 01
======

---

IF EVENT TYPE IS PM, CONTINUE WITH BOX_02
---

---

OTHERWISE, GO TO BOX_03
---

Box 02
======

---

IF PERSON ALREADY FLAGGED AS 'NO CP INFORMATION FOR PM EVENTS NECESSARY' FOR THE CURRENT ROUND, GO TO BOX_26
---

---

IF PERSON ALREADY FLAGGED AS 'CP INFORMATION FOR PM EVENTS NECESSARY' FOR THE CURRENT ROUND, GO TO CP03
---

---

OTHERWISE, CONTINUE WITH CP01
---

CP01
====

(PERSON'S FIRST MIDDLE AND LAST NAME)

(Do/Does) (PERSON) (or someone in the family) send in a claim form to the insurance company for (PERSON)'s prescription medicines or does the pharmacy automatically do this for (PERSON)'s prescription medicines?

FAMILY SENDS IN CLAIM FORMS ........... 1 {CP03}
PHARMACY AUTOMATICALLY FILES CLAIM ..... 2 {BOX_26}
NOT EITHER TYPE OF SITUATION .......... 3 {BOX_26}
REF .......................... -7 {CP03}
DK .......................... -8 {CP03}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

----------------------------------------------------
| IF CODED '2' (PHARMACY AUTOMATICALLY FILES CLAIM), |
| OR '3' (NOT EITHER TYPE OF SITUATION), FLAG THIS  |
| PERSON AS 'NO CP INFORMATION FOR PM EVENTS      |
| NECESSARY' FOR THE CURRENT ROUND.                |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (FAMILY SENDS IN CLAIM FORMS), '-7'  |
| (REFUSED), OR '-8' (DON'T KNOW), FLAG THIS PERSON |
| AS 'CP INFORMATION FOR PM EVENTS NECESSARY' FOR   |
| THE CURRENT ROUND.                               |
----------------------------------------------------

BOX_03
=====

----------------------------------------------------
| IF FIRST TIME THROUGH CHARGE PAYMENT FOR THIS     |
| PERSON-PROVIDER PAIR AND PAIR WAS FLAGGED AS     |
| 'COPAYMENT SITUATION' DURING THE PREVIOUS ROUND, |
| CONTINUE WITH CP02                                 |
----------------------------------------------------

| OTHERWISE, GO TO CP03                             |
----------------------------------------------------

CP02
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE
GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

Before we talk about the charges for {PERSON’S visit to (PROVIDER)
on (VISIT DATE)/(PROVIDER)”s services as a part of the visit made
on (VISIT DATE)}, let me take a moment to verify some information.

Last time we recorded that (PERSON) (or someone in the family)
usually pay(s) a ($ AMT COPAY) copayment to (PROVIDER). Is
this still the correct copayment amount?

YES .................................... 1 {CP03}
NO ..................................... 2
NOT A COPAYMENT SITUATION ANYMORE .... 99 {CP03}
DK ..................................... -8 {CP03}

[Code One]

PRESS F1 FOR DEFINITION OF COPAYMENT.

----------------------------------------------------
| IF CODED '99' (NOT A COPAYMENT SITUATION ANYMORE), |
| DO NOT FLAG THIS PERSON-PROVIDER AS ‘COPAYMENT   |
| SITUATION’ FOR THE CURRENT ROUND.                   |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES), '-7' (REFUSED), OR '-8’       |
| (DON’T KNOW), FLAG THIS PERSON-PROVIDER PAIR AS    |
| ‘COPAYMENT SITUATION’ FOR THE CURRENT ROUND AND    |
| SET COPAYMENT AMOUNT FROM THE PREVIOUS ROUND AS    |
| THE COPAYMENT AMOUNT FOR THE CURRENT ROUND.        |
----------------------------------------------------

CP02OV
**What is the correct copayment amount?**

[Enter $ Amount] ......................
NOT A COPAYMENT SITUATION ANYMORE ..... 99
REF ................................... -7
DK .................................... -8

SET SMALL DOLLAR AMOUNT ENTERED AT CP02OV AS THE NEW COPAYMENT AMOUNT FOR THIS PERSON-PROVIDER PAIR FOR THE CURRENT ROUND. USE THIS AMOUNT IN CP04.

IF CODED '99' (NOT A COPAYMENT SITUATION ANYMORE), DO NOT FLAG THIS PERSON-PROVIDER AS 'COPAYMENT SITUATION' FOR THE CURRENT ROUND.

IF CODED '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG THIS PERSON-PROVIDER PAIR AS 'COPAYMENT SITUATION' FOR THE CURRENT ROUND AND SET COPAYMENT AMOUNT FROM PREVIOUS ROUND AS COPAYMENT AMOUNT FOR THE CURRENT ROUND.

RANGE CHECK: DOLLAR AMOUNT MUST BE WHOLE DOLLAR AMOUNT < OR = $50.

---

**CP03**

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP...}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

Now I'd like to ask you about the charges for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE)).

{Let's begin with the charges from the hospital itself, not including any separate physician services or lab tests.}

PRESS ENTER TO CONTINUE.

PRESS F1 FOR DEFINITION OF CHARGE.

---

IF PERSON-PROVIDER PAIR FLAGGED AS 'COPAYMENT SITUATION' FOR THE CURRENT ROUND, AND THIS EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP, GO TO CP04

---

IF EVENT TYPE IS OM AND OM GROUP TYPE IS 'ADDITIONAL' (EV02A=2), CONTINUE WITH CP03A

---

OTHERWISE, GO TO CP05

---

**CP03A**
Did (PERSON) (or anyone in the family) purchase or rent the (OME ITEM GROUP NAME) used by (PERSON)?

CODE '95' IF RESPONDENT VOLUNTEERS OME ITEM GROUP HAD NO CHARGE BECAUSE IT WAS BORROWED OR FREE FROM A CHARITY, ETC.

PURCHASED ............................................ 1 {CP05}
RENTED .................................................. 2 {CP05}
NO CHARGE: BORROWED, FREE FROM CHARITY/ORGANIZATION, ETC. ............. 95 {BOX_26}
REF ...................................................... -7 {CP05}
DK ......................................................... -8 {CP05}

[Code One]

PRESS F1 FOR DEFINITION OF COPAYMENT AND TOTAL CHARGE.

| IF CODED '1' (YES), COPY ALL PREVIOUS COPAYMENT CHARGE PAYMENT DATA FOR THE PERSON-PROVIDER PAIR TO THIS EVENT-PROVIDER-PAIR. THEN GO TO CP37 |
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), IGNORE 'COPAYMENT SITUATION' FLAG FOR THIS PERSON-PROVIDER PAIR FOR THIS EVENT (THAT IS, COLLECT CHARGE/PAYMENT INFORMATION FOR THIS EVENT-PROVIDER PAIR) AND CONTINUE WITH CP05 |

(Have/Has) (PERSON) (or anyone in the family) received anything in writing, such as a bill, receipt, or statement, for (PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of (NAME OF PRESCRIBED MEDICINE...) for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the (OME ITEM GROUP NAME) used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE))?

PROBE: Include anything in writing received by family members living with (PERSON) as well as those living somewhere else.
YES, AND DOCUMENTATION AVAILABLE ....... 1 {CP08}
YES, BUT DOCUMENTATION NOT AVAILABLE ... 2 {CP08}
NO ............................................. 3
NO, FREE SAMPLE ............................. 4 {CP08}
REF ........................................... -7
DK ............................................. -8

[Code One]
PRESS F1 FOR DEFINITION OF ANYTHING IN WRITING.

----------------------------------------------------
| NOTE: CAPI DISPLAYS CODE '4' (NO, FREE SAMPLE) |
| ONLY IF THE EVENT TYPE OF THE EVENT-PROVIDER PAIR |
| IS PM.                                           |
----------------------------------------------------

CP06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
(REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..})

(NAME OF PRESCRIBED MEDICINE...) {OME ITEM GROUP NAME.............}

SHOW CARD CP-1.

Why (have/has) (PERSON) (or anyone in the family) not received anything in writing?
{CODE '95' IF THIS IS A FLAT FEE SITUATION.}

PAID AT TIME OF VISIT ...................... 1 {CP08}
MADE A COPAYMENT ............................ 2 {CP08}
BILL SENT DIRECTLY TO OTHER SOURCE ........ 3
BILL HAS NOT ARRIVED ....................... 4 {CP08}
NO BILL SENT:
HMO PLAN ..................................... 5 {BOX_04}
VA .............................................. 6 {BOX_04}
MILITARY FACILITY ............................. 7 {BOX_04}
WELFARE/MEDICAID ............................ 8 {BOX_04}
WORKER’S COMPENSATION .................... 9 {BOX_04}
PRIVATE HEALTH CENTER/CLINIC ............. 10 {BOX_04}
PUBLIC CLINIC/HEALTH CENTER OR PRIVATE CHARITY ...................... 11 {BOX_04}
NO CHARGE: TELEPHONE CALL .................. 12 {CP37}
FREE FROM PROVIDER ......................... 13 {CP37}
GOVERNMENT-FINANCED RESEARCH AND CLINICAL TRIALS .................. 14 {CP37}
INCLUDED WITH OTHER CHARGES .............. 95
REF ........................................... -7 {CP08}
DK .......................................... -8 {CP08}

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES AND FLAT FEE.

----------------------------------------------------
| NOTE: SHOW CARD FOR CODE '10' WILL READ: 'SCHOOL, |
| EMPLOYER, OR OTHER PRIVATE HEALTH CENTER/CLINIC'. |
| THE SHOW CARD FOR CODE '11' WILL INCLUDE THE |
| FOLLOWING: ' (INCLUDE COMMUNITY AND MIGRANT HEALTH |
| CENTER, FEDERALLY QUALIFIED HEALTH CENTER, INDIAN |
| HEALTH SERVICES)’. THE SHOW CARD FOR CODE '13' |
| WILL INCLUDE THE FOLLOWING: '(PROFESSIONAL |
| COURTESY/FREE SAMPLE)’. THESE CODES HAVE BEEN |
| ABBREVIATED TO CONSERVE SPACE ON THE SCREEN. |
----------------------------------------------------

----------------------------------------------------
| IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND |
| THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM, |
| DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT |
| AVAILABLE FOR A PM EVENT. PRESS ENTER TO |
| CONTINUE.' |
----------------------------------------------------
IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND
THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE
GROUP, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE
IS NOT AVAILABLE FOR A FLAT FEE GROUP. PRESS
ENTER TO CONTINUE.'

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

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND
THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT
STEM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE
IS NOT AVAILABLE FOR A REPEAT VISIT GROUP. PRESS
ENTER TO CONTINUE.'

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

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND
THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS NOT
PM AND THE EVENT-PROVIDER PAIR DOES NOT REPRESENT
A FLAT FEE GROUP OR A REPEAT VISIT GROUP, ASK
THE FLAT FEE (FF) SECTION.

CP07
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....}/FLAT FEE
GROUP: {NAME OF FLAT FEE EVENT GROUP..}}

{NAME OF PRESCRIBED MEDICINE...} {OME ITEM GROUP NAME...........}

To whom was the bill sent?

RECORD VERBATIM:

[Enter Text]

CP07OV1
=======

INTERVIEWER: ENTER CODE FOR TYPE OF ORGANIZATION TO WHOM BILL
WAS SENT:

HMO .................................... 1
VA ..................................... 2
CHAMPUS/CHAMPVA ........................ 3 {CP08}
OTHER MILITARY ........................ 4
WELFARE/MEDICAID ........................ 5
WORKER'S COMPENSATION ................. 6
PRIVATE INSURANCE COMPANY .............. 7
OTHER .................................. 91 {CP08}
REF ................................... -7 {CP08}
DK .................................... -8 {CP08}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

BOX_04
=====

IF:
- EVENT TYPE IS OM, HH, OR PM
OR
- EVENT TYPE IS HS AND THE EVENT-PROVIDER PAIR
  IS NOT FLAGGED AS ‘SEPARATELY BILLING’
OR
- THIS EVENT-PROVIDER PAIR REPRESENTS A FLAT
  FEE GROUP,
GO TO CP11
DO YOU KNOW THE TOTAL CHARGE FOR {PERSON)'S STAY AT (HOSPITAL) THAT BEGAN ON (ADMIT DATE)/{PERSON}'S VISIT TO (PROVIDER) ON (VISIT DATE)/THE LAST PURCHASE OF {NAME OF PRESCRIBED MEDICINE...} FOR {PERSON}/THE SERVICES FOR (FLAT FEE GROUP) FOR {PERSON}/THE {OME ITEM GROUP NAME} USED BY {PERSON} SINCE (START DATE)/SERVICES RECEIVED AT HOME FROM (PROVIDER) DURING (MONTH) FOR {PERSON}/(PROVIDER)'S SERVICES AS PART OF THE VISIT MADE ON (VISIT DATE)?

(CODE '95' IF THIS IS A FLAT FEE SITUATION.)

YES .................................... 1 {CP09}
NO ..................................... 2
INCLUDED WITH OTHER CHARGES ............ 95
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF TOTAL CHARGE AND FLAT FEE.

<table>
<thead>
<tr>
<th>IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A PM EVENT. PRESS ENTER TO CONTINUE.'</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A FLAT FEE GROUP. PRESS ENTER TO CONTINUE.'</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT STEM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A REPEAT VISIT GROUP. PRESS ENTER TO CONTINUE.'</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT TYPE IS NOT PM AND THE EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP OR A REPEAT VISIT GROUP, ASK THE FLAT FEE (FF) SECTION.</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
</tbody>
</table>

IF: Coded '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)
AND (EVENT TYPE IS OM, HH, OR PM OR EVENT TYPE IS HS AND THE EVENT-PROVIDER PAIR IS NOT FLAGGED AS 'SEPARATELY BILLING' OR THIS EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP), GO TO CP11

| IF: |
(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER.) (EV) (EVN-DP)
(REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..})

How much was the total charge for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the (OME ITEM GROUP NAME) used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE))?

Please include any amounts that may be paid by health insurance or other sources. (However, please do not include any services billed for separately such as physician charges or other services.)

(If charges for procedures such as x-rays, lab tests, or diagnostic procedures are listed separately on the bill or statement, include those in the total charge.)

IF WORKING FROM DOCUMENTATION, ENTER TOTAL CHARGES. DO NOT DEDUCT DISCOUNTS OR DISALLOWED OR DENIED CHARGES. (CODE '95' IF THIS IS A FLAT FEE SITUATION.)

AMOUNT ................................. 1
INCLUDED WITH OTHER CHARGES ........... 95

[Code One]

PRESS F1 FOR DEFINITION OF WHAT MAKES UP TOTAL CHARGE AND FLAT FEE.

DISPLAY 'However, please do not include any services billed for separately such as physician charges or other services.' IF EVENT TYPE IS HS, ER, OR OP. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'If charges for procedures such as x-rays, lab tests, or diagnostic procedures are listed separately on the bill or statement, include those in the total charge.' IF CP05 IS CODED '1' (YES, AND DOCUMENTATION AVAILABLE). OTHERWISE, USE A NULL DISPLAY.

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A PM EVENT. PRESS ENTER TO CONTINUE.'

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A FLAT FEE GROUP. PRESS ENTER TO CONTINUE.'

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT
STEM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A REPEAT VISIT GROUP. PRESS ENTER TO CONTINUE.'

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT TYPE IS NOT PM AND THE EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP OR A REPEAT VISIT GROUP, ASK THE FLAT FEE (FF) SECTION.

CP09OV

ENTER $ AMOUNT:

[Enter $ Amount] .......................
REF ................................... -7
DK .................................... -8

POSSIBLE SOFT RANGE CHECK: $0 - $100,000

IF THE AMOUNT IS $0, GO TO CP37

IF THE AMOUNT IS NOT $0 AND (EVENT TYPE IS OM OR PM OR THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP OR (EVENT TYPE IS HS AND THE EVENT-PROVIDER PAIR IS NOT FLAGGED AS 'SEPARATELY BILLING')) GO TO CP11

IF: EVENT TYPE IS ER, OP, MV, DN, OR EVENT-PROVIDER PAIR IS FLAGGED AS 'SEPARATELY BILLING' AND TOTAL CHARGE IS A NON-ZERO WHOLE NUMBER < OR = $50.00 OR CP09OV IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), GO TO CP10

IF THE AMOUNT IS NOT $0, DK, OR REF AND THE EVENT TYPE IS HH, CONTINUE WITH CP09A

OTHERWISE, GO TO CP11

CP09A

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} [EV] [E VN-DT] [REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....}]/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}]

Let me be sure I recorded this correctly. The total charge for the services received at home from (PROVIDER) during (MONTH) for (PERSON) was ($ AMOUNT).

Is that correct?

YES ................................. 1 {CP11}
NO ..................................... 2
REF ................................... -7 {CP11}
DK .................................... -8 {CP11}

| IF CODED '2' (NO), DISPLAY THE FOLLOWING MESSAGE: |
| 'USE CTRL/B TO CORRECT TOTAL CHARGE FOR THIS |
| MONTH. PRESS ENTER TO CONTINUE.' |

CP10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE
PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE
GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

Is this a situation in which (PERSON) (are/is) required to pay
a certain set amount each time ((PERSON) (visit/visits)
(PROVIDER) regardless of what happens during the
visit/(PERSON) (receive/receives) services of this
type)?

PROBE: For example, is this the type of situation in which
(PERSON) always (make/makes) the same set dollar amount copayment?

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

PRESS F1 FOR DEFINITION OF SET AMOUNT AND COPayment.

CP11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE
PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE
GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

How much of the {{AMT TOT CH}/total charge} did anyone in the
family pay for ((PERSON)'s stay at (HOSPITAL) that began on
(ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the
last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/
the services for (FLAT FEE GROUP) for (PERSON)/the (OME ITEM
GROUP NAME) used by (PERSON) since (START DATE)/services
received at home from (PROVIDER) during (MONTH) for (PERSON)/
/(PROVIDER)'s services as part of the visit made on (VISIT DATE))?!
Please include all amounts paid 'out-of-pocket,' that is, amounts
paid before any reimbursements.

IF AMOUNT PAID IS NOTHING, DK, OR REF, ENTER 1 FOR DOLLARS, THEN
RESPONSE.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ..................................... 1
PERCENT ..................................... 2 {CP11OV2}

[Code One]

PRESS F1 FOR INFORMATION ON AMOUNTS TO INCLUDE.

CP11OV1
========

ENTER DOLLARS:

[Enter $ Amount] ....................................
REF ................................... -7
DK .................................... -8

-------------------------------------------------------------------
SOFT RANGE CHECK: $0 - $10,000

WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF-PAYMENT-ROSTER.

WRITE 'PERSON/FAMILY' TO THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER.

GO TO BOX 05

CP11OV2
========

ENTER PERCENT:

[Enter Percent %] ......................

SOFT RANGE CHECK: 1% - 100%

MULTIPLY THE PERCENTAGE ENTERED BY THE TOTAL CHARGE ENTERED AT CP09 TO CALCULATE THE AMOUNT PAID BY THE FAMILY AT CP11.

IF CP09 IS CODED '-7' (REFUSED), OR '-8' (DON'T KNOW), DOLLAR AMOUNT PAID BY FAMILY CANNOT BE CALCULATED. RECORD DOLLAR AMOUNT PAID BY PERSON/FAMILY AS 'DK' OR 'REF' AS APPROPRIATE.

WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF-PAYMENT-ROSTER.

WRITE 'PERSON/FAMILY' TO THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER.

BOX 05
=====

IF:
CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND CP08 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND CP10 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), DISPLAY THE FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT RESOLUTION WILL BE NEEDED FOR THIS CASE. PRESS ENTER TO CONTINUE.' THEN GO TO CP37

OTHERWISE, CONTINUE WITH LOOP_01

LOOP_01
======
FOR EACH OF THE FOLLOWING:

SOURCE OF DIRECT PAYMENT 1
SOURCE OF DIRECT PAYMENT 2
SOURCE OF DIRECT PAYMENT 3
SOURCE OF DIRECT PAYMENT 4

ASK BOX_LP01-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ON SOURCES OF DIRECT PAYMENTS AND ASSOCIATED AMOUNTS, OTHER THAN PERSON/FAMILY. THE RESPONSE TO CP13OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. SUBSEQUENT CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS. IF CP13OV IS CODED '1' (YES), THE LOOP CYCLES AGAIN. IF CP13OV IS NOT ASKED OR IS CODED '2' (NO), THE LOOP ENDS.

BOX_LP01
========

IF FIRST CYCLE OF LOOP_01, CONTINUE WITH CP12

OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_01), GO TO CP12A

CP12
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}
(REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP.})

Has any {other} source already paid {((PROVIDER))} for any of the charges for {{(PERSON)'}s stay at (HOSPITAL) that began on (ADMIT DATE)/{(PERSON)'}s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for {FLAT FEE GROUP} for (PERSON)/the {OME ITEM GROUP NAME...........} used by (PERSON) since (START DATE)/for services received at home from (PROVIDER) during (MONTH) for (PERSON)/{(PROVIDER)'}s services as part of the visit made on (VISIT DATE))?

YES .................................... 1
NO ..................................... 2 {END LP01}
REF ..................................... -7 {END LP01}
DK ..................................... -8 {END LP01}

PRESS F1 FOR A DEFINITION OF SOURCE AND 'ALREADY PAID'.

DISPLAY 'OTHER' IN THE QUESTION TEXT IF AN AMOUNT WAS PAID BY PERSON/FAMILY; THAT IS, AN AMOUNT > $0 WAS ENTERED AT CP11OV1 OR CP11OV2

DISPLAY ‘{(PROVIDER)’ IN THE QUESTION TEXT IF EVENT TYPE IS NOT PM OR OM.

CP12A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}
Who else paid? PROBE: Anyone else?

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

[1. Name of Source of Direct Payment-35]
[2. Name of Source of Direct Payment-35]
[3. Name of Source of Direct Payment-35]

---

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES
ON THE RU-SOURCES-OF-PAYMENT-ROSTER.

---

WRITE SOURCES SELECTED TO THE EVENT’S-SOURCES-OF-
PAYMENTS-ROSTER.

---

SOURCE ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A SOURCE(S) ALREADY
LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF
SOURCES AT THE ROSTER QUESTIONS (I.E., NO
LIMIT TO THE NUMBER OF SOURCES).
3. INTERVIEWER SHOULD BE ABLE TO DELETE A SOURCE
THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS
USED. THAT IS, AS LONG AS THE INTERVIEWER HAS
NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO
DELETE A SOURCE ENTERED IN ERROR. IF DELETE
IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED
(I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY
THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED
ONLY WHEN SOURCE IS FIRST ENTERED.’

---

CP13
====

[PERSON'S FIRST MIDDLE AND LAST NAME] (NAME OF MEDICAL CARE
PROVIDER.) (EV) (EVN-DT)
(REPEAT VISIT: (NAME OF REPEAT VISIT GROUP....)/FLAT FEE
GROUP: (NAME OF FLAT FEE EVENT GROUP.))

(NAME OF PRESCRIBED MEDICINE...) (OME ITEM GROUP NAME............)

How much did (SOURCE) pay?

ENTER AMOUNT PAID TO COLUMN 2 OR COLUMN 3.
TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

TOTAL CHARGE: ($XXXXXXXX)

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>CP13 02. DOLLAR AMOUNT PAID</th>
<th>CP13 03. PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/Family</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
</tbody>
</table>

---

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES
ON THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER, THAT IS,
ALL SOURCES SELECTED AT CP12A FOR THIS EVENT-
PROVIDER PAIR AND THE ‘PERSON/FAMILY’ RECORD.

---
TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.

---

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'DIRECT PAYMENT'.

---

DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.

DISPLAY THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11OV1 IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN CP13_02, 'DOLLAR AMOUNT PAID'. IF THE RESPONSE TO CP11OV2 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN CP13_03, 'PERCENT AMOUNT PAID'. IF CP11OV1 OR CP11OV2 IS CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH CP13_02 AND CP13_03. IF CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH CP13_02 AND CP13_03.

---

NOTE: FEATURES OF THE SOURCE OF PAYMENT MATRIX.

1. INTERVIEWER USES RIGHT AND LEFT ARROW KEYS TO MOVE TO EITHER THE PERCENT OR DOLLAR AMOUNT COLUMN ASSOCIATED WITH THAT SOURCE. INTERVIEWER USES THE UP AND DOWN ARROW KEYS TO MOVE BETWEEN AMOUNT PAID COLUMNS FOR DIFFERENT SOURCES.
2. SOURCE COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO SOURCES AT THIS SCREEN.
3. INTERVIEWER ENTERS EITHER A DOLLAR OR A PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED. AMOUNTS CAN BE CHANGED AS MANY TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES THE SCREEN.
4. THE PERSON/FAMILY AMOUNT PAID COLUMNS MAY BE CHANGED OR CORRECTED.
6. IF A SOURCE IS ENTERED IN ERROR, THE INTERVIEWER WILL ZERO OUT THE AMOUNT PAID.
7. INTERVIEWERS WILL BE INSTRUCTED TO ONLY ENTER DIRECT PAYMENTS MADE TO THE PROVIDER AT THIS SCREEN.

---

CP13OV

DID ANY OTHER SOURCES MAKE ANY PAYMENTS DIRECTLY TO THE PROVIDER?

YES .................................... 1
NO ..................................... 2

PRESS F1 FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.
IF CP13OV IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT SOURCE OF PAYMENT.

IF CP13OV IS NOT ASKED OR IS CODED ‘2’ (NO), END LOOP_01 AND CONTINUE WITH BOX_06

BOX_06

IF 'AMOUNT PAID' BY PERSON/FAMILY > $0, CONTINUE WITH LOOP_02

OTHERWISE, GO TO BOX_07

LOOP_02

FOR EACH OF THE FOLLOWING:

SOURCE OF REIMBURSEMENT 1
SOURCE OF REIMBURSEMENT 2
SOURCE OF REIMBURSEMENT 3
SOURCE OF REIMBURSEMENT 4

ASK BOX_LP02-END_LP02

LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION ON SOURCES OF REIMBURSEMENT TO PERSON/FAMILY AND ASSOCIATED REIMBURSEMENT AMOUNTS. THE RESPONSE TO CP15OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. SUBSEQUENT CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF REIMBURSEMENT AND ASSOCIATED AMOUNTS. IF CP15OV IS CODED ‘1’ (YES), THE LOOP CYCLES AGAIN. IF CP15OV IS NOT ASKED OR IS CODED ‘2’ (NO), THE LOOP ENDS.

BOX_LP02

IF FIRST CYCLE OF LOOP_02, CONTINUE WITH CP14

OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_02), GO TO CP14A

CP14

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
(REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..})

{NAME OF PRESCRIBED MEDICINE...} {OME ITEM GROUP NAME...........}

Has any source reimbursed or paid back anything to (PERSON) (or anyone in the family) for the amount paid ‘out-of-pocket’? That is, has any source reimbursed any of the {$/% FAMILY PAID} paid?

YES .................................... 1
CP14A
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT:} {NAME OF REPEAT VISIT GROUP....}/FLAT FEE
{GROUP:} {NAME OF FLAT FEE EVENT GROUP..}

{NAME OF PRESCRIBED MEDICINE...} {OME ITEM GROUP NAME...........}

Who reimbursed or paid anyone in the family back?

PROBE: Anyone else?

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

[1. Name of Source of Reimbursement-35]
[2. Name of Source of Reimbursement-35]
[3. Name of Source of Reimbursement-35]

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES |
| ON THE RU-SOURCES-OF-PAYMENT-ROSTER EXCLUDING THE | 'PERSON/FAMILY' RECORD. |
|---------------------------------------------------------------------|

---------------------------------------------------------------------
<table>
<thead>
<tr>
<th>WRITE SOURCES SELECTED TO THE EVENT’S SOURCES-OF-PAYMENTS-ROSTER.</th>
</tr>
</thead>
</table>

---------------------------------------------------------------------
<p>| NOTE: SOURCES OF PAYMENTS AND SOURCES OF |
| REIMBURSEMENTS ARE SELECTED FROM THE SAME RU LEVEL | |</p>
<table>
<thead>
<tr>
<th>ROSTER OF SOURCES AND ROSTER BEHAVIOR IS THE SAME.</th>
</tr>
</thead>
</table>

CP15
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT:} {NAME OF REPEAT VISIT GROUP....}/FLAT FEE
{GROUP:} {NAME OF FLAT FEE EVENT GROUP..}

{NAME OF PRESCRIBED MEDICINE...} {OME ITEM GROUP NAME...........}

How much did (SOURCE) reimburse or pay anyone in the family back?

ENTER THE AMOUNT REIMBURSED IN COLUMN 2 OR COLUMN 3.
TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

PERSON/FAMILY PAYMENT: {$XXXXXXXXX} TOTAL CHARGE: {$XXXXXXXXX}

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF REIMBURSEMENT</th>
<th>CP15 02. DOLLAR AMOUNT REIMBURSED</th>
<th>CP15 03. PERCENT AMOUNT REIMBURSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Source of Reimbursement]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
<tr>
<td>[Display Source of Reimbursement]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
</tbody>
</table>

---------------------------------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES |
| ON THE EVENT’S SOURCES-OF-PAYMENT-ROSTER, THAT IS, |
| ALL SOURCES SELECTED AT CP14A FOR THIS EVENT-|</p>
<table>
<thead>
<tr>
<th>PROVIDER PAIR.</th>
</tr>
</thead>
</table>
TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS ‘REIMBURSEMENT’.

NOTE: FEATURES OF THE REIMBURSEMENT MATRIX.

1. INTERVIEWER USES RIGHT AND LEFT ARROW KEYS TO MOVE TO EITHER THE PERCENT OR DOLLAR AMOUNT COLUMN ASSOCIATED WITH THAT SOURCE. INTERVIEWER USES THE UP AND DOWN ARROW KEYS TO MOVE BETWEEN AMOUNT PAID COLUMNS FOR DIFFERENT SOURCES.

2. SOURCE COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO SOURCES AT THIS SCREEN.

3. INTERVIEWER ENTERS EITHER A DOLLAR OR A PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED. AMOUNTS CAN BE CHANGED AS MANY TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES THE SCREEN.


5. IF A SOURCE IS ENTERED IN ERROR, THE INTERVIEWER WILL ZERO OUT THE AMOUNT REIMBURSED.

6. INTERVIEWERS WILL BE INSTRUCTED TO ONLY ENTER REIMBURSEMENTS MADE TO THE FAMILY AT THIS SCREEN.

7. IF THE TOTAL AMOUNT REIMBURSED BY ALL SOURCES EXCEEDS THE AMOUNT PAID BY THE PERSON/FAMILY, CAPI DISPLAYS THE MESSAGE: ‘REIMBURSED AMOUNT GREATER THAN FAMILY PAYMENT. VERIFY REIMBURSED AMOUNT AND RE-ENTER. IF NEED TO CORRECT FAMILY PAYMENT, JUMPBACK TO CP13.’ IF INTERVIEWER RE-ENTERS THE SAME AMOUNTS, CAPI WILL ACCEPT. THAT IS, WE WILL INFORM THE INTERVIEWER OF THE DISCREPANCY, BUT NOT FORCE HER TO RECONCILE IT.

8. THE SAME SOURCE CAN BE FLAGGED AS BOTH A REIMBURSEMENT AND A DIRECT PAYMENT. ONLY THE AMOUNT ASSOCIATED WITH THE DIRECT PAYMENT WILL PLAY INTO THE RESOLUTION PROCESS.

9. POST DATA COLLECTION EDITING WILL BE NECESSARY TO DETERMINE THE NET PAYMENTS OF SOURCES.

CP15OV

ARE THERE ANY OTHER SOURCES OF REIMBURSEMENT?

YES .................................... 1
NO ..................................... 2

PRESS F1 FOR DEFINITION OF REIMBURSEMENT.

END_LP02

IF CP15OV CODED ‘1’ (YES), CYCLE TO COLLECT NEXT SOURCE OF REIMBURSEMENT.
BOX_07

IF A TOTAL CHARGE IS ENTERED AT CP09 AND IF ‘AMOUNT PAID’ BY EVERY SOURCE OF DIRECT PAYMENT (INCLUDING PERSON/FAMILY PAYMENT, BUT EXCLUDING REIMBURSEMENTS) HAS A CALCULATED DOLLAR AMOUNT, CONTINUE WITH BOX_08

OTHERWISE, GO TO BOX_11

BOX_08

IF:
THE TOTAL CHARGE IS KNOWN (CP08 CODED ‘1’ (YES)) AND
A PERCENT WAS ENTERED FOR THE FAMILY PAYMENT (CP11 CODED ‘2’ (PERCENT) AND AMOUNT CODED AT CP11OV2), CONTINUE WITH CP16

OTHERWISE, GO TO BOX_11

CP16

(PERSON’S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER.) (EV) (EVN-DT) (REPEAT VISIT: (NAME OF REPEAT VISIT GROUP....)/FLAT FEE GROUP: (NAME OF FLAT FEE EVENT GROUP..)) (NAME OF PRESCRIBED MEDICINE...) (OEM ITEM GROUP NAME............)

TOTAL CHARGE: {$XXXXXXXXX}

(Did (PROVIDER) discount any portion of the total charges/
Was any portion of the total charges discounted)?

YES .................................... 1
NO ..................................... 2 {BOX_11}
REF .................................... -7 {BOX_11}
DK .................................... -8 {BOX_11}

PRESS F1 FOR DEFINITION OF DISCOUNTED.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES ON THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER THAT ARE FLAGGED AS ‘DIRECT PAYMENT’ AND THE ASSOCIATED DIRECT PAYMENT AMOUNTS.
SOURCE OF PAYMENT MATRIX IS READ ONLY.
DISPLAY '(PROVIDER) DISCOUNTED ANY PORTION OF THE TOTAL CHARGES' IN THE QUESTION TEXT IF EVENT TYPE IS NOT PM OR OM. DISPLAY 'ANY PORTION OF THE CHARGE WAS DISCOUNTED' IN THE QUESTION TEXT IF THE EVENT TYPE IS PM OR OM.

CP17

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.) {EV} {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

How much was the discount?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1
PERCENT ................................. 2  \{CP17\}

[Code One]

CP17OV1

ENTER DOLLARS:

[Enter $ Amount] .......................  \{BOX_11\}
REF ................................... -7  \{BOX_11\}
DK .................................... -8  \{BOX_11\}

| SOFT RANGE CHECK:  $0 - $10,000 |

CP17OV2

ENTER PERCENT:

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

| SOFT RANGE CHECK:  1% - 100% |

BOX_11

IF CP14 IS CODED '2' (NO), '7' (REFUSED), OR '8' (DON'T KNOW) AND CP10 IS CODED '1' (YES), GO TO BOX 09

OTHERWISE, CONTINUE WITH BOX_10

NOTE: THIS BOX SKIPS PEOPLE OVER CP18 (EXPECT ANY REIMBURSEMENT) FOR INDIVIDUALS WHO HAVE ALREADY TOLD US THAT THE PAYMENT WAS A COPAYMENT (CP10 IS CODED '1') AND THEY HAVE NOT BEEN REIMBURSED FOR ANY AMOUNT PAID (CP14 IS CODED '2', '-7', OR '-8').
IF AMOUNT PAID BY PERSON/FAMILY IS > $0, CONTINUE
WITH CP18

OTHERWISE, GO TO BOX_09

CP18

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

Do you expect any {other} source to reimburse anyone in the family for what has been paid?

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

PRESS F1 FOR DEFINITION OF REIMBURSEMENT.

DISPLAY 'OTHER' IN THE QUESTION TEXT IF CP14 IS CODED '1' (YES).

CP19

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

How much does anyone in the family expect to be reimbursed?

PROBE: Include amounts to be reimbursed from all sources.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1
PERCENT ................................ 2  {CP19OV2}

[Code One]

CP19OV1

ENTER DOLLARS:

[Enter $ Amount] .......................   {CP20}
REF .................................... -7  {CP20}
DK .................................... -8  {CP20}

| SOFT RANGE CHECK:  $0 - $10,000 |

CP19OV2

ENTER PERCENT:

[Enter % Amount] .........................
From whom do you expect these reimbursements to come?


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

[1. Name of Source of Direct Payment-35]
[2. Name of Source of Direct Payment-35]
[3. Name of Source of Direct Payment-35]

[Code One]

REFER TO CP12 FOR SOURCE OF PAYMENT ROSTER BEHAVIOR SPECIFICATIONS.
Otherwise, continue with BOX_13.

---

**BOX_13**

---

If the underpayment is > 3% or $5 (whichever is higher) of the total charge, continue with CP21.

---

If the overpayment is > 3% or $5 (whichever is higher) of the total charge, go to LOOP_04.

---

**CP21**

---

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}

(REPEAT VISIT: {NAME OF REPEAT VISIT GROUP...}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..})

Does anyone in the family or any other source expect to make additional payments for (PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/ (PROVIDER)'s services as part of the visit made on (VISIT DATE)?

YES .................................... 1
NO ..................................... 2 {LOOP_03}
REF ...................................... -7 {LOOP_03}
DK ...................................... -8 {LOOP_03}

---

**CP22**

---

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}

(REPEAT VISIT: {NAME OF REPEAT VISIT GROUP...}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..})

How much more does anyone in the family or any other source expect to pay?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS .............................................. 1
PERCENT ...................................................... 2 {CP22OV2}

[Code One]

---

**CP22OV1**

---

ENTER DOLLARS:

[Enter $ Amount] ...................................... {BOX_14}
REF ....................................................... -7 {BOX_14}
DK ......................................................... -8 {BOX_14}

| SOFT RANGE CHECK: $0 - $10,000 |

---

**CP22OV2**

---

ENTER PERCENT:
[Enter % Amount] ........................
REF .............................. -7
DK ............................... -8

SOFT RANGE CHECK:  1% - 100%

BOX_14
------

IF AN AMOUNT IS ENTERED AT CP220V1 OR AT CP220V2
OR IF CP220V1 OR CP220V2 ARE CODED '-7'
(REJECTED) OR '-8' (DON'T KNOW), DISPLAY THE
FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT
RESOLUTION NEEDED FOR THIS CASE. PRESS ENTER TO
CONTINUE.' THEN GO TO CP37

LOOP_03
=======

FOR EACH OF THE FOLLOWING:

SOURCE OF DIRECT PAYMENT 1
SOURCE OF DIRECT PAYMENT 2
SOURCE OF DIRECT PAYMENT 3
SOURCE OF DIRECT PAYMENT 4

ASK BOX_LP03-END_LP03

LOOP DEFINITION: LOOP_03 REVIEWS PAYMENT
INFORMATION WHERE AN UNDERPAYMENT HAS BEEN
REPORTED AND EITHER VERIFIES THE UNDERPAYMENT OR
COLLECTS CORRECTIONS AND ADDITIONAL PAYMENT
INFORMATION TO RESOLVE THE UNDERPAYMENT. THE
FIRST CYCLE OF THIS LOOP COLLECTS CORRECTIONS OF
ERRONEOUS INFORMATION ON DIRECT PAYMENTS AND THE
ASSOCIATED AMOUNTS PAID. SUBSEQUENT LOOP CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF
DIRECT PAYMENT AND ASSOCIATED AMOUNTS. THE
RESPONSE TO CP24OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF CP24OV IS CODED '1' (YES), THE
LOOP CYCLES AGAIN. IF CP24OV IS CODED '2' (NO),
THE LOOP ENDS.

BOX_LP03
 =======

IF FIRST CYCLE OF LOOP_03, GO TO CP24

OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE
FIRST CYCLE OF LOOP_03), CONTINUE WITH CP23

CP23
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.} (EV) (EVR-DP)
(REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....}/FLAT FEE
GROUP: {NAME OF FLAT FEE EVENT GROUP.})

{NAME OF PRESCRIBED MEDICINE...} {OME ITEM GROUP NAME.........}

Who else paid? PROBE: Anyone else?
To turn check mark on/off, use arrow keys, press enter.
To add, press ctrl/a. To delete, press ctrl/d.
To leave, press esc.

[1. Name of Source of Direct Payment-35]
[2. Name of Source of Direct Payment-35]
[3. Name of Source of Direct Payment-35]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES |
| ON THE RU-SOURCES-OF-PAYMENT-ROSTER.              |
----------------------------------------------------

----------------------------------------------------
| WRITE SOURCES SELECTED TO THE EVENT’S-SOURCES-OF- |
| PAYMENTS-ROSTER.                                  |
----------------------------------------------------

----------------------------------------------------
| REFER TO CP12A FOR SOURCE OF PAYMENT ROSTER       |
| BEHAVIOR SPECIFICATIONS.                          |
----------------------------------------------------

CP24
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVT-NT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

At the moment, it appears that {AMOUNT REMAINING} of the total charge for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of (NAME OF PRESCRIBED MEDICINE....) for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the (CODE ITEM GROUP NAME............) used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/ (PROVIDER)’s services as part of the visit made on (VISIT DATE) is still unpaid. Let me be sure I have entered everything correctly.

Review charges and payments with respondent. Work with respondent to correct erroneous information, if any.

If total charge needs correction, jumpback to CP09.
If total charge was discounted, wait to record at CP27.
To move cursor, use arrow keys. To leave, press ESC.

UNDERPAYMENT:  {$XXXXXXXXX}     TOTAL CHARGE:  {$XXXXXXXXX}

ROSTER. SOURCE OF PAYMENT  | CP24 02. DOLLAR AMOUNT PAID | CP24 03. PERCENT AMOUNT PAID
PERSON/Family               | [Display $ Amount]           | [Display % Amount]
[Display Source of Payment] | [Display $ Amount]           | [Display % Amount]
[Display Source of Payment] | [Enter $ Amount]             | [Enter % Amount]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES |
| ON THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER THAT ARE |
| FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED    |
| DIRECT PAYMENT AMOUNTS.                           |
----------------------------------------------------

----------------------------------------------------
| TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.     |
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF    |
| PAYMENT.                                         |
| IF THE AMOUNT PAID BY PERSON/FAMILY WAS ADJUSTED |
| AT CP13, DISPLAY ADJUSTED AMOUNT. IF AMOUNT PAID |
| BY PERSON/FAMILY WAS NOT ADJUSTED, DISPLAY       |
THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11OV1 IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN CP24_02, 'DOLLAR AMOUNT PAID'. IF THE RESPONSE TO CP11OV2 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN CP24_03, 'PERCENT AMOUNT PAID'. IF CP11OV1 OR CP11OV2 IS CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH CP24_02 AND CP24_03. IF CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH CP24_02 AND CP24_03.

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'DIRECT PAYMENTS'.

NOTE: FEATURES OF THE SOURCE OF PAYMENT MATRIX.

1. This matrix will work just like the source of payment matrix at CP13. However in this first stage resolution process, only corrections to direct payments can be made. As well, only new sources of direct payments may be added. At no time in this first stage resolution process can any corrections or updates be made to source names or amounts of reimbursements.

CP24OV
======

DID ANY OTHER SOURCES MAKE ANY PAYMENTS DIRECTLY TO THE PROVIDER?

YES .................................... 1
NO  ..................................... 2

PRESS F1 FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.

END_LP03
========

IF CP24OV IS CODED '1' (YES), CYCLE TO COLLECT ADDITIONAL SOURCES OF PAYMENT.

IF CP24OV IS CODED '2' (NO), END LOOP_03 AND GO TO BOX_15

LOOP_04
=======

FOR EACH OF THE FOLLOWING:

SOURCE OF DIRECT PAYMENT 1
SOURCE OF DIRECT PAYMENT 2
SOURCE OF DIRECT PAYMENT 3
SOURCE OF DIRECT PAYMENT 4

ASK BOX_LP04-END_LP04

LOOP DEFINITION: LOOP 04 REVIEWS PAYMENT INFORMATION WHERE AN OVERPAYMENT HAS BEEN REPORTED AND EITHER VERIFIES THE OVERPAYMENT OR COLLECTS CORRECTIONS AND ADDITIONAL PAYMENT INFORMATION TO RESOLVE THE OVERPAYMENT. THE FIRST CYCLE OF THIS LOOP COLLECTS CORRECTIONS OF ERRONEOUS INFORMATION.
ON DIRECT PAYMENTS AND ASSOCIATED AMOUNTS PAID.
SUBSEQUENT LOOP CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS.
THE RESPONSE TO CP26OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF CP26OV IS CODED '1' (YES), THE LOOP CYCLES AGAIN. IF CP26OV IS CODED '2' (NO), THE LOOP ENDS.

BOX_LP04 =========

IF FIRST CYCLE OF LOOP_04, GO TO CP26

OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_04), CONTINUE WITH CP25

CP25 ====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER.)  (EV)  (EVN-DT)  
(REPEAT VISIT:  (NAME OF REPEAT VISIT GROUP....)/FLAT FEE GROUP:  (NAME OF FLAT FEE EVENT GROUP..))

(NAME OF PRESCRIBED MEDICINE...)  (OME ITEM GROUP NAME.............)

Who else paid? PROBE: Anyone else?

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

[1. Name of Source of Direct Payment-35]
[2. Name of Source of Direct Payment-35]
[3. Name of Source of Direct Payment-35]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES ON THE RU-SOURCES-OF-PAYMENT-ROSTER.

WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-PAYMENTS-ROSTER.

REFER TO CP12 FOR SOURCE OF PAYMENT ROSTER BEHAVIOR SPECIFICATIONS.

CP26 ====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER.)  (EV)  (EVN-DT)  
(REPEAT VISIT:  (NAME OF REPEAT VISIT GROUP....)/FLAT FEE GROUP:  (NAME OF FLAT FEE EVENT GROUP..))

The payments you reported for {{(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/ the last purchase of (NAME OF PRESCRIBED MEDICINE...) for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the (OME ITEM GROUP NAME.............) used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE)} exceed the charge I have recorded by {$ DISCREPANCY}.

Let me be sure I have all the information recorded correctly.

REVIEW CHARGES AND PAYMENTS WITH RESPONDENT. WORK WITH RESPONDENT TO CORRECT ERRONEOUS INFORMATION, IF ANY.
IF TOTAL CHARGE NEEDS CORRECTION, JUMPBACK TO CP09.
TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

OVERPAYMENT: {XXXXXXXXX} TOTAL CHARGE: {XXXXXXXXXX}

<table>
<thead>
<tr>
<th>PERSON/Family</th>
<th>CP26 02. DOLLAR AMOUNT PAID</th>
<th>CP26 03. PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
<td></td>
</tr>
</tbody>
</table>

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES ON THE EVENT’S SOURCES-OF-PAYMENT-ROSTER THAT ARE FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED DIRECT PAYMENT AMOUNTS.

TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.

DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.

IF THE AMOUNT PAID BY PERSON/FAMILY WAS ADJUSTED AT CP13, DISPLAY ADJUSTED AMOUNT. IF AMOUNT PAID BY PERSON/FAMILY WAS NOT ADJUSTED, DISPLAY THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11OV1 IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN CP26 02, 'DOLLAR AMOUNT PAID'. IF THE RESPONSE TO CP11OV2 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN CP26 03, 'PERCENT AMOUNT PAID'. IF CP11OV1 OR CP11OV2 IS CODED '-8' (DON’T KNOW), DISPLAY ‘DK’ FOR THE AMOUNT IN BOTH CP26 02 AND CP26 03. IF CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED), DISPLAY ‘REF’ FOR THE AMOUNT IN BOTH CP26 02 AND CP26 03.

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'DIRECT PAYMENTS'.

NOTE: FEATURES OF THE SOURCE OF PAYMENT MATRIX.

1. THIS MATRIX WILL WORK JUST LIKE THE SOURCE OF PAYMENT MATRIX AT CP13. HOWEVER IN THIS FIRST STAGE RESOLUTION PROCESS, ONLY CORRECTIONS TO DIRECT PAYMENTS CAN BE MADE. AS WELL, ONLY NEW SOURCES OF DIRECT PAYMENTS MAY BE ADDED. AT NO TIME IN THIS FIRST STAGE RESOLUTION PROCESS CAN ANY CORRECTIONS OR UPDATES BE MADE TO SOURCE NAMES OR AMOUNTS OF REIMBURSEMENTS.

CP260V

DID ANY OTHER SOURCES MAKE ANY PAYMENTS DIRECTLY TO THE PROVIDER?

YES ........................................................................ 1
NO ...................................................................... 2

PRESS F1 FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.
IF CP26OV IS CODED ‘1’ (YES), CYCLE TO COLLECT ADDITIONAL SOURCES OF PAYMENT

IF CP26OV IS CODED ‘2’ (NO), END LOOP_04 AND CONTINUE WITH BOX_15

BOX_15

RECALCULATE AMOUNT OF UNDERPAYMENT OR OVERPAYMENT.

IF UNDERPAYMENT IS > 3% OR $5 (WHICHEVER IS HIGHER) OF TOTAL CHARGE, CONTINUE WITH BOX_16

IF OVERPAYMENT IS > 3% % OR $5 (WHICHEVER IS HIGHER) OF TOTAL CHARGE, GO TO BOX_21

OTHERWISE, GO TO CP37

BOX_16

IF CP16 HAS BEEN ASKED, GO TO BOX_17

OTHERWISE, CONTINUE WITH CP27

CP27

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVR-DT}
(REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..})

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>DOLLAR AMOUNT PAID</th>
<th>PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/Family</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
</tbody>
</table>

TOTAL CHARGE: {$XXXXXXXXX} DIFFERENCE: {$XXXXXXXXX}

(Did (PROVIDER) discount any portion of the total charges/Was any portion of the total charges discounted)?

YES ................................. 1
NO ..................................... 2 (BOX_17)
REF ................................. -7 (BOX_17)
DK ................................... -8 (BOX_17)

PRESS F1 FOR DEFINITION OF DISCOUNTED.

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES |
ON THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER THAT ARE FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED DIRECT PAYMENT AMOUNTS.

SOURCE OF PAYMENT MATRIX IS READ ONLY.
DISPLAY '(PROVIDER) DISCOUNTED ANY PORTION OF THE TOTAL CHARGES' IN THE QUESTION TEXT IF EVENT TYPE IS NOT PM OR OM. DISPLAY 'ANY PORTION OF THE CHARGE WAS DISCOUNTED' IN THE QUESTION TEXT IF THE EVENT TYPE IS PM OR OM.

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

CP28
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT} {REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

How much was the discount?
IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1
PERCENT ................................. 2 {CP28OV2}

[Code One]

CP28OV1
=======

ENTER DOLLARS:

[Enter $ Amount] .......................   {BOX_17}
REF ................................. -7 {BOX_17}
DK .................................... -8 {BOX_17}

| SOFT RANGE CHECK:  $0 - $10,000 |
----------------------------------------------------

CP28OV2
=======

ENTER PERCENT:

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

| SOFT RANGE CHECK:  1% - 100% |
----------------------------------------------------

BOX_17
======

| IF ANY SOURCE OF DIRECT PAYMENT OTHER THAN PERSON/FAMILY, CONTINUE WITH BOX_18 |
----------------------------------------------------

BOX_18
======

| OTHERWISE, GO TO BOX_19 |
----------------------------------------------------

| RECALCULATE UNDERPAYMENT TAKING INTO ACCOUNT CP28 |
(DISCOUNT). IF UNDERPAYMENT IS STILL > 3% OR $5 (WHICH EVER IS HIGHER) OF TOTAL CHARGE, CONTINUE WITH CP29 USING THE NEW DIFFERENCE IN THE DISPLAY.

---

IF UNDERPAYMENT IS NOT > 3% OR $5 (WHICHER IS HIGHER) OF THE TOTAL CHARGE, GO TO BOX 22

CP29

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}}

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

<table>
<thead>
<tr>
<th>PERSON/Family</th>
<th>[Display $ Amount]</th>
<th>[Display % Amount]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
</tbody>
</table>

TOTAL CHARGE: {Display $Amount}  DIFFERENCE: {Display $Amount}

Do you know if any portion of the total charge was disallowed or disapproved by (PERSON)'s insurance, Medicare, or Medicaid?

YES .................................... 1
NO .................................... 2 {BOX 19}
REF .................................... -7 {BOX 19}
DK .................................... -8 {BOX 19}

PRESS F1 FOR DEFINITION OF DISALLOWED/DISAPPROVED.

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES OF PAYMENT ON THE EVENT’S SOURCES-OF-PAYMENT-ROSTER THAT ARE FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED DIRECT PAYMENT AMOUNTS. |

| SOURCE OF PAYMENT MATRIX IS READ ONLY. |

CP30

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}}

How much was disallowed or disapproved?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ........................................... 1
PERCENT ........................................... 2 {CP30OV2}

[Code One]

CP30OV1

ENTER DOLLARS:

[Enter $ Amount] ....................... {BOX 19}
CP30

ENTER PERCENT:

[Enter % Amount] ....................... -7

| SOFT RANGE CHECK:  1% - 100% |

BOX_19

| IF CP21 WAS ASKED, GO TO BOX_22 |

| OTHERWISE, CONTINUE WITH BOX_20 |

BOX_20

| RECALCULATE UNDERPAYMENT TAKING INTO ACCOUNT CP30 |
| (DISALLOWED CHARGES). IF UNDERPAYMENT IS STILL |
| > 3% OR $5 (WHICHEVER IS HIGHER) OF TOTAL CHARGE, |
| CONTINUE WITH CP31 USING THE NEW DIFFERENCE IN THE |
| DISPLAY. |

| IF UNDERPAYMENT IS NOT > 3% OR $5 (WHICHEVER IS |
| HIGHER) OF THE TOTAL CHARGE, GO TO BOX_22 |

CP31

PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}}

TOTAL CHARGE: {$XXXXXXXXX}       DIFFERENCE: {$XXXXXXXXX}

Do you expect anyone in the family to pay any {amount/more}?

YES ................................. 1

NO .................................... 2 {BOX_22}

REF ................................... -7 {BOX_22}

DK .................................... -8 {BOX_22}
CP32
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

How much do you expect anyone in the family to pay?
IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1
PERCENT ................................ 2 {CP32OV2}

[Code One]

CP32OV1
=======

ENTER DOLLARS:

[Enter $ Amount] .......................... {BOX_22}
REF ...................................... -7 {BOX_22}
DK ...................................... -8 {BOX_22}

| SOFT RANGE CHECK: $0 - $10,000 |

CP32OV2
=======

ENTER PERCENT:

[Enter % Amount] .......................... {BOX_22}
REF ...................................... -7 {BOX_22}
DK ...................................... -8 {BOX_22}

| SOFT RANGE CHECK: 1% - 100% |

BOX_21
=====

| IF AMOUNT PAID BY PERSON/FAMILY IS > $0, CONTINUE |
| WITH CP33 |

| OTHERWISE, GO TO BOX_22 |

CP33
How much of a reimbursement does anyone in the family expect?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ........................................... 1
PERCENT ......................................... 2 (CP34OV2)

[Code One]

ENTER DOLLARS:

[Enter $ Amount] ........................................... (BOX_22)
REF ............................................. -7 (BOX_22)
DK ............................................. -8 (BOX_22)

--------------------------------
| SOFT RANGE CHECK: $0 - $10,000 |
--------------------------------
[Enter % Amount] .......................... -7
REF .................................... -8

SOFT RANGE CHECK: 1% - 100%

BOX_22

RECALCULATE UNDERPAYMENT OR OVERPAYMENT TAKING INTO ACCOUNT ANY AMOUNTS ENTERED AT CP28, CP30, OR CP32.

IF UNDERPAYMENT IS > 3% OR $5 (WHICHEVER IS HIGHER) OF TOTAL CHARGE (WHETHER OR NOT ANY NEW AMOUNTS WERE ENTERED), CONTINUE WITH CP35

IF OVERPAYMENT IS > 3% OR $5 (WHICHEVER IS HIGHER) OF TOTAL CHARGE (WHETHER OR NOT ANY NEW AMOUNTS WERE ENTERED), GO TO CP36

OTHERWISE, GO TO CP37

CP35

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER.)  (EV)  (EVN-DT)
(REPEAT VISIT:  (NAME OF REPEAT VISIT GROUP....)/FLAT FEE GROUP:  (NAME OF FLAT FEE EVENT GROUP..))

Can you think of any other reason why there is still an amount remaining?

RECORD ANSWER VERBATIM:

[Enter Text]

GO TO CP37

NOTE: MULTIPLE LINES ARE NECESSARY FOR TEXT ENTRY.

CP36

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER.)  (EV)  (EVN-DT)
(REPEAT VISIT:  (NAME OF REPEAT VISIT GROUP....)/FLAT FEE GROUP:  (NAME OF FLAT FEE EVENT GROUP..))

Can you think of any other reason why more than the total charge has been paid?

RECORD ANSWER VERBATIM:

[Enter Text]

NOTE: MULTIPLE LINES ARE NECESSARY FOR TEXT ENTRY.
INTERVIEWER: What records were used in completing the charge/payment information for the visit to (provider) on (visit date)/the visits for (flat fee group)/the last purchase of (name of prescribed medicine...)/the (ome item group name) used by (person) since (start date)/services received at home from (provider) during (month) for (person)/(provider)'s services as part of the visit made on (visit date)?

RESPONDENT'S/FAMILY MEMBER'S MEMORY ....... 1
RESPONDENT'S/FAMILY MEMBER'S CHECK BOOK ... 2
STATEMENT, BILL OR RECEIPT FROM
PROVIDER'S OFFICE .......................... 3
EXPLANATION OF BENEFITS FROM:
MEDICARE ..................................... 4
PRIVATE INSURANCE CARRIER .................... 5
CALENDAR ..................................... 6
PRESCRIBED MEDICINE BOTTLE, BAG, OR
CONTAINER .................................... 7
OTHER ........................................ 91

[Code All That Apply]

---------------------------------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH CP37OV |
---------------------------------------------------------------------------
| OTHERWISE, GO TO BOX_23 |
---------------------------------------------------------------------------

CP37OV

ENTER OTHER:

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

BOX_23

---------------------------------------------------------------------------
| IF CP37 IS CODED '3' (PROVIDER'S OFFICE), '4' (EXPLANATION OF BENEFITS FROM MEDICARE), OR '5' (EXPLANATION OF BENEFITS FROM PRIVATE INSURANCE CARRIER) AND EVENT TYPE IS NOT PM OR OM, CONTINUE WITH CP38 |
---------------------------------------------------------------------------
| OTHERWISE, GO TO BOX_24 |
---------------------------------------------------------------------------

CP38

INTERVIEWER: Does the paperwork show that (provider) has another name?

YES ................................. 1
NO ..................................... 2 {BOX_24}
PRESS F1 FOR DEFINITION OF PROVIDER NAME.

CP39
====

(Person's first middle and last name) (Name of Medical Care Provider.) (Ev) (Evn-dt)
(Repeat visit: {Name of repeat visit group....}/Flat fee group: {Name of flat fee event group.})

Interviewer: Enter other name for (provider).

[Enter Medical-Provider-65]

BOX_24
=====

-------------------------------------------------------------------
| IF: |
| Event-provider pair represents a flat fee group, |
| or |
| Event type is pm, hs, om, or hh, |
| or |
| Person-provider pair already flagged as 'Copayment situation', |
| go to box_26 |
-------------------------------------------------------------------

| Otherwise, continue with box_25 |
-------------------------------------------------------------------

BOX_25
=====

-------------------------------------------------------------------
| If [cp08 is coded '2' (no), '-7' (refused), or '-8' (don't know)] or [the amount in cp09 is set to the copayment amount] or [cp08 and cp09 were not asked and cp06 is coded '5' (no bill sent: Hmo plan), '6' (no bill sent: va), or '8' (no bill sent: welfare/Medicaid)] |
| And |
| cp10 is coded '1' (yes) |
| And |
| cp11 is coded '1' (dollars) and a whole dollar amount greater (> than $0 and less than or equal (<) to $50 is entered in cp110v1, |
| flag this person-provider pair as a 'Copayment situation', then continue with box_26 |
-------------------------------------------------------------------

| Otherwise, do not set any flags and then continue with box_26 |
-------------------------------------------------------------------

BOX_26
=====

-------------------------------------------------------------------
| Flag cp status of event-provider pair as |
| 'Processed'. |
-------------------------------------------------------------------

| End of charge payment (cp) section. |
-------------------------------------------------------------------
Disability Days (DD) Section

BOX_01

| IF PERSON IS LESS THAN 1 YEAR OF AGE (OR AGE CATEGORY 1), GO TO BOX_03 |
| | |
| | |
| | |

| OTHERWISE, CONTINUE WITH DD01 |
| | |
| | |

DD01

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

The next questions ask about time when (PERSON) may have missed a half day or more from work or school or spent a half day or more in bed since (START DATE)/between (START DATE) and (END DATE). In answering these questions, please include any time when this occurred because of (PERSON)'s physical illness or injury, or a mental or emotional problem such as stress or depression.

PRESS ENTER TO CONTINUE.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

| IF PERSON IS = OR > 1 YEAR OLD AND < 3 YEARS OLD (OR AGE CATEGORY 2), GO TO DD08 |
| | |
| | |

| IF PERSON IS = OR > 3 YEARS OLD AND < OR = 15 YEARS OLD (OR AGE CATEGORY 3), GO TO DD05 |
| | |
| | |

| IF PERSON IS = OR > 16 YEARS OLD (OR AGE CATEGORIES 4-9), CONTINUE WITH DD02 |
| | |
| | |

| NOTE: THERE IS NO UPPER AGE LIMIT RESTRICTION FOR PERSONS WHO ARE ASKED THE WORK-LOSS DISABILITY DAYS QUESTION. |
| | |
| | |

DD02

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

{NUMBER OF DAYS IN HOSPITAL: {NUMBER OF DAYS}}

Let's start with work. Including the time (PERSON) (were/was) in the hospital, how/How many days did (PERSON) miss a half day or more from work since (START DATE)/between (START DATE) and (END DATE)? Please do not include work around the house.

PROBE: Include any time when a half day or more was missed because of a physical illness or injury, or a mental or emotional problem.

IF NO DAYS MISSED FROM WORK, CODE ‘995’.
IF PERSON DOES NOT WORK, CODE ‘996’.
[Enter Number of Days] ..................
NONE .................................. 995
DOES NOT WORK (OTHER THAN AROUND THE HOUSE) .................... 996
REF .................................. -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE.

DISPLAY ‘NUMBER OF DAYS IN HOSPITAL: { }’ IF
PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED ‘95’ (STILL IN HOSPITAL)).

FOR ‘NUMBER OF DAYS’, DISPLAY TOTAL NUMBER OF DAYS PERSON WAS IN HOSPITAL FOR ALL HOSPITAL STAYS THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED ‘95’ (STILL IN HOSPITAL)).

DISPLAY ‘Including the time..., how’ IF PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED ‘95’ (STILL IN HOSPITAL)). OTHERWISE, DISPLAY ‘How’. DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE PERIOD FOR THIS PERSON.

IF ‘0’ ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: ‘IF NO WORK DAYS MISSED, CODE ’995’.’

IF NUMBER ENTERED > NUMBER OF DAYS IN REFERENCE PERIOD, DISPLAY THE FOLLOWING ERROR MESSAGE: ‘NUMBER OF DAYS MUST BE EQUAL TO OR LESS THAN NUMBER IN REFERENCE PERIOD.’

IF CODED ‘995’ (NONE), ‘996’ (DOES NOT WORK), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND PERSON IS 16 THROUGH 22 YEARS OF AGE INCLUSIVE (OR AGE CATEGORY 4), GO TO DD05.

IF CODED ‘995’ (NONE), ‘996’ (DOES NOT WORK), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND PERSON IS 23 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 5-9), GO TO DD08.

OTHERWISE, CONTINUE WITH DD03

NOTE: THE AGE RANGE FOR PERSONS GOING TO THE SCHOOL-LOSS DISABILITY DAYS QUESTION HAS BEEN EXTENDED TO INCLUDE INDIVIDUALS WHO MAY BE ATTENDING POST-SECONDARY INSTITUTIONS.
What are the health problems that caused (PERSON) to miss work on those days?

PROBE: Any other health problems?

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

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

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

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

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

----------------------------------------------------
FLAG ALL CONDITIONS SELECTED OR ADDED AS BEING ASSOCIATED WITH MISSED WORK DAYS IN THIS ROUND.

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

DD04

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

NUMBER OF DAYS MISSED WORK: {NUMBER OF DAYS}

Of those days, how many did (PERSON) stay in bed for half a day or more?

[Enter Number of Days] ..............
REF .............................. -7
DK .............................. -8

PRESS F1 FOR DEFINITION OF STAY IN BED.

----------------------------------------------------
IF PERSON IS 16 THROUGH 22 YEARS OF AGE INCLUSIVE |
(OR AGE CATEGORY 4), CONTINUE WITH DD05 |

----------------------------------------------------
IF PERSON IS 23 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 5-9), GO TO DD08

EDIT: DAYS IN BED < DAYS MISSED FROM WORK.

FOR ‘NUMBER OF DAYS’, DISPLAY THE NUMBER ENTERED AT DD02.

---

DD05

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

{NUMBER OF DAYS IN HOSPITAL: {NUMBER OF DAYS}}

Let’s talk about school (and day care). {Including the time (PERSON) (were/was) in the hospital, how/How} many days did (PERSON) miss a half day or more of school (or day care) {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Include any time when a half day or more of school (or day care) was missed because of a physical illness or injury, or a mental or emotional problem.

IF NO DAYS MISSED FROM SCHOOL, CODE ‘995’.
IF PERSON DOES NOT ATTEND SCHOOL, CODE ‘996’.

[Enter Number of Days] ............
NONE .................................. 995 {DD08}
DOES NOT ATTEND SCHOOL .............. 996 {DD08}
REF ..................................... -7 {DD08}
DK ...................................... -8 {DD08}

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE.

[Code One]

DISPLAY ‘NUMBER OF DAYS IN HOSPITAL: { }’ IF PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED ‘95’ (STILL IN HOSPITAL)).

FOR ‘NUMBER OF DAYS’, DISPLAY TOTAL NUMBER OF DAYS PERSON WAS IN HOSPITAL FOR ALL HOSPITAL STAYS THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED ‘95’ (STILL IN HOSPITAL)).

DISPLAY ‘Including the time…, how’ IF PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED ‘95’ (STILL IN HOSPITAL)). OTHERWISE, DISPLAY ‘How’.
DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE PERIOD FOR THIS PERSON.

IF ‘0’ ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: ‘IF NO SCHOOL DAYS MISSED, CODE ‘995’.’
IF NUMBER ENTERED > NUMBER OF DAYS IN REFERENCE PERIOD, DISPLAY THE FOLLOWING ERROR MESSAGE: ‘NUMBER OF DAYS MUST BE EQUAL TO OR LESS THAN NUMBER IN REFERENCE PERIOD.’

DD06

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

What are the health problems that caused (PERSON) to miss school on those days?

PROBE: Any other health problems?

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

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

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

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

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME ON IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: “DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.”

FLAG ALL CONDITIONS SELECTED OR ADDED AS BEING ASSOCIATED WITH MISSED SCHOOL DAYS IN THIS ROUND.

DD07

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

NUMBER OF DAYS MISSED SCHOOL: {NUMBER OF DAYS}

Of those days, how many did (PERSON) stay in bed a half day or more?
[Enter Number of Days] .......... 
REF .................................... -7 
DK ..................................... -8 

PRESS F1 FOR DEFINITION OF STAY IN BED.

----------------------------------------------------
| DISPLAY NUMBER RECORDED IN DD05 FOR 'NUMBER OF   |
| DAYS'.                                          |
----------------------------------------------------

EDIT: DAYS IN BED AT DD07 < DAYS MISSED FROM     |
SCHOOL.                                          |
----------------------------------------------------

EDIT: TOTAL BED DAYS (SUM OF ENTRY AT DD04 PLUS  |
ENTRY AT DD07) MUST BE < NUMBER OF DAYS IN       |
REFERENCE PERIOD FOR PERSON.                     |
----------------------------------------------------

DD08

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} 
{END-DT}
{NUMBER OF DAYS IN HOSPITAL:} {NUMBER OF DAYS} 
{Besides the days in bed you just told me about, how/How} many 
{additional} days did (PERSON) spend a half day or more in bed 
{since (START DATE)/between (START DATE) and (END DATE)) because 
of a physical illness or injury, or mental or emotional problem? 
{Please include the time (PERSON) (were/was) in the hospital.} 

IF NO {ADDITIONAL} BED DAYS, CODE ‘995’. 

[Enter Number of Days] .......... 
NONE ................................... 995 {BOX_02} 
REF .................................... -7 {BOX_02} 
DK ..................................... -8 {BOX_02} 

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE AND STAY IN BED.

----------------------------------------------------
| DISPLAY 'NUMBER OF DAYS IN HOSPITAL: { }’ IF     |
| PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED  |
| IN CURRENT ROUND (I.E., DISCHARGE DATE NOT       |
| CODED ‘95’ (STILL IN HOSPITAL)).                 |
----------------------------------------------------

FOR ‘NUMBER OF DAYS’, DISPLAY TOTAL NUMBER OF DAYS|
PERSON WAS IN HOSPITAL FOR ALL HOSPITAL STAYS THAT|
ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT |
CODED ‘95’ (STILL IN HOSPITAL)).                    |

----------------------------------------------------
| DISPLAY ‘Besides the days...how’, ‘additional’, |
| AND ‘ADDITIONAL’ IF ANY BED DAYS RECORDED FOR THIS |
| PERSON IN EITHER DD04 OR DD07. IF NO BED DAYS    |
| RECORDED AT DD04 AND DD07, DISPLAY, ‘How’.       |
----------------------------------------------------

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. 
DISPLAY ‘between (START DATE) and (END DATE)’ IF |
ROUND 5.                                         |

----------------------------------------------------
| DISPLAY ‘Please include...’ IF PERSON HAS AT     |
| LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT    |
| ROUND (I.E., DISCHARGE DATE NOT CODED ‘95’ (STILL |
| IN HOSPITAL)).                                   |
RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE PERIOD FOR THIS PERSON.

IF ‘0’ ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: ‘IF NO ADDITIONAL BED DAYS, CODE ‘995’.

EDIT: TOTAL BED DAYS (SUM OF ENTRY AT DD04 PLUS ENTRY AT DD07 PLUS ENTRY AT DD08) MUST BE LESS THAN OR EQUAL TO NUMBER OF DAYS IN REFERENCE PERIOD FOR PERSON.

DD09

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

What are the health problems that caused (PERSON) to spend half day or more in bed on those days?

PROBE: Any other health problems?

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

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

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

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

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: “DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.”

FLAG ALL CONDITIONS SELECTED OR ADDED AS BEING ASSOCIATED WITH BED DAYS IN THIS ROUND.
CHECK AGE AND WORK STATUS:
IF LESS THAN 16 YEARS OF AGE OR AGE CATEGORIES 1-3), GO TO BOX_03

IF 16 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 4-9) AND DD02 IS NOT CODED '996' (DOES NOT WORK OTHER THAN AROUND THE HOUSE), CONTINUE WITH DD10

IF 16 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 4-9) AND DD02 IS CODED '996' (DOES NOT WORK OTHER THAN AROUND THE HOUSE), GO TO BOX_03

DD10

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

{Besides the {NUMBER MISSED WORK DAYS} days (PERSON) missed a half day or more from work because of (PERSON)'s own illness or injury, did/Did} (PERSON) miss more than a half day from work {between (START DATE) and (END DATE)} because of someone else's illness, injury, or health care needs, for example, to take care of a sick child or a relative?

YES .................................... 1
NO/DO NOT WORK ........................ 2 {BOX_03}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

[Code One]
PRESS F1 FOR DEFINITION OF HALF DAY OR MORE.

DISPLAY ‘Besides the ..., did’ IF ANY BED DAYS RECORDED FOR THIS PERSON IN DD02. DISPLAY ‘Did’ IF NO BED DAYS RECORDED FOR THIS PERSON IN DD02. DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

DISPLAY NUMBER RECORDED IN DD02 FOR ‘NUMBER MISSED WORK DAYS’ IF DD02 = '-7' (REFUSED) OR '-8' DON’T KNOW. IF DD02 = '-7' (REFUSED) OR '-8' DON’T KNOW), USE A NULL DISPLAY.

DD11

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

How many days did (PERSON) miss a half day or more from work because of someone else’s illness, injury, or health care needs?

[Enter Number of Days] ...............  
REF .................................. -7  
DK .................................... -8

EDIT: DAYS ENTERED < NUMBER OF DAYS IN REFERENCE PERIOD
IF ‘0’ ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: ‘IF NO WORK DAYS MISSED, USE CTRL/B TO CORRECT PREVIOUS ANSWER.’

IF NUMBER ENTERED > NUMBER OF DAYS IN REFERENCE PERIOD, DISPLAY THE FOLLOWING ERROR MESSAGE: ‘NUMBER OF DAYS MUST BE EQUAL TO OR LESS THAN NUMBER IN REFERENCE PERIOD.’

GO TO NEXT QUESTIONNAIRE SECTION
Dental Care (DN) Section

DN01

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

Was this visit because of an accident or injury?

YES ........................................ 1 {DN03}  NO ..................................... 2 {DN03}  REF ................................... -7 {DN03}  DK .................................... -8 {DN03}

PRESS F1 FOR DEFINITION OF ACCIDENT/INJURY.

DN02

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

What kind of dental injury did (PERSON) have?

PROBE: Any other injury?

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

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

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

---

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

---

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

---

EACH CONDITION SELECTED OR ADDED AT DN02 SHOULD BE FLAGGED AS ‘DUE TO ACCIDENT/INJURY’. THIS WILL BE USED TO PRECODE THE RESPONSE TO CN02 02 (‘Was this due to an accident/injury?’) AS ‘1’ (YES).
What type of dental care provider did (PERSON) see during this visit?

PROBE: Any other type of dental care person?

CODE ALL THAT APPLY.

GENERAL DENTIST ........................ 1
DENTAL HYGIENIST ........................ 2
DENTAL TECHNICIAN ........................ 3
DENTAL SURGEON ........................... 4
ORTHODONTIST ............................. 5
ENDODONTIST .............................. 6
PERIODONTIST ............................. 7
OTHER ...................................... 91
REF ....................................... -7
DK ......................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

What did (PERSON) have done during this visit?

PROBE: What else was done? CODE ALL THAT APPLY.

FOR DEFINITIONS OF ANSWER CATEGORIES, PRESS F1.

*DIAGNOSTIC OR PREVENTATIVE
GENERAL EXAM, CHECKUP OR CONSULTATION .. 1
CLEANING, PROPHYLAXIS, OR POLISHING .... 2
X-RAYS, RADIOGRAPHS, OR BITEWINGS ..... 3
FLUORIDE TREATMENT ........................ 4
SEALANT (PLASTIC COATINGS ON BACK TEETH) 5

*RESTORATIVE OR ENDODONTIC
FILLINGS .................................... 6
INLAYS ...................................... 7
CROWNS OR CAPS ........................... 8
ROOT CANAL .................................. 9

*PERIODONTIC (GUM TREATMENT)
PERIODONTAL SCALING, ROOT PLANING, OR GUM SURGERY ......................... 10
PERIODONTAL RECALL VISIT (PERIODIC OR REGULAR) ............................... 11

*ORAL SURGERY
EXTRACTION, TOOTH PULLED ............... 12
IMPLANTS .................................. 13
ABSCESS OR INFECTION TREATMENT ....... 14
OTHER ORAL SURGERY ........................ 15

*PROSTHETICS
FIXED BRIDGES ............................ 16
DENTURES OR REMOVABLE PARTIAL DENTURES .. 17
RELINING OR REPAIR OF BRIDGES OR DENTURES .................................. 18

*ORTHODONTICS
ORTHODONTIA, BRACES, OR RETAINERS .... 19

*ADDITIONAL PROCEDURES
BOND, WHITEN, OR BLEACH .................. 20
TREATMENT FOR TMD OR TMJ ............... 21
OTHER ........................................ 91
REF ......................................... -7
DK ........................................... -8
[Code All That Apply]

----------------------------------------------------
| IF CODE '91' (OTHER) ENTERED ALONE OR IN          |
| COMBINATION WITH ANY OTHER CODE, CONTINUE WITH    |
| DN04OV                                            |
----------------------------------------------------

otherwise, go to dn05

----------------------------------------------------
| HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE  |
| SCREEN. THEREFORE, HEADINGS WILL ONLY APPEAR ON   |
| F1 SCREEN AND SHOW CARD DN-1. HEADINGS SHOULD    |
| BE ASSOCIATED WITH CODES AS FOLLOWS:             |
| *DIAGNOSTIC OR PREVENTATIVE = CODES 1-5          |
| *RESTORATIVE OR ENDODONTIC = CODES 6-9           |
| *PERIODONTIC (GUM TREATMENT) = CODES 10-11       |
| *ORAL SURGERY = CODES 12-15                      |
| *PROSTHETICS = CODES 16-18                       |
| *ORTHODONTICS = CODE 19                          |
| *ADDITIONAL PROCEDURES = CODES 20-21 AND 91      |
----------------------------------------------------

DN04OV
=======

ENTER OTHER TYPE OF DENTAL CARE:

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

DN05
=====

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

During this visit, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

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

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

DN06
=====

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

Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescriptions from this visit filled?

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

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-
PRESCRIBED-MEDICINES-ROSTER.
**ROSTER BEHAVIOR SPECIFICATIONS**

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES).
3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.’

---

**BOX 01**

---

IF THE CHARGE/PAYMENT SECTION HAS NOT BEEN ASKED FOR THE EVENT-PROVIDER PAIR BEING ASKED ABOUT, GO TO THE CHARGE/PAYMENT SECTION.

---

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION.
Event Driver (ED) Section

BOX_01
======

| DISPLAY EVENTS BY PERSON THEN BY THE ORDER OF |
| ENTRY - THAT IS, IN THE ORDER BY PROVIDER PROBES, |
| AND THEN ANY ADDITIONS. |

LOOP_01
=======

| FOR EACH ELEMENT IN PERSON’S-MEDICAL-EVENTS- |
| ROSTER, ASK ED01 - END_LP01. |

| LOOP DEFINITION: LOOP_01 CORRECTS EVENT |
| INFORMATION, IF NECESSARY, AND CALLS THE |
| APPROPRIATE UTILIZATION SECTION FOR THE EVENT. |
| THIS LOOP CYCLES ON EVENTS THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - EVENT TYPE IS NOT PM OR IC |
| - EVENT IS NOT YET FLAGGED AS PROCESSED IN |
| UTILIZATION |

ED01
====

(Person's first middle and last name)

(The next questions ask detail about each of the times (PERSON) received medical or dental care.)

There {is/are} {number} {event/events} remaining to be processed for (person).

Press enter to continue.

| DISPLAY 'The....care.' IF FIRST EVENT TO BE ASKED |
| ABOUT FOR THIS PERSON. |
| DISPLAY 'IS' IF ONLY ONE EVENT LEFT TO BE ASKED |
| ABOUT FOR THIS PERSON. DISPLAY 'ARE' IF MORE THAN |
| ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. |
| DISPLAY THE ACTUAL NUMBER OF EVENTS LEFT TO BE |
| ASKED ABOUT FOR THIS PERSON FOR '{number}'. |
| DISPLAY 'EVENT' IF ONLY ONE EVENT LEFT TO BE ASKED |
| ABOUT FOR THIS PERSON. DISPLAY 'EVENTS' IF MORE |
| THAN ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS |
| PERSON. |

LOOP_02
=======

| For each of the following: |
| EVENT NOT YET CODED AS ‘INFORMATION OK’ AT ED02 |
| ask ED02 - END_LP02 |

ED02
====

(Person's first middle and last name) (Name of medical care)
Let's talk about [the hospital stay for (PERSON) at (PROVIDER) that began on (ADMIT DATE)/when (PERSON) visited the emergency room at (PROVIDER) on (VISIT DATE)/when (PERSON) received medical care from an outpatient department at (PROVIDER) on (VISIT DATE)/when (PERSON) received medical care from (PROVIDER) on (VISIT DATE)/when (PERSON) received dental care from (PROVIDER) on (VISIT DATE)/the [OME ITEM GROUP NAME] used by (PERSON) since (START DATE)/the services (PERSON) received at home from (PROVIDER) during (MONTH)].

CODE '1' UNLESS RESPONDENT VOLUNTEERS CORRECTION.
INFORMATION OK ......................... 1 {END_LP02}

CORRECTIONS NEEDED:
- PROVIDER MISSPELLED/INCOMPLETE ........ 2
- DATE(S) INCORRECT ...................... 3
- WRONG EVENT TYPE .......................... 4
- WRONG PROVIDER ......................... 5
- WRONG OME ITEM GROUP ................... 6
- EVENT NOT FOR THIS PERSON .............. 7
- EVENT ENTERED IN ERROR .................. 8

WANT TO REVIEW (PERSON)'S EVENTS OR ADD EVENT FOR ANY RU MEMBER .......... 9 {ED09}

[Code One]

DISPLAY 'the hospital...(ADMIT DATE)' IF EVENT TYPE IS HS. DISPLAY 'when...emergency...(VISIT DATE)' IF EVENT TYPE IS ER. DISPLAY 'when...outpatient...(VISIT DATE)' IF EVENT TYPE IS OP. DISPLAY 'when...medical...(VISIT DATE)' IF EVENT TYPE IS MV. DISPLAY 'when...dental...(VISIT DATE)' IF EVENT TYPE IS DN. DISPLAY 'the [OME ITEM GROUP NAME]...(START DATE)' IF EVENT TYPE IS OM. DISPLAY 'the...home...(MONTH)' IF EVENT TYPE IS HH.

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

IF CODED '2' (PROVIDER MISSPELLED/INCOMPLETE) AND EVENT TYPE IS OM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT AVAILABLE FOR OM EVENTS. PRESS ENTER TO CONTINUE.'

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

IF CODED '2' (PROVIDER MISSPELLED/INCOMPLETE) AND EVENT TYPE IS NOT OM, DISPLAY THE FOLLOWING MESSAGE: 'THIS OPTION IS DISABLED. PLEASE RECORD INFORMATION IN COMMENTS.' THEN, GO TO END_LP02.

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

IF CODED '3' (DATE(S) INCORRECT), '4' (WRONG EVENT TYPE), OR '5' (WRONG PROVIDER) AND EVENT TYPE IS HH, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT AVAILABLE FOR HH EVENTS. IF CORRECTION NECESSARY, DELETE AND RE-ADD THIS HH EVENT. PRESS ENTER TO CONTINUE.'

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

IF CODED '3' (DATE(S) INCORRECT), '4' (WRONG EVENT TYPE), OR '5' (WRONG PROVIDER) AND EVENT TYPE IS OM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT AVAILABLE FOR OM EVENTS. IF CORRECTION NECESSARY, DELETE AND RE-ADD THIS OM EVENT. PRESS ENTER TO CONTINUE.'

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

IF CODED '3' (DATE(S)) INCORRECT AND EVENT TYPE IS NOT HH OR OM, GO TO ED04

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

IF CODED '4' (WRONG EVENT TYPE) AND EVENT TYPE IS
| NOT HH OR OM, GO TO ED07 |

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

IF CODED '5' (WRONG PROVIDER) AND EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY THE FOLLOWING MESSAGE: 'CHANGE OF PROVIDER DISALLOWED. RECORD ALREADY LINKED TO OTHER EVENTS.'

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

IF CODED '5' (WRONG PROVIDER), AND EVENT TYPE IS NOT HH OR OM, AND EVENT IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE, GO TO BOX 02

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

IF CODED '6' (WRONG OME ITEM GROUP) AND EVENT TYPE IS NOT OM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE ONLY AVAILABLE FOR OM EVENTS. ENTER NEW CODE. PRESS ENTER TO CONTINUE.'

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

IF CODED '6' (WRONG OME ITEM GROUP) AND EVENT TYPE IS OM, AND OM GROUP TYPE IS 'REGULAR' (EV02A=1 OR NOT ASKED), GO TO ED06

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

IF CODED '6' (WRONG OME ITEM GROUP) AND EVENT TYPE IS OM, AND OM GROUP TYPE IS 'ADDITIONAL' (EV02A=2), GO TO ED06A

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

IF CODED '7' (EVENT NOT FOR THIS PERSON) AND SINGLE-PERSON RU, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT AVAILABLE FOR SINGLE-PERSON RU. ENTER NEW CODE.'

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

IF CODED '7' (EVENT NOT FOR THIS PERSON) AND EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY THE FOLLOWING MESSAGE: 'TRANSFER DISALLOWED. RECORD ALREADY LINKED TO OTHER EVENTS.'

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

IF CODED '7' (EVENT NOT FOR THIS PERSON), AND MULTI-PERSON RU, AND EVENT IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE, GO TO ED05

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

IF CODED '8' (EVENT ENTERED IN ERROR), AND EVENT IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE, FLAG EVENT FOR DELETION AND GO TO END_LP02

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

IF CODED '8' (EVENT ENTERED IN ERROR) AND EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY THE FOLLOWING MESSAGE: 'DELETION DISALLOWED. RECORD ALREADY LINKED TO OTHER EVENTS.'

ED03
====
OMITTED.

ED04
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE
INTERVIEWER: RE-TYPE THE ENTIRE EVENT DATE(S) TO CORRECT.

[Enter Month, Day, Year-2] - [Enter Month, Day, Year-2]

----------------------------------------------------------------------------------------------------------------------------------
| REFUSED AND DON’T KNOW ARE ALLOWED IN THE DAY AND YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD. |
----------------------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------------------
| COLLECT DISCHARGE DATE ONLY IF EVENT TYPE IS HS. |
----------------------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------------------
| WRITE CORRECTION TO PERSON’S-MEDICAL-EVENTS-ROSTER. |
----------------------------------------------------------------------------------------------------------------------------------

| GO TO END_LP02 |
----------------------------------------------------------------------------------------------------------------------------------

ED05
====

(PERSON’S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EV) (EVN-DT)

INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.

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

[1. First Name,[Middle Name],Last Name-35] .........................
[2. First Name,[Middle Name],Last Name-35] .........................
[3. First Name,[Middle Name],Last Name-35] .........................

[Code One]

----------------------------------------------------------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS- roster. |
----------------------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------------------
| FLAG EVENT FOR DELETION FROM PERSON’S-MEDICAL-EVENTS-ROSTER FOR PERSON ORIGINALY ASSOCIATED WITH EVENT AND ADD EVENT TO PERSON’S-MEDICAL-EVENTS-ROSTER FOR PERSON SELECTED IN ED05. |
----------------------------------------------------------------------------------------------------------------------------------

| GO TO END_LP02 |
----------------------------------------------------------------------------------------------------------------------------------

BOX_02
======

----------------------------------------------------------------------------------------------------------------------------------
| ASK THE PROVIDER ROSTER (PV) SECTION FOR THIS EVENT. |
| AT COMPLETION OF PROVIDER ROSTER (PV) SECTION, CONTINUE WITH BOX_03 |
----------------------------------------------------------------------------------------------------------------------------------

BOX_03
======

----------------------------------------------------------------------------------------------------------------------------------
| WRITE PROVIDER CORRECTION TO PERSON’S-EVENT-PROVIDER-PAIRS-ROSTER. |
----------------------------------------------------------------------------------------------------------------------------------
INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

GLASSES OR CONTACT LENSES ............... 1
INSULIN ................................ 2
OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3

[Code One]

IF CODED '2' (INSULIN), ADD 'INSULIN' TO PERSON'S-PRESCRIBED-MEDICINES-ROSTER.

IF CODED '3' (OTHER DIABETIC EQUIPMENT OR SUPPLIES), ADD 'OTHER DIABETIC EQUIP/SUPPLIES' TO PERSON'S-PRESCRIBED-MEDICINES-ROSTER.

CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP SELECTED IN ED06.

GO TO END_LP02

INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

AMBULANCE SERVICES ..................... 1 {BOX_ED06A}
ORTHOPEDIC ITEMS ....................... 2 {BOX_ED06A}
HEARING DEVICES ......................... 3 {BOX_ED06A}
PROSTHESSES ........................... 4 {BOX_ED06A}
BATHROOM AIDS .......................... 5 {BOX_ED06A}
MEDICAL EQUIPMENT ...................... 6 {BOX_ED06A}
DISPOSABLE SUPPLIES .................... 7 {BOX_ED06A}
ALTERATIONS/MODIFICATIONS ............. 8 {BOX_ED06A}
OTHER ................................... 91

[Code One]

ENTER OTHER GROUPING OF OTHER MEDICAL EXPENSES:

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

CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP
ED07
====

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (EV) (EVN-DT)

Interviewer: Select correct event type.

Hospital Stay ......................... HS
Hospital Emergency Room ............... ER {END LP02}
Hospital Outpatient Department ........ OP {END LP02}
Medical Provider Visit ............... MV {END LP02}
Dental Care ......................... DN {END LP02}

(Code One)

Press F1 for definitions of event types.

-----------------------------------------------
<p>| Change the event type originally associated with |
| the event being asked about to the event type   |
| selected in ED07. If event type was hospital   |
| stay, the new event date will be the admit date |</p>
<table>
<thead>
<tr>
<th>collected for the hospital stay.</th>
</tr>
</thead>
</table>

-----------------------------------------------
<p>| If change to HS, ER, or OP and provider is a   |
| person-type-provider, display the following    |
| message: 'You must change to a facility provider|</p>
<table>
<thead>
<tr>
<th>before changing the event type.'</th>
</tr>
</thead>
</table>

ED08
====

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (EV) (EVN-DT)

Interviewer: Re-type entire event date(s) to correct.

[Enter Month,Day,Year-4] - [Enter Month,Day,Year-4]

<table>
<thead>
<tr>
<th>Write correction to person's-medical-events-roster.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Go to END LP02</th>
</tr>
</thead>
</table>

<p>| Refused and don't know are allowed in the day and    |</p>
<table>
<thead>
<tr>
<th>year fields but are disallowed in the month field.</th>
</tr>
</thead>
</table>

ED09
====

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (EV) (EVN-DT)

(OME Item Group: (Name of OME Item Group......) )

Interviewer: So far, the following events have been recorded for (person):

To move cursor, use arrow keys. To leave, press Esc.
<table>
<thead>
<tr>
<th>ED09_01. NAME MEDICAL PROVIDER</th>
<th>ED09_02. EVENT TYPE</th>
<th>ROSTER. DATE-DATE</th>
<th>ED09_04. UTIL</th>
<th>ED09_05. C/P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Selection]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. [Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Selection]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. [Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Selection]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>


CAPI DISPLAYS A CHECK MARK IN THE ‘UTIL’ COLUMN IF THE EVENT BEING ASKED ABOUT HAS COMPLETED THE APPROPRIATE UTILIZATION SECTION.

CAPI DISPLAYS A CHECK MARK IN THE ‘C/P’ COLUMN IF THE EVENT BEING ASKED ABOUT HAS COMPLETED THE CHARGE/PAYMENT (CP) SECTION.

CONTINUE WITH ED09OV1

ED09OV1
=======
ADD AN EVENT?

YES .................................... 1
NO ..................................... 2 {END_LP02}

ED09OV1 IS DISPLAYED BENEATH THE GRID ON ED09 WHENEVER ED09 IS DISPLAYED.

BOX_04
======

ASK THE EVENT ROSTER (EV) SECTION FOR THIS EVENT. AT COMPLETION OF EVENT ROSTER (EV) SECTION, CONTINUE WITH END_LP02

NOTE: CAPI CONTINUES THE LOOP FOR THE EVENT THAT WAS IN PROCESS WHEN ANOTHER EVENT WAS ADDED. ADDED EVENTS ARE PROCESSED IN THE ED SECTION AFTER EVENTS THAT WERE RECORDED IN THE PROVIDER PROBES (PP) SECTION.
IF ED02 IS CODED '1' (INFORMATION OK), CONTINUE WITH END_LP01

OTHERWISE, CYCLE ON THE SAME EVENT TO COLLECT ANY ADDITIONAL CORRECTION.

ASK APPROPRIATE UTILIZATION SECTION FOR THIS EVENT. WHEN UTILIZATION IS COMPLETED FOR THIS EVENT, CYCLE ON NEXT EVENT IN PERSON’S-MEDICAL-EVENTS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE EVENTS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_05

GO TO THE NEXT QUESTIONNAIRE SECTION
Overall Structure of Employment

BOX_01A
=======

NOTE: REFUSED (-7) AND DON'T KNOW (-8) ARE DISALLOWED ON ALL FIELDS IN THE EMPLOYMENT SECTIONS THAT COLLECT ESTABLISHMENT NAME.

LOOP_00
=======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX_01 - END_LP00

LOOP DEFINITION: LOOP_00 COLLECTS INFORMATION ABOUT EMPLOYMENT FOR ALL RU MEMBERS WHO ARE 16 OR OLDER. THIS LOOP CYCLES ON RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:

- PERSON IS = OR > 16 YEARS, OR IN AGE CATEGORIES 4-9
- PERSON IS AN RU MEMBER DURING THE CURRENT ROUND

BOX_01
======

ASK REVIEW OF EMPLOYMENT (RJ) SECTION

END_LP00
========

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_00 AND CONTINUE WITH THE HEALTH INSURANCE (HX) SECTION
Employment (EM) Section Subsection A

---

NOTE: FOR ROUND 5, THE PERSON’S CURRENT ROUND END DATE WAS ADDED TO THE CONTEXT HEADER FOR ALL OF THE QUESTIONS IN THE EM-A SECTION.
---

BOX_01

---

IF PERSON HAS ONE OF THE SAME CURRENT JOBS IN THIS ROUND AS IN THE PREVIOUS ROUND, THAT IS IF:
- CURRENT ROUND IS NOT ROUND 1, AND
- PERSON WAS = OR > 16 OR IN AGE CATEGORIES 4-9 DURING THE PREVIOUS ROUND, AND
- RJ01 IS CODED ‘1’ (YES) OR RJ06 IS CODED ‘1’, GO TO EM51
---

OTHERWISE, CONTINUE WITH EM01

---

EM01

---

(PERSON’S FIRST MIDDLE AND LAST NAME) (STR-DT)
(END-DT)

Now I have some questions about work experience for (PERSON).

(During our last interview on {PREV RD INTV DATE}, we recorded that (PERSON) did not work at any job for pay.)

{(Do/Does)/On 12/31/1999, did} (PERSON) {currently} have a job for pay or own a business {that we have not yet talked about}? 

PROBE: Do not count work around the house. Include work in a family farm or business, even if unpaid.

YES .................................... 1 {EM04}
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

EM02

---

(PERSON’S FIRST MIDDLE AND LAST NAME) (STR-DT)
(END-DT)

At any time {since (START DATE)}/between (START DATE) and (END DATE)}, did (PERSON) have {a/any other} job for pay or own a business {that we have not yet talked about}? 

PROBE: Do not count work around the house. Include work in a family farm or business, even if unpaid.

YES .................................... 1 {EM26}
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

EM03

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

{(Do/Does)/Did} (PERSON) have a job or business (PERSON) (can/could) return to {that we have not yet talked about)?

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

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

----------------------------------------------------
<table>
<thead>
<tr>
<th>IF CODED '1' (YES), GO TO EM05</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF CODED '2' (NO), '-7' (REF), or '-8' (DK)       |
| AND PERSON WAS ASKED EMPLOYMENT SECTION ANY       |</p>
<table>
<thead>
<tr>
<th>PREVIOUS ROUND, GO TO BOX_19A</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF CODED '2' (NO), '-7' (REF), or '-8' (DK)       |
| AND PERSON WAS NOT ASKED EMPLOYMENT SECTION       |</p>
<table>
<thead>
<tr>
<th>ANY PREVIOUS ROUND, GO TO EM65</th>
</tr>
</thead>
</table>

EM04
====

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

{(Do/Does)/On 12/31/1999, did} (PERSON) {currently} work at more than one job or business?

YES ................................... 1 {EM11}
NO .................................... 2
REF .................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

EM05
====

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

{(Are/Is)/(Were/Was)) (PERSON) self-employed, or {(do/does)/did) (PERSON) work for someone else at that job?

SELF-EMPLOYED ............................. 1
FOR SOMEONE ELSE .......................... 2
REF ..................................... -7
DK ..................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

----------------------------------------------------
<p>| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS        |</p>
<table>
<thead>
<tr>
<th>'SELF-EMPLOYED'</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED),  |
| OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-      |</p>
<table>
<thead>
<tr>
<th>EMPLOYED'.</th>
</tr>
</thead>
</table>

<p>| IF THERE ARE NO ESTABLISHMENTS FLAGGED AS         |</p>
<table>
<thead>
<tr>
<th>'EMPLOYER' ON RU-ESTABLISHMENTS-ROSTER, GO TO</th>
</tr>
</thead>
</table>
IF THERE IS ONE OR MORE ESTABLISHMENT FLAGGED AS 'EMPLOYER' ON RU-ESTABLISHMENTS-ROSTER, CONTINUE WITH EM06

EM06

(Person's First Middle and Last Name) {STR-DT}

(End-DT)

What is the name of the employer where (person) (work/works)/worked/((person)'s business)?

Select employer named below and verify with respondent before leaving screen.

If employer is not on the list, select 'none of the above' to enter a new employer.

To turn check mark on/off, use arrow keys, press enter.
To leave, press ESC.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM06_02. STREET</th>
<th>EM06_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER.

NOTE THE FOLLOWING ESTABLISHMENT ROSTER BEHAVIOR SPECIFICATIONS APPLY TO EVERY ESTABLISHMENT ROSTER THROUGHOUT EM-A.

ROSTER BEHAVIOR SPECIFICATIONS:
1. Interviewer may select any establishment already listed or select none of the above.
2. Only one selection may be made.
3. Interviewer can not add at this screen. Establishments are 'added' by using none of the above.
4. Interviewer cannot delete at this screen (i.e., Ctrl/D).

Display 'none of the above' as the last entry on this roster.

If establishment selected has only a partial address, go to EM09.

If 'none of the above' is selected, go to EM08.

Otherwise, continue with EM07.
EM07

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}
(END-DT)

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY......., ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ........  1 {BOX_02}
ADD NEW ADDRESS FOR EMPLOYER ...........  2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION  ..........  3 {EM09}
SELECTED WRONG EMPLOYER/ADDRESS .......  4
REF ...................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

----------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM06 SO THAT INTERVIEWER CAN     |
| SELECT ANOTHER EMPLOYER.                          |
----------------------------------------------------

EM08

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

{What is the name of (the employer where (PERSON) (work/works)/worked)/(PERSON)'s business)?}

What is the (new) address (where (PERSON) (work/works)/worked) for that job/of (PERSON)'s business)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKS.

ESTABLISHMENT (EM08_01):  [_____________]
1ST_STR_ADDRESS (EM08_02):  [_____________]
2ND_STR_ADDRESS (EM08_03):  [_____________]
CITY (EM08_04):  [_____________]
STATE (EM08_05):  [_____________]
ZIP CODE (EM08_06):  [_____________]
TELEPHONE (EM08_07):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| IF EM07 WAS CODED '2' (ADD NEW ADDRESS FOR |
| EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE |
| ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED |
| IN THE CONTEXT HEADER.                         |
----------------------------------------------------

----------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
| ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_02                                      |
----------------------------------------------------

EM09

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}
(END-DT)
ABOUT....) {STR-DT}
(END-DT)

CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)

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

Current Info:  [1ST STR ADDRESS]
[2ND STR ADDRESS]  - [CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]

1ST STR ADDRESS (EM09_01):  [_____________
2ND STR ADDRESS (EM09-02):  [_____________
CITY (EM09_03):  [_____________
STATE (EM09-04):  [_____________
ZIP CODE (EM09_05):  [_____________
TELEPHONE (EM09_06):  [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU- |
| ESTABLISHMENTS-ROSTER.                               |
----------------------------------------------------

BOX_02
======

| --- --- --- ---- --- |
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU- |
| ESTABLISHMENTS-ROSTER.                               |
| --- --- --- ---- --- |

----------------------------------------------------
| FLAG JOB SUBTYPE AS 'CURRENT MAIN'.                |
----------------------------------------------------
| FLAG JOB AS 'NOT RETIRED FROM'.                    |
----------------------------------------------------

EM10
=====

(PERSON'S FIRST MIDDLE AND LAST NAME) {EMPLOYER BEING ASKED
ABOUT....) {STR-DT}
(END-DT)

When did (PERSON) start working at that job?

[Enter Year-4] .........................
REF .................................-7 {EM38}
DK .................................-8 {EM38}

| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM10OV1 |
----------------------------------------------------
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM10OV2 |
----------------------------------------------------
| OTHERWISE, GO TO BOX_03                           |
----------------------------------------------------

EM10OV1
======

[Enter Month-2, Day-2] .................. {BOX_03}
REF .................................-7 {BOX_03}
DK .................................-8 {BOX_03}

EM10OV2
======


[Enter Month-2] ........................
REF ................................. -7
DK ................................. -8

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THAN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

Box_03
======

IF JOB START DATE < OR = (I.E., ON OR BEFORE) REFERENCE PERIOD START DATE, GO TO EM51

IF JOB START DATE > (I.E., AFTER) REFERENCE PERIOD START DATE, GO TO EM38

EM11
=====

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

Please think about (PERSON)'s main job or business. {(Are/Is)/(Were/Was)} (PERSON) self-employed, or {(do/does)/did} (PERSON) work for someone else at that job?

SELF-EMPLOYED .......................... 1
FOR SOMEONE ELSE ........................ 2
REF ................................. -7
DK ................................. -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

-----

IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'.

-----

IF CODED '2' (FOR SOMEONE ELSE) '7' (REFUSED), OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'.

-----
IF THERE ARE NO ESTABLISHMENTS FLAGGED AS 'EMPLOYER' ON THE RU-ESTABLISHMENTS-ROSTER, GO TO EM14

OTHERWISE, CONTINUE WITH EM12

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

What is the name of (PERSON)'s main {job/business}?  
SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM12_02. STREET</th>
<th>EM12_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

ROSTER DEFINITION: THIS ROSTER DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER.
DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.
IF 'NONE OF THE ABOVE' IS SELECTED, GO TO EM14
OTHERWISE, CONTINUE WITH EM13

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}
(STR-DT)

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY....... ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ........... 1 {BOX_05}
ADD NEW ADDRESS FOR EMPLOYER ........... 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ......................... 3 {EM15}
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

[Code One]

----------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS),  |
| CAPI REDISPLAYS EM12 SO THAT THE INTERVIEWER CAN  |
| SELECT ANOTHER EMPLOYER.                          |
----------------------------------------------------

EM14
====

(Person's First Middle and Last Name) (STR-DT) (END-DT)

What is the name of (PERSON)'s main job/business?)

What is the (new) address (where (PERSON) (work/works)/worked) for that job/of (PERSON)'s business)?

Enter complete (name and) address and verify spelling. If establishment has more than one location, record location where person works.

Establishment (EM14_01): [_____________]
1st Str Address (EM14_02): [_____________]
2nd Str Address (EM14_03): [_____________]
City (EM14_04): [_____________]
State (EM14_05): [_____________]
Zip Code (EM14_06): [_____________]
Telephone (EM14_07): [_____________]

Press F1 for list of state abbreviations.

----------------------------------------------------
| IF EM13 WAS CODED '2' (ADD NEW ADDRESS FOR    |
| EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE    |
| ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED |
| IN THE CONTEXT HEADER.                        |
----------------------------------------------------

----------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-   |
| ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.   |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_05                                     |
----------------------------------------------------

EM15
====

(Person's First Middle and Last Name) (Employer being asked about....) (STR-DT) (END-DT)

Correct address or telephone for: (Employer)

To verify current information or to leave a field blank, press enter. To correct or enter information, type entire field.

Current Info: [1st Str Address]
[2nd Str Address]
[CITY]
[STATE]
[ZIP Code]
[Telephone]

1st Str Address (EM15_01): [_____________]
2nd Str Address (EM15_02): [_____________]
City (EM15_03): [_____________]
State (EM15_04): [_____________]
Zip Code (EM15_05): [_____________]
TELEPHONE (EM15_06): [______________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

------------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE |
| RU-ESTABLISHMENTS-ROSTER.                      |
------------------------------------------

BOX_05
======

------------------------------------------
| FLAG JOB SUBTYPE AS 'CURRENT MAIN'.        |
------------------------------------------

------------------------------------------
| FLAG JOB AS 'NOT RETIRED FROM'.            |
------------------------------------------

EM16
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {STR-DT}
(END-DT)

When did (PERSON) start working at that job?

[Enter Year-4] .........................
REF ................................... -7
DK .................................... -8

------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM16OV1 |
------------------------------------------

------------------------------------------
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM16OV2 |
------------------------------------------

------------------------------------------
| OTHERWISE, GO TO EM17                      |
------------------------------------------

EM16OV1
=======

[Enter Month-2, Day-2]............... {EM17}
REF ................................... -7 {EM17}
DK .................................... -8 {EM17}

EM16OV2
=======

[Enter Month-2].........................
REF ................................... -7
DK .................................... -8

------------------------------------------
| EDIT/RANGE CHECK:                        |
------------------------------------------

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND
EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THAN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

EM17

(Person's First Middle and Last Name) (STR-DT)
(End-DT)

You mentioned that (person) [(have/has)/had] another job {now/on 12/31/1999}. At any time [(since (START DATE)/between (START DATE) and (END DATE))], did (person) have health insurance through this other job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

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

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

---

IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'.

EM18

(Person's First Middle and Last Name) (STR-DT)
(End-DT)

{(Are/Is)/(Were/Was)} (person) self-employed, or {(do/does)/did} (person) work for someone else at this job?

SELF-EMPLOYED ......................  1
FOR SOMEONE ELSE ..................  2
REF ................................. -7
DK ................................. -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

---

IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'.

---

IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'.

EM19

(Person's First Middle and Last Name) (STR-DT)
(End-DT)

What is the name of {the employer where (person) [(work/works)/worked] for that job/(PERSON)'s business}?
SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM19_02. STREET</th>
<th>EM19_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30 [Display Truncated Street Address] [Display Truncated City]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Employer Name-30 [Display Truncated Street Address] [Display Truncated City]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Employer Name-30 [Display Truncated Street Address] [Display Truncated City]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |
---------------------------

---------------------------
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER. |
---------------------------

---------------------------
| IF: EM17 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), GO TO EM21 |
---------------------------

---------------------------
| IF: EM17 IS CODED '1' (YES) AND 'NONE OF THE ABOVE' IS SELECTED, GO TO EM22 |
---------------------------

---------------------------
| IF: EM17 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND 'NONE OF THE ABOVE' IS SELECTED, GO TO EM23 |
---------------------------

---------------------------
| IF: EM17 IS CODED '1' (YES) AND EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), GO TO EM24 |
---------------------------

---------------------------
| OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM20 |
---------------------------
Is the address of (EMPLOYER) ...

(ESTABLISHMENT STREET ADDRESS LINE1.)
(ESTABLISHMENT STREET ADDRESS LINE2.)
(ESTABLISHMENT CITY........, ST, ZIP..)

ADDRESS AND TELEPHONE CORRECT ........ 1 {BOX_06}
ADD NEW ADDRESS FOR EMPLOYER ........... 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION ................................ 3 {EM24}
SELECTED WRONG EMPLOYER/ADDRESS ....... 4
REF ........................................ -7 {BOX_06}
DK .......................................... -8 {BOX_06}

[Code One]

| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND
| EM17 IS CODED '1' (YES), GO TO EM22
| |

| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND
| EM17 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'
| (DON'T KNOW), GO TO EM23
| |

| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS),
| CAPI REDISPLAYS EM19 SO THAT THE INTERVIEWER CAN
| SELECT ANOTHER EMPLOYER.
| |

EM21A

CORRECT ADDRESS FOR: (EMPLOYER)

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

Current Info:  [ESTABLISHMENT]
               [1ST_STR_ADDRESS]
               [1ST_STR_ADDRESS]
               [1ST_STR_ADDRESS]
               [CITY]
               [STATE]

1ST_STR_ADDRESS (EM21A_01):  [_____________]  
CITY (EM21A_02):  [_____________]  
STATE (EM21A_03):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| WRITE ADDRESS CORRECTIONS TO THE          |
| RU-ESTABLISHMENTS-ROSTER.                 |
|                                            |
----------------------------------------------------

| GO TO BOX_06                               |
----------------------------------------------------

EM22
====

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

What is the {new} address {where (PERSON) {(work/works)/worked}
for that job/of (PERSON)’s business}?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF
ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE
PERSON WORKS.

ESTABLISHMENT (EM22_01):  [_____________]  
1ST_STR_ADDRESS (EM22_02):  [_____________]  
2ND_STR_ADDRESS (EM22_03):  [_____________]  
   CITY (EM22_04):  [_____________]  
   STATE (EM22_05):  [_____________]  
   ZIP CODE (EM22_06):  [_____________]  
   TELEPHONE (EM22_07):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| IF EM20 WAS CODED '2' (ADD NEW ADDRESS FOR    |
| EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE   |
| ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED|
| IN THE CONTEXT HEADER.                        |
|                                               |
----------------------------------------------------

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
| ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.|
|                                               |
----------------------------------------------------

| GO TO BOX_06                               |
----------------------------------------------------

EM23
====

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

What is the {new} address {where (PERSON) {(work/works)/worked}
for that job/of (PERSON)’s business}?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF
ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE
PERSON WORKS.

ESTABLISHMENT (EM23_01):  [_____________]  
1ST_STR_ADDRESS (EM23_02):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| IF EM20 WAS CODED '2' (ADD NEW ADDRESS FOR    |
| EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE   |
| ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED|
| IN THE CONTEXT HEADER.                        |
|                                               |
----------------------------------------------------

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
| ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.|
|                                               |
----------------------------------------------------

| GO TO BOX_06                               |
----------------------------------------------------
IF EM20 WAS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) OR IF EM21 WAS CODED '2' (ADD NEW PARTIAL ADDRESS FOR EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE ESTABLISHMENT FIELD. ALSO EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER.

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.

GO TO BOX_06

EM24

(CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).)

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

Current Info: [1ST STR ADDRESS] [2ND STR_ADDRESS] [CITY] [STATE] [ZIP CODE] [TELEPHONE]

1ST STR ADDRESS (EM24_01): [_____________
2NDSTR ADDRESS (EM24_02): [_____________
CITY (EM24_03): [_____________
STATE (EM24_04): [_____________
ZIP CODE (EM24_05): [_____________
TELEPHONE (EM24_06): [_____________

WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER.

BOX_06

FLAG JOB SUBTYPE AS 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'.

FLAG JOB AS 'NOT RETIRED FROM'.

EM25

(CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).)

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

Current Info: [1ST STR ADDRESS] [2ND STR_ADDRESS] [CITY] [STATE] [ZIP CODE] [TELEPHONE]

1ST STR ADDRESS (EM25_01): [_____________
2NDSTR ADDRESS (EM25_02): [_____________
CITY (EM25_03): [_____________
STATE (EM25_04): [_____________
ZIP CODE (EM25_05): [_____________
TELEPHONE (EM25_06): [_____________

WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER.

FLAG JOB SUBTYPE AS 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'.

FLAG JOB AS 'NOT RETIRED FROM'.
When did (PERSON) start working at that job?

[Enter Year-4]......................... -7
REF ................................... -7
DK .................................... -8

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM25OV1</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM25OV2</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_07</td>
</tr>
</tbody>
</table>

EM25OV1
========

[Enter Month-2, Day-2] .................   {BOX_07}
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

EM25OV2
========

[Enter Month-2].........................
REF ................................... -7
DK .................................... -8

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS:
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).
MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THAN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

BOX_07
=====

IF JOB START DATE OF CURRENT MAIN JOB (EM16) < OR = (I.E., ON OR BEFORE) REFERENCE PERIOD START DATE, GO TO EM51

IF JOB START DATE OF CURRENT MAIN JOB (EM16) > (I.E., AFTER) REFERENCE PERIOD START DATE, OR IF EM16 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), GO TO EM38
EM26
====

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

Please think about the employer or business where (PERSON) worked {most recently/just before 12/31/1999}.

IF PERSON HAD MORE THAN ONE EMPLOYER, PROBE: Please think about (PERSON)'s main job at the time.

At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

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

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'. |
---------------------------------------------------------------

EM27
====

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

(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

SELF-EMPLOYED .......................... 1
FOR SOMEONE ELSE ........................ 2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'. |
-----------------------------------------------------------------

| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'. |
-----------------------------------------------------------------

EM28
====

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

What is the name of {the employer where (PERSON) worked {most recently/just before 12/31/1999}/(PERSON)'s business}?

IF MORE THAN ONE EMPLOYER MENTIONED, PROBE: What was (PERSON)'s main job at the time?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.
IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM28_02. STREET</th>
<th>EM28_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

---

**ROSTER DEFINITION:** THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER.

---

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.

---

**IF:**

EM26 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)

AND

EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),

GO TO EM30

---

**IF:**

EM26 IS CODED '1' (YES)

AND

'NONE OF THE ABOVE' IS SELECTED,

GO TO EM31

---

**IF:**

EM26 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)

AND

'NONE OF THE ABOVE' IS SELECTED,

GO TO EM32

---

**IF:**

EM26 IS CODED '1' (YES)

AND

EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),

GO TO EM33

---

**Otherwise (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM29**
 ABOUT....)  {STR-DT}
{END-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY....... ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ........ 1 {BOX_08}
ADD NEW ADDRESS FOR EMPLOYER .......... 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION ............................. 3 {EM33}
SELECTED WRONG Employer/Address ......... 4
REF ........................................ 7 {BOX_08}
DK ........................................ 8 {BOX_08}

[Code One]

----------------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM26 IS CODED '1' (YES), GO TO EM31               |

----------------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM26 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW), GO TO EM32                          |

----------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM28 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                          |

EM30
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED
ABOUT....)  {STR-DT}
{END-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT CITY....... ST}

PARTIAL ADDRESS CORRECT .................... 1 {BOX_08}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM32}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG Employer/ADDRESS .......... 4
REF ........................................ 7 {BOX_08}
DK ........................................ 8 {BOX_08}

[Code One]

----------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM28 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                          |

EM30A
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED
ABOUT....)  {STR-DT}
{END-DT}

CORRECT ADDRESS FOR: (EMPLOYER)

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

Current Info:  [ESTABLISHMENT]
What is the {new} address {where (PERSON) worked for that job/of (PERSON)’s business}?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (EM31_01): [__________]
1ST_STR_ADDRESS (EM31_02): [__________]
2ND_STR_ADDRESS (EM31_03): [__________]
CITY (EM31_04): [__________]
STATE (EM31_05): [__________]
ZIP CODE (EM31_06): [__________]
TELEPHONE (EM31_07): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---
| IF EM29 WAS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |
---

---
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |
---

---
| GO TO BOX_08 |
---

---
| WRITE ADDRESS CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER. |
---

---
| GO TO BOX_08 |
---

What is the {new} address {where (PERSON) worked for that job/of (PERSON)’s business}?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (EM32_01): [__________]
1ST_STR_ADDRESS (EM32_02): [__________]
CITY (EM32_03): [__________]
STATE (EM32_04): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
IF EM29 WAS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) OR IF EM30 WAS CODED '2' (ADD NEW PARTIAL ADDRESS FOR EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER.

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.

GO TO BOX_08

EM33

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (STR-DT)
(END-DT)

(CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).)

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

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

1ST_STR_ADDRESS (EM33_01):  [_____________
2ND_STR_ADDRESS (EM33_02):  [_____________
CITY (EM33_03):  [_____________
STATE (EM33_04):  [_____________
ZIP CODE (EM33_05):  [_____________
TELEPHONE (EM33_06):  [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER.

BOX_08

(FLAG JOB SUBTYPE AS 'FORMER MAIN WITHIN REFERENCE PERIOD'.

EM34

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (STR-DT)
(END-DT)

When did (PERSON) start working at that job?

[Enter Year-4] ........................
REF ............................. -7
DK ................................. -8

--End--
IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM34OV1

IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM34OV2

OTHERWISE, GO TO EM35

EM34OV1

[Enter Month-2, Day-2] ................. {EM35}
REF ................................... -7 {EM35}
DK .................................... -8 {EM35}

EM34OV2

[Enter Month-2] .........................
REF ................................... -7
DK .................................... -8

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED ‘04’, ‘06’, ‘09’, ‘11’;
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED ‘02’ AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED ‘02’ AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THAN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

EM35

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {STR-DT}
(END-DT)

When did (PERSON) stop working at that job?

[Enter Year-4] ......................... -7 {EM36}
DK .................................... -8 {EM36}

IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM35OV1

IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM35OV2
| OTHERWISE, GO TO BOX_09 |

---

**EM35OV1**

[Enter Month, Day-2] ................. {BOX_09}
REF .................................. -7 {BOX_09}
DK .................................. -8 {BOX_09}

---

**EM35OV2**

[Enter Month-2] ....................
REF .................................. -7
DK .................................. -8

---

**EDIT: COMPLETE DATE AT EM35 MUST BE = OR > COMPLETE DATE AT EM34**

---

**EDIT/RANGE CHECK:**

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

---

**EDIT: JOB END DATE MUST BE = OR > THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.**

---

**BOX_09**

---

IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM37

---

IF JOB END DATE = OR > (I.E., ON OR AFTER) THE REFERENCE PERIOD START DATE, GO TO BOX_10

---

IF MONTH FIELD OF JOB END DATE IS MISSING (THAT IS, EM35OV1 OR EM35OV2 IS CODED '-7' (REFUSED) OR '-8' (DON’T KNOW)) AND IF THE YEAR OF JOB END DATE (EM35) IS REFERENCE YEAR, CONTINUE WITH EM36

---

**EM36**

---
Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?

BEFORE (START DATE) .................... 1
ON OR AFTER (START DATE) ............... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

[Code One]

INTERVIEWER: RESPONDENT REPORTED IN EM02 THAT (PERSON) HAD A JOB/BUSINESS SINCE (START DATE), BUT IS NOW REPORTING THAT THE JOB ENDED BEFORE (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS BEFORE THE BEGINNING OF THE REFERENCE PERIOD, JUMPBACK (CTRL/J) TO SCREEN EM02 AND CODE AS '2' (NO).

IF DATE STOPPED WORKING IS AFTER THE REFERENCE PERIOD START DATE, JUMPBACK (CTRL/J) TO SCREEN EM35 AND RE-ENTER THE CORRECT JOB END DATE.

[End Screen]

---

| IF JOB START DATE OF FORMER MAIN JOB = (I.E., ON) | REFERENCE PERIOD START DATE, GO TO EM51 |
|----------------------------------------------------|

---

| OTHERWISE (I.E., JOB START DATE AFTER (>)) | REFERENCE PERIOD START DATE OR IT IS NOT KNOWN IF JOB START DATE IS ON OR AFTER REFERENCE PERIOD), CONTINUE WITH EM38 |
|-------------------------------------------|

---

(Other than {EMPLOYER FROM EM19/EM22/EM23..}, did/Did) (PERSON) have a job between (START DATE) and the time the job with {EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31/EM32} started [other than what we have already discussed]?

DO NOT INCLUDE CURRENT JOBS.

YES ............................... 1
NO .................................. 2 {EM51}
REF ................................ -7 {EM51}
DK .................................. -8 {EM51}

---

NOTE: IN ROUNDS 1 AND 2 THE PHRASE, "[other than what we have already discussed]" WAS NOT PART OF THE QUESTION TEXT.
Please think about the employer or business where (PERSON) worked before (EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31/EM32).

IF PERSON HAD MORE THAN ONE EMPLOYER, PROBE: Please think about (PERSON)'s main job at the time.

At any time (since (START DATE)/between (START DATE) and (END DATE)), did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

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

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

---------------------------------------------------------------------
| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'. |
---------------------------------------------------------------------

(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

SELF-EMPLOYED .......................... 1
FOR SOMEONE ELSE ........................ 2
REF ..................................... -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

---------------------------------------------------------------------
| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'. |
---------------------------------------------------------------------

What is the name of (the employer where (PERSON) worked before (EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31/EM32)/ (PERSON)'s business)?

IF MORE THAN ONE EMPLOYER MENTIONED, PROBE: What was (PERSON)'s main job at the time?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.
IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM41_02. STREET</th>
<th>EM41_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

---

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN RU-ESTABLISHMENTS-ROSTER.

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.

---

| IF: | EM39 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), GO TO EM43 |

---

| IF: | EM39 IS CODED '1' (YES) AND 'NONE OF THE ABOVE' IS SELECTED, GO TO EM44 |

---

| IF: | EM39 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND 'NONE OF THE ABOVE' IS SELECTED, GO TO EM45 |

---

| IF: | EM39 IS CODED '1' (YES) AND EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), GO TO EM46 |

---

| OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM42 |

---

PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (STR-DT)
Is the address of (EMPLOYER) ...

ADDRESS AND TELEPHONE CORRECT ............ 1 {BOX_11}
ADD NEW ADDRESS FOR EMPLOYER ............ 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION ........................................ 3 {EM46}
SELECTED WRONG EMPLOYER/ADDRESS ......... 4
REF .............................................. -7 {BOX_11}
DK ............................................. -8 {BOX_11}

[Code One]

----------------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM39 IS CODED '1' (YES), GO TO EM44               |
----------------------------------------------------

----------------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM39 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW), GO TO EM45                          |
----------------------------------------------------

----------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS),  |
| CAPI REDISPLAYS EM41 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                          |
----------------------------------------------------

EM43
=====

CORRECT ADDRESS FOR: (EMPLOYER)

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

Current Info: [ESTABLISHMENT]
[1ST_STR_ADDRESS]
What is the (new) address (where (PERSON) worked for that job/of (PERSON)’s business)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (EM44_01): [_____________]
1ST_STR_ADDRESS (EM44_02): [_____________]
2ND_STR_ADDRESS (EM44_03): [_____________]
CITY (EM44_04): [_____________]
STATE (EM44_05): [_____________]
ZIP CODE (EM44_06): [_____________]
TELEPHONE (EM44_07): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| IF EM42 IS CODED ‘2’ (ADD NEW ADDRESS FOR |       |
| EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT | |
| FIELD. Also employer is displayed in the context | |
| HEADER.                                          | |
----------------------------------------------------

----------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-   |
| ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.    |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_11                                     |
----------------------------------------------------

EM45
====

What is the (new) address (where (PERSON) worked for that job/of (PERSON)’s business)?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (EM45_01): [_____________]
1ST_STR_ADDRESS (EM45_02): [_____________]
CITY (EM45_03): [_____________]
STATE (EM45_04): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| IF EM42 IS CODED ‘2’ (ADD NEW ADDRESS FOR |       |
| EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT | |
| FIELD. Also employer is displayed in the context | |
| HEADER.                                          | |
----------------------------------------------------

----------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-   |
| ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.    |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_11                                     |
----------------------------------------------------
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

IF EM42 IS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) OR IF EM43 IS CODED '2' (ADD NEW PARTIAL ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER.

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.

GO TO BOX 11

EM46

(Person's First Middle and Last Name) (Employer being asked about...) (STR-DT)

(Correct address or telephone for: (Employer)/previously recorded partial address information. Now need to record complete address information for (Employer).)

To verify current information or to leave a field blank, press enter. To correct or enter information, type entire field.

Current Info: 
[1st str address]
[2nd str address] — [city]
[state]
[zip code]
[telephone]

1st_str_address (EM46_01): [___________]
2nd_str_address (EM46_02): [___________]
   city (EM46_03): [___________]
   state (EM46_04): [___________]
   zip_code (EM46_05): [___________]
   telephone (EM46_06): [___________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER.

BOX 11

Flag job subtype as 'former main within reference period'.

EM47

(Person's First Middle and Last Name) (Employer being asked about...) (STR-DT)

(End-DT)

When did (Person) start working at that job?

[Enter Year-4] .........................
REF .............................. -7
DK .................................. -8
IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM47OV1

IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM47OV2

OTHERWISE, GO TO EM48

---

**EM47OV1**

[Enter Month-2, Day-2] .............. {EM48}
REF ................................... -7 {EM48}
DK ..................................... -8 {EM48}

**EM47OV2**

[Enter Month-2] ....................
REF ................................... -7
DK .................................... -8

---

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

---

EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THAN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

---

**EM48**

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {STR-DT}
(END-DT)

When did (PERSON) stop working at that job?

[Enter Year-4] .........................
REF ................................... -7 {EM49}
DK ..................................... -8 {EM49}

---

IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM48OV1

IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM48OV2
| OTHERWISE, GO TO BOX 12 |

---

**EM48OV1**

[Enter Month-2, Day-2] ............... {BOX 12}  
REF .................................. -7 {BOX_12}  
DK .................................. -8 {BOX_12}

---

**EM48OV2**

[Enter Month-2] ...............  
REF .................................. -7  
DK .................................. -8

---

EDIT: COMPLETE DATE AT EM48 MUST BE = OR > COMPLETE DATE AT EM47.

---

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

---

EDIT: JOB END DATE MUST BE = OR > THAN THE PERSON'S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

---

**BOX_12**

---

IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM50

---

IF JOB END DATE IS = OR > (I.E., ON OR AFTER) REFERENCE PERIOD START DATE, GO TO EM51

---

IF MONTH OF JOB END DATE IS MISSING (THAT IS, EM48OV1 OR EM48OV2 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW)) AND IF THE YEAR OF JOB END DATE (EM48) IS REFERENCE YEAR, CONTINUE WITH EM49

---

**EM49**

==
Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?

BEFORE (START DATE) .................... 1
ON OR AFTER (START DATE) ............. 2 {EM51}
REF -7 {EM51}
DK -8 {EM51}

[Code One]

EM50

INTERVIEWER: RESPONDENT REPORTED IN EM38 THAT (PERSON) HAD A JOB/BUSINESS BETWEEN (START DATE) AND ANOTHER EMPLOYER, BUT IS NOW REPORTING THAT THIS JOB ENDED BEFORE (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS BEFORE THE BEGINNING OF THE REFERENCE PERIOD, JUMPBACK (CTRL/J) TO SCREEN EM38 AND CODE AS '2' (NO).

IF DATE STOPPED WORKING IS AFTER THE REFERENCE PERIOD START DATE, JUMPBACK (CTRL/J) TO SCREEN EM48 AND RE-ENTER THE CORRECT JOB END DATE.

EM51

(Since (START DATE), (have/has)/Between (START DATE) and (END DATE), did) (PERSON) (have/has) any other jobs we haven't talked about such as a job held at the same time as a job you've already mentioned?

YES .................................... 1
NO ..................................... 2 {BOX_17}
REF -7 {BOX_17}
DK -8 {BOX_17}

LOOP 01

-----------------------------
| FOR EACH OF THE FOLLOWING:  |
| MISCELLANEOUS JOB           |
| ASK EM52-END_LP01           |
-----------------------------

LOOP DEFINITION: LOOP 01 ENUMERATES OTHER MISCELLANEOUS JOBS FOR PERSON. THE RESPONSE TO EM64 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF EM64 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT MISCELLANEOUS JOB. IF EM64 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.

EM52
Please think about the (next most recent) employer or business where (PERSON) worked.

At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

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

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

------------------------------------------------------------------
| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'. |
------------------------------------------------------------------

EM53
====

(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

SELF-EMPLOYED ......................... 1
FOR SOMEONE ELSE ...................... 2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

------------------------------------------------------------------
| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'. |
------------------------------------------------------------------

------------------------------------------------------------------
| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'. |
------------------------------------------------------------------

EM54
====

What is the name of {the (next most recent) employer where (PERSON) worked at that job/(PERSON)'s (next most recent) business}?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM54_02. STREET</th>
<th>EM54_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------</td>
<td>------------------------</td>
</tr>
</tbody>
</table>

| 3. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER. |
----------------------------------------------------

----------------------------------------------------
| IF: |
| EM52 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), |
| GO TO EM56 |
----------------------------------------------------

----------------------------------------------------
| IF: |
| EM52 IS CODED '1' (YES) AND 'NONE OF THE ABOVE' IS SELECTED, |
| GO TO EM57 |
----------------------------------------------------

----------------------------------------------------
| IF: |
| EM52 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND 'NONE OF THE ABOVE' IS SELECTED, |
| GO TO EM58 |
----------------------------------------------------

----------------------------------------------------
| IF: |
| EM52 IS CODED '1' (YES) AND EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), |
| GO TO EM59 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM55 |
----------------------------------------------------

EM55
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {STR-DT}  {END-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}  {ESTABLISHMENT STREET ADDRESS LINE2.}  {ESTABLISHMENT CITY........, ST, ZIP..}  {EST. TEL #}
ADDRESS AND TELEPHONE CORRECT .......... 1 {EM60}
ADD NEW ADDRESS FOR EMPLOYER .......... 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION .................................. 3 {EM59}
SELECTED WRONG EMPLOYER/ADDRESS ..... 4
REF ........................................... -7 {EM60}
DK ........................................... -8 {EM60}

[Code One]

| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND EM52 IS CODED '1' (YES), GO TO EM57 |

| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND EM52 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO EM58 |

| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), CAPI REDISPLAYS EM54 SO THAT THE INTERVIEWER CAN SELECT ANOTHER EMPLOYER. |

EM56
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {STR-DT}
(END-DT)

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT CITY........, ST}

PARTIAL ADDRESS CORRECT ................. 1 {EM60}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER .. 2 {EM58}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ........................................... -7 {EM60}
DK ........................................... -8 {EM60}

[Code One]

| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), CAPI REDISPLAYS EM54 SO THAT THE INTERVIEWER CAN SELECT ANOTHER EMPLOYER. |

EM56A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {STR-DT}
(END-DT)

CORRECT ADDRESS FOR:  (EMPLOYER)

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

Current Info:  [ESTABLISHMENT]
[1ST_STR_ADDRESS]
{[CITY]
 [STATE]

1ST_STR_ADDRESS (EM56A_01):  
CITY (EM56A_02):  
STATE (EM56A_03):  
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
WRITE ADDRESS CORRECTIONS TO THE
RU-ESTABLISHMENTS-ROSTER.

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

GO TO EM60

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

EM57
====

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

What is the {new} address {where (PERSON) (work/works) for that
job/of (PERSON)’s business}?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF
ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE
PERSON WORKS.

ESTABLISHMENT (EM57_01): [_____________
1ST_STR_ADDRESS (EM57_02): [_____________
2ND_STR_ADDRESS (EM57_03): [_____________
    CITY (EM57_04): [_____________
    STATE (EM57_05): [_____________
    ZIP CODE (EM57_06): [_____________
    TELEPHONE (EM57_07): [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

| IF EM55 WAS CODED '2' (ADD NEW ADDRESS FOR
| EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT
| FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT
| HEADER.
|----------------------------------------------------

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.

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

| GO TO EM60
|----------------------------------------------------

EM58
====

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

What is the {new} address {where (PERSON) (work/works) for that
job/of (PERSON)’s business}?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF
ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE
PERSON WORKS.

ESTABLISHMENT (EM58_01): [_____________
1ST_STR_ADDRESS (EM58_02): [_____________
    CITY (EM58_03): [_____________
    STATE (EM58_04): [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

| IF EM55 WAS CODED '2' (ADD NEW ADDRESS FOR
| EMPLOYER) OR IF EM56 WAS CODED '2' (ADD NEW
| PARTIAL ADDRESS FOR EMPLOYER), EMPLOYER IS
| DISPLAYED IN ESTABLISHMENT FIELD. ALSO, EMPLOYER
| IS DISPLAYED IN THE CONTEXT HEADER.
|----------------------------------------------------

----------------------------------------------------
WRITE ESTABLISHMENT TO THE 
RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT 
AS 'EMPLOYER'.

---

GO TO EM60

---

EM59

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}
(EMPLOYER) (PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).)

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

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

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---

WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE 
RE-ESTABLISHMENTS-ROSTER.

---

EM60

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {STR-DT}

When did (PERSON) start working at that job?

[Enter Year-4] ........................
REF ................................... -7
DK .................................... -8

---

IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM60OV1

---

IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM60OV2

---

OTHERWISE, GO TO EM61

---

EM60OV1

[Enter Month-2, Day-2] ........................ {EM61}
REF ................................... -7 {EM61}
DK .................................... -8 {EM61}
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB START DATE MUST BE = OR > THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

When did (PERSON) stop working at that job?

IF STILL AT JOB {ON 12/31/1999}, ENTER '0' IN FIRST ENTRY FIELD.

[Enter Year-4] .........................
REF ................................... -7 {EM62}
DK .................................... -8 {EM62}
STILL AT JOB .......................... 0 {BOX_14}

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM61OV1</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM61OV2</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOX_13</th>
</tr>
</thead>
</table>

EM61OV1

[Enter Month-2, Day-2] ........................ {BOX_13}
REF ................................... -7 {BOX_13}
DK .................................... -8 {BOX_13}

EM61OV2

[Enter Month-2] ........................
REF ................................... -7
DK .................................... -8
EDIT: COMPLETE DATE AT EM61 MUST BE = OR > COMPLETE DATE AT EM60.

EDIT/RANGE CHECK:
ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB END DATE MUST BE = OR > THE PERSON'S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

BOX_13
=====

IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM63

IF JOB END DATE = ON > (I.E., ON OR AFTER) THE REFERENCE PERIOD START DATE, GO TO BOX_14

IF MONTH OF JOB END DATE IS MISSING (THAT IS, EM61OV1 OR EM61OV2 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW)) AND IF THE YEAR OF JOB END DATE (EM61) IS REFERENCE YEAR, CONTINUE WITH EM62

EM62
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (STR-DT)
(END-DT)

Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?

BEFORE (START DATE) .................... 1
ON OR AFTER (START DATE) ............... 2
REF ................................... -7
DK .................................... -8

[Code One]

EM63
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED
INTERVIEWER: RESPONDENT REPORTED IN EM51 THAT (PERSON) HAD SOME OTHER JOB(S)/BUSINESS(ES) SINCE (START DATE), BUT IS NOW REPORTING THAT ONE OF THESE JOBS ENDED BEFORE (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS BEFORE THE BEGINNING OF THE REFERENCE PERIOD, CODE 'DELETE JOB' BELOW.

IF DATE STOPPED WORKING IS AFTER THE REFERENCE PERIOD START DATE, CODE 'NEED TO CORRECT DATE' BELOW.

DELETE JOB ............................. 1 {EM64}
NEED TO CORRECT DATE .................. 2

[Code One]

| IF CODED '2' (NEED TO CORRECT DATE), DISPLAY THE FOLLOWING MESSAGE: 'USE (CTRL/J) TO BACK UP TO QUESTION EM61.' |

IF EM61 (JOB END DATE) IS CODED '0' (STILL AT JOB), FLAG JOB SUBTYPE AS 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND FLAG JOB AS 'NOT RETIRED FROM'.

EM64
====

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

{Since (START DATE), (have/has)/Between (START DATE) and (END DATE), did} (PERSON) {had/have} another job we haven't talked about {such as a job held at the same time as a job you've already mentioned}?

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

END_LP01
========

| IF EM64 IS CODED '1' (YES), CYCLE TO COLLECT NEXT MISCELLANEOUS JOB. |

| IF EM64 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_01 AND GO TO BOX_17 |
EM65 ====

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

(Have/Has) (PERSON) ever worked at a job for pay?

YES .................................... 1
NO ..................................... 2 {BOX_20}
REF ................................... -7 {BOX_20}
DK .................................... -8 {BOX_20}

EM66 ====

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

I'd like to know a little bit about the last job held by (PERSON). When did (PERSON) last stop working at a job for pay?

[Enter Year-4] ....................... {EM67}
REF ................................... -7 {EM67}
DK .................................... -8 {EM67}

----------------------------------------------------
|  IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM66OV1 |
----------------------------------------------------

|  IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM66OV2 |
----------------------------------------------------

|  OTHERWISE, GO TO BOX_15 |
----------------------------------------------------

EM66OV1 ======

[Enter Month-2, Day-2] ................ {BOX_15}
REF ................................... -7 {BOX_15}
DK .................................... -8 {BOX_15}

EM66OV2 ======

[Enter Month-2] ....................... {BOX_15}
REF ................................... -7
DK .................................... -8

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB END DATE MUST BE = OR > THE
PERSON'S DATE OF BIRTH + 12 YEARS AND < THE REFERENCE PERIOD START DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < THE REFERENCE PERIOD START DATE FOR THIS PERSON.

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

BOX_15

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

IF JOB END DATE = OR > (I.E., ON OR AFTER) THE REFERENCE PERIOD START DATE, GO TO EM68

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

IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM69

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

IF MONTH OF JOB END DATE IS MISSING (THAT IS, EM660V1 OR EM660V2 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW)) AND IF THE YEAR OF JOB END DATE (EM66) IS REFERENCE YEAR, CONTINUE WITH EM67

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

EM67

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

Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?

BEFORE (START DATE) ......................... 1 {EM69}
ON OR AFTER (START DATE) .................... 2
REF ........................................ -7 {EM69}
DK ........................................ -8 {EM69}

[Code One]

EM68

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

INTERVIEWER: RESPONDENT REPORTED IN EM02 THAT (PERSON) HAS NOT HAD A JOB/BUSINESS SINCE (START DATE), BUT IS NOW REPORTING THAT THE LAST JOB HELD ENDED AFTER (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS AFTER THE BEGINNING OF THE REFERENCE PERIOD, JUMPBACK (CTRL/J) TO SCREEN EM02 AND CODE AS '1' (YES).

IF DATE STOPPED WORKING IS BEFORE THE REFERENCE PERIOD START DATE, JUMPBACK (CTRL/J) TO SCREEN EM66 AND RE-ENTER THE CORRECT JOB END DATE.

EM69

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

At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.
YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'. |
----------------------------------------------------

EM70
====

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

(Were/Was) (PERSON) self-employed at that job, or did (PERSON) work for someone else?

SELF-EMPLOYED .......................... 1
FOR SOMEONE ELSE ....................... 2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

----------------------------------------------------
| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'. |
----------------------------------------------------

----------------------------------------------------
| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), | |
| OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'. |
----------------------------------------------------

EM71
====

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

What is the name of {the place where (PERSON) worked/ (PERSON)'s business}?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM71_02. STREET</th>
<th>EM71_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |
----------------------------------------------------
DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.

---

IF:
EM69 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)
AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),
GO TO EM73

---

IF:
EM69 IS CODED '1' (YES)
AND
'NONE OF THE ABOVE' IS SELECTED,
GO TO EM74

---

IF:
EM69 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)
AND
'NONE OF THE ABOVE' IS SELECTED,
GO TO EM75

---

IF:
EM69 IS CODED '1' (YES)
AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),
GO TO EM76

---

OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM72

---

EM72

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (STR-DT)
(END-DT)

Is the address of (EMPLOYER) ...

(ESTABLISHMENT STREET ADDRESS LINE1.)
(ESTABLISHMENT STREET ADDRESS LINE2.)
(ESTABLISHMENT CITY....... , ST, ZIP..)
(EST. TEL #)

ADDRESS AND TELEPHONE CORRECT ........... 1 {BOX_16}
ADD NEW ADDRESS FOR EMPLOYER ........... 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION .......................... 3 {EM76}
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ................................... -7 {BOX_16}
DK .................................... -8 {BOX_16}

[Code One]

---

IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND EM69 IS CODED '1' (YES), GO TO EM74
IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND EM69 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO EM75

IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), CAPI REDISPLAYS EM71 SO THAT THE INTERVIEWER CAN SELECT ANOTHER EMPLOYER.

EM73

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (STR-DT)
(END-DT)

Is the address of (EMPLOYER) ...

(ESTABLISHMENT STREET ADDRESS LINE1.)
(ESTABLISHMENT CITY........, ST)

PARTIAL ADDRESS CORRECT ............... 1 {BOX 16}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM75}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ....... 4
REF .................................... -7 {BOX 16}
DK ..................................... -8 {BOX_16}

[Code One]

EM73A

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (STR-DT)
(END-DT)

CORRECT ADDRESS FOR:  (EMPLOYER)

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

Current Info:  [ESTABLISHMENT]
[1ST_STR_ADDRESS]
[CITY]
[STATE]

1ST_STR_ADDRESS (EM73A_01):  [_____________]
CITY (EM73A_02):  [_____________]
STATE (EM73A_03):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

WRITE ADDRESS CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER.

GO TO BOX_16

EM74
What is the (new) address (where (PERSON) worked for that job/of (PERSON)'s business)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (EM74_01): [__________]
1ST_STR_ADDRESS (EM74_02): [__________]
2ND_STR_ADDRESS (EM74_03): [__________]
CITY (EM74_04): [__________]
STATE (EM74_05): [__________]
ZIP_CODE (EM74_06): [__________]
TELEPHONE (EM74_07): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

--------------------------------------------
| IF EM72 IS CODED '2' (ADD NEW ADDRESS FOR |
| EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE |
| ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED |
| IN THE CONTEXT HEADER.                        |

--------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
| ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER' |

--------------------------------------------
| GO TO BOX_16                                |

EM75
====

What is the (new) address (where (PERSON) worked for that job/of (PERSON)'s business)?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (EM75_01): [__________]
1ST_STR_ADDRESS (EM75_02): [__________]
CITY (EM75_03): [__________]
STATE (EM75_04): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

--------------------------------------------
| IF EM72 IS CODED '2' (ADD NEW ADDRESS FOR |
| EMPLOYER) OR IF EM73 IS CODED '2' (ADD NEW PARTIAL |
| ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN |
| ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED |
| IN THE CONTEXT HEADER.                        |

--------------------------------------------
| WRITE ESTABLISHMENT TO THE |
| RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT |
| AS 'EMPLOYER'.                        |

--------------------------------------------
| GO TO BOX_16                                |
I have recorded that (PERSON) (have/has) retired from (READ JOB(S) BELOW):  

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.)

{(ESTABLISHMENT PERSON RETIRED FROM..)  
(ESTABLISHMENT PERSON RETIRED FROM..)  
(ESTABLISHMENT PERSON RETIRED FROM..)  

{(Have/Has)/Between (START DATE) and (END DATE), did) (PERSON)  
(ever retired/retire) from {a/any other} job or business?

YES .................................... 1
NO ..................................... 2 {BOX 19A}
REF ................................... -7 {BOX 19A}
Some people retire from more than one job during their life. How many times (have/has) (PERSON) retired {since (START DATE) / between (START DATE) and (END DATE)}?

[Enter Number of Times] ................

REF ..................................... -7

DK ..................................... -8

PRESS F1 FOR DEFINITION OF RETIRED.

--------
| IF ONLY JOB SUBTYPES FLAGGED AS ‘CURRENT MAIN’ OR |
| ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE |
| PERIOD’ IN PERSON’S-JOBS-ROSTER, GO TO LOOP_02 |
--------

OTHERWISE, CONTINUE WITH EM79

--------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL JOBS |
| IN PERSON’S-JOBS-ROSTER EXCEPT JOBS WITH JOB |
| SUBTYPES FLAGGED AS ‘CURRENT MAIN’ OR ‘CURRENT |
| MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’. FOR |
| EACH JOB, DISPLAY THE ASSOCIATED START AND END |
| DATES.                                        |
--------

Which job did (PERSON) retire from {between (START DATE) and
END DATE}

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

PROBE: Any others?

[EMPLOYER BEING ASKED ABOUT....] (JOBSTR) - (JOBEND)
[EMPLOYER BEING ASKED ABOUT....] (JOBSTR) - (JOBEND)
[EMPLOYER BEING ASKED ABOUT....] (JOBSTR) - (JOBEND)

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL JOBS IN PERSON’S JOBS-ROSTER EXCEPT JOBS WITH JOB SUBTYPES FLAGGED AS ‘CURRENT MAIN’ OR ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’. FOR EACH JOB, DISPLAY THE ASSOCIATED START AND END DATES.

------------------------------------------
| FLAG ALL SELECTED JOBS AS 'RETIRED FROM'. |
------------------------------------------
| FLAG ALL JOBS NOT SELECTED AS 'NOT RETIRED FROM'. |
------------------------------------------
| EDIT: THE TOTAL NUMBER OF JOBS SELECTED AT EM80 MUST BE < OR = NUMBER OF TIMES RETIRED AT EM78. IF ESC USED AND NUMBER OF JOBS SELECTED AT EM80 > TIMES RETIRED AT EM78, DISPLAY THE FOLLOWING MESSAGE: ‘NUMBER OF RETIRED JOBS EXCEEDS TIMES RETIRED. VERIFY AND RESELECT JOBS.’ |
------------------------------------------
| IF THE TOTAL NUMBER OF JOBS SELECTED AT EM80 EQUALS THE NUMBER OF TIMES RETIRED AT EM78, GO TO BOX_19A |
------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_02 |

LOOP_02 ======

FOR EACH OF THE FOLLOWING:
| RETIREMENT JOB NOT YET ACCOUNTED FOR |
| ASK EM81-END_LP02 |

LOOP DEFINITION: LOOP_02 ENUMERATES AND COLLECTS INFORMATION ABOUT JOBS PERSON RETIRED FROM THAT HAVE NOT YET BEEN ACCOUNTED FOR. THE NUMBER OF JOBS RETIRED FROM BUT NOT YET ACCOUNTED FOR (THE NUMBER ENTERED AT EM78 MINUS THE NUMBER OF JOBS SELECTED AT EM80, IF ANY) DETERMINES THE NUMBER OF LOOP CYCLES. ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) RESPONSES AT EM78 WILL BE TREATED AS A ‘1’ (ONE JOB RETIRED FROM).

EM81 ====

(PERSON’S FIRST MIDDLE AND LAST NAME) (STR-DT)
(END-DT)

Please think about the (first/next) employer or business
(PERSON) retired from (between (START DATE) and (END DATE)).

At any time (since (START DATE)/between (START DATE) and (END DATE)), did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

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

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

<table>
<thead>
<tr>
<th>IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'.</th>
</tr>
</thead>
</table>

EM82

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

(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

SELF-EMPLOYED .......................... 1
FOR SOMEONE ELSE ........................ 2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

<table>
<thead>
<tr>
<th>IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'.</th>
</tr>
</thead>
</table>

EM83

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

What is the name of the {first/next} {employer/business} (PERSON) retired from (between (START DATE) and (END DATE))?  

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM83_02. STREET</th>
<th>EM83_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER.

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.

IF:
EM81 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)
AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),
GO TO EM85

IF:
EM81 IS CODED '1' (YES)
AND
‘NONE OF THE ABOVE’ IS SELECTED,
GO TO EM86

IF:
EM81 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)
AND
‘NONE OF THE ABOVE’ IS SELECTED,
GO TO EM87

IF:
EM81 IS CODED '1' (YES)
AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),
GO TO EM88

OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM84

EM84
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {STR-DT}
{END-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY........, ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ............ 1 {BOX_19}
ADD NEW ADDRESS FOR EMPLOYER ............ 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ........................................... 3 {EM88}
SELECTED WRONG EMPLOYER/ADDRESS .......... 4
REF ..................................... -7 {BOX_19}
DK ......................... -8 {BOX_19}

[Code One]

---------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM81 IS CODED '1' (YES), GO TO EM86           |
---------

---------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM81 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'  |
| (DON'T KNOW), GO TO EM87                        |
---------

---------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM83 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                        |
---------

EM85
=====

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED
ABOUT....) (STR-DT)
(END-DT)

Is the address of (EMPLOYER) ...

(ESTABLISHMENT STREET ADDRESS LINE1.)
(ESTABLISHMENT CITY....... ST)

PARTIAL ADDRESS CORRECT ............. 1 {BOX 19}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER .. 2 {EM87}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ....................... -7 {BOX 19}
DK ........................... -8 {BOX_19}

[Code One]

---------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM83 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                        |
---------

EM85A
=====

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED
ABOUT....) (STR-DT)
(END-DT)

CORRECT ADDRESS FOR: (EMPLOYER)

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

Current Info: [ESTABLISHMENT]
[1ST_STR_ADDRESS]
[CITY]
[STATE]

1ST_STR_ADDRESS (EM85A_01): [_____________]
CITY (EM85A_02): [_____________]
STATE (EM85A_03): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---------
| WRITE ADDRESS CORRECTIONS TO THE |
| RU-ESTABLISHMENTS-ROSTER.         |
---------
What is the (new) address (where (PERSON) worked for that job/of (PERSON)’s business)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (EM86_01):  
1ST_STR_ADDRESS (EM86_02):  
2ND_STR_ADDRESS (EM86_03):  
CITY (EM86_04):  
STATE (EM86_05):  
ZIP CODE (EM86_06):  
TELEPHONE (EM86_07):  

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| IF EM84 WAS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |

| GO TO BOX_19 |

What is the (new) address (where (PERSON) worked for that job/of (PERSON)’s business)?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (EM87_01):  
1ST_STR_ADDRESS (EM87_02):  
CITY (EM87_03):  
STATE (EM87_04):  

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| IF EM84 WAS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) OR EM85 WAS CODED '2' (ADD NEW PARTIAL ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |

| GO TO BOX_19 |
EM88
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {STR-DT}
{END-DT}

(CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).

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

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

1ST_STR_ADDRESS (EM88_01):  [_____________
2ND_STR_ADDRESS (EM88_02):  [_____________
  CITY (EM88_03):  [_____________
  STATE (EM88_04):  [_____________
  ZIP CODE (EM88_05):  [_____________
  TELEPHONE (EM88_06):  [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE |
| RU-ESTABLISHMENTS-ROSTER.                     |

BOX_19
=======

| FLAG JOB SUBTYPE AS 'RETIREMENT JOB'.         |

| FLAG JOB AS 'RETIRED FROM'.                   |

EM89
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {STR-DT}
{END-DT}

When did (PERSON) retire from that job?

[Enter Year-4] .........................
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF RETIRED.

| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM89OV1 |

| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM89OV2 |

| OTHERWISE, GO TO END_LP02 |

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB END DATE MUST BE = OR > THE PERSON'S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

IF ALL RETIREMENT JOBS ARE NOT YET ACCOUNTED FOR (THAT IS, IF EM78 > 1, AND THE NUMBER OF CYCLES OF LOOP < NUMBER OF RETIRED JOBS AT EM78 MINUS THE NUMBER OF JOBS SELECTED AT EM80), CYCLE TO COLLECT NEXT JOB RETIRED FROM.

WHEN ALL RETIREMENT JOBS ARE ACCOUNTED FOR (THAT IS, ALL 'TIMES RETIRED' CODED AT EM78 ARE ACCOUNTED FOR), OR IF EM78 IS CODED '1', '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_02 AND CONTINUE WITH BOX_19A

IF:
NOT ROUND 1
AND
NO JOB WITH JOB SUBTYPE FLAGGED AS 'CURRENT MAIN' (AND PERSON IS STILL AT THAT JOB, RJ01=1)
AND
AT LEAST ONE JOB WITH JOB SUBTYPE FLAGGED AS 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' THAT HAS NOT ENDED (I.E., RJ01 IS CODED
'1' OR RJ06 IS CODED '1' OR EM61 IS CODED '0')  
CONTINUE WITH BOX_19B

OTHERWISE, GO TO BOX_20

BOX_19B

IF ONLY ONE JOB WITH JOB SUBTYPE FLAGGED AS 
'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' 
CAPT AUTOMATICALLY CODES THAT JOB AT EM89A. THEN 
GO TO BOX_20

OTHERWISE, CONTINUE WITH EM89A

EM89A

(Person's first middle and last name)  (str-dt)  
(end-dt)

We've recorded that (person) (currently works/worked) at (read employer names below) (on 12/31/1999). Which (is/was) (person)'s 
main job or business (on 12/31/1999)?

To turn checkmark on/off, use arrow keys, press enter.
To leave, press esc.

(employer being asked about....)  (jobstr) - (jobend)  
(employer being asked about....)  (jobstr) - (jobend)  
(employer being asked about....)  (jobstr) - (jobend)

Roster definition: this item displays all jobs in 
person's-jobs-roster that meet the following 
conditions:
- job subtype flagged as 'current miscellaneous 
job within reference period'
- person still works at job

Roster behavior specifications:
1. Only one employer may be selected.
2. Do not allow corrections, additions, or 
deletions to any jobs on the roster.
3. If esc used and no job selected, display the 
following error message: 'must select one 
employer. press enter to continue.'
4. If esc used and more than one job selected, 
display the following error message: 'only one 
employer may be selected. verify and re-enter. 
press enter to continue.'
5. For each job, display the associated start and 
end dates.

Replace job subtype 'current miscellaneous job 
within reference period' with the new job subtype 
'current main' for the job selected in em89a.

Note: Since this job subtype is switching to a 
'current main' job, this job will be asked about 
in loop_03 during the current round.
CONTINUE WITH EMPLOYMENT B SUBSECTION (EM-B)

Employment (EM) Section Subsection B

If EM65 is coded '2' (no), '-7' (refused), or '-8' (don't know) for the current round, go to Box_36.

If not Round 1 and EM65 was coded '2' (no), '-7' (refused), or '-8' (don't know) in a previous round and there are no jobs on person's-jobs-roster, go to Box_36.

Otherwise, continue with Box_22.

If:
- Job created during the current round,
or
- Job subtype switched from 'current miscellaneous job within reference period' to
  - 'current main' or
  - 'former miscellaneous job within reference period' and is flagged as 'retired from' during the current round,
or
- Job subtype was 'former miscellaneous job within reference period' during the previous round and is flagged as 'retired from' during the current round,
continue with Loop_03.

Otherwise, go to Box_31.

Loop Definition: Loop_03 collects detailed information about each job reported for person. This loop cycles on jobs which meet the following conditions:
- Job created during the current round
- Job subtype switched from 'current miscellaneous job within reference period' to
  - 'current main' or
  - 'former miscellaneous job within reference period' during the previous round and is flagged as 'retired from' during the current round.
I'd like to talk about (PERSON)'s (job at (EMPLOYER)/business, that is (EMPLOYER)).

PRESS ENTER TO CONTINUE.

DISPLAY 'JOB AT (EMPLOYER)' IF JOB IS NOT FLAGGED AS SELF-EMPLOYED. DISPLAY 'BUSINESS, THAT IS (EMPLOYER)' IF JOB IS FLAGGED AS SELF-EMPLOYED.

IF:
JOB SUBTYPE IS 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD', OR
JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND JOB IS FLAGGED AS 'NOT RETIRED FROM',
GO TO BOX_27

IF JOB IS FLAGGED AS 'NOT SELF-EMPLOYED', AND IF:
JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'), OR
JOB SUBTYPE IS 'RETIREMENT JOB', OR
JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND JOB IS FLAGGED AS 'RETIRED FROM',
GO TO EM96

IF JOB IS FLAGGED AS 'SELF-EMPLOYED', AND IF:
JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'), OR
JOB SUBTYPE IS 'RETIREMENT JOB', OR
JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND JOB IS FLAGGED AS 'RETIRED FROM',
GO TO EM98

IF JOB IS FLAGGED AS 'SELF-EMPLOYED', AND IF:
JOB SUBTYPE IS 'CURRENT MAIN', OR
JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'),
IF JOB IS FLAGGED AS 'NOT SELF-EMPLOYED',
AND IF:
  JOB SUBTYPE IS 'CURRENT MAIN',
OR
  JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE
  PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED
  FROM' OR 'NOT RETIRED FROM'),
CONTINUE WITH EM91

EM91

(Person's First Middle and Last Name) (Employer Being Asked
About...) (Job-ST)
(Job-ED)

How many persons are employed by (Employer) in a usual week at
the location where (Person) ((work/works)/worked)?

If respondent is not sure, do not probe. Code 'Don't know'
(shift/8).

[Enter Number of Employees] ............ {EM93}
REF .................................... -7
DK .................................... -8

Flag job as 'Firm-size-greater-than-1'.

Note: For Round 5, 'Dec 31 1999' will be
displayed in the context header for 'Job-ed' for
all current main and current miscellaneous jobs.
That is, 'Dec 31 1999' will be displayed instead
of the word 'current' for these job subtypes.

EM92

(Person's First Middle and Last Name) (Employer Being Asked
About...) (Job-ST)
(Job-ED)

About how many persons are employed there? Would you say:

Less than 10, ............................ 1
10 to 25, ............................... 2
26 to 49, ............................... 3
50 to 100, .............................. 4
101 to 500, ............................. 5
501 to 1,000, ........................... 6
1,001 to 5,000, ......................... 7
5,001 or more? ......................... 8
REF .................................... -7
DK .................................... -8

[Code One]

EM93

(Person's First Middle and Last Name) (Employer Being Asked
About...) (Job-ST)
(Job-ED)

Does (Employer) have facilities in more than one location?

YES .................................... 1 {EM96}
NO ..................................... 2 {EM96}
REF .................................... -7 {EM96}
DK .................................... -8 {EM96}
PRESS F1 FOR DEFINITION OF MORE THAN ONE LOCATION.

EM94
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}  {JOB-ED}

(Is/Was) (PERSON)'s business incorporated?

YES .................................... 1 {EM98}
NO ..................................... 2 {EM98}
REF ...................................... -7 {EM98}
DK ...................................... -8 {EM98}
PRESS F1 FOR DEFINITION OF INCORPORATED.

EM95
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}  {JOB-ED}

(Is/Was) this business a sole proprietorship or a partnership?

SOLE PROPRIETORSHIP .................... 1 {EM98}
PARTNERSHIP ............................. 2 {EM98}
REF ..................................... -7 {EM98}
DK ..................................... -8 {EM98}

[Code One]
PRESS F1 FOR DEFINITION OF SOLE PROPRIETORSHIP/PARTNERSHIP.

EM96
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}  {JOB-ED}

((Are/Is)/(Were/Was)) (PERSON) an employee of:

A private company, individual or
organization, .......................... 1 {EM98}
The Federal government, .................. 2 {EM98}
State government, ....................... 3 {EM99}
Local government, ....................... 4 {EM99}
The Armed Forces, or .................... 5 {EM99}
Foreign (non U.S.) government .......... 6 {EM98}
REF ..................................... -7 {EM98}
DK ..................................... -8 {EM98}

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EM97
====

{PERSON'S FIRST MIDDLE LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}  {JOB-ED}

((Do/Does)/Did) (PERSON) work for the United States
Postal Service?

YES .................................... 1 {EM99}
NO ..................................... 2 {EM99}
REF ..................................... -7 {EM99}
DK ..................................... -8 {EM99}
EM98
====

(Person's First Middle and Last Name)  (Employer Being Asked About...)  (job-st)
(job-ed)

What kind of business or industry (is/was) that?
PROBE: What do they make or do?

RECORD VERBATIM.

Enter Text] ...........................
REF .................................... -7
DK ..................................... -8

-----------------------------------------------
| NOTE: ALLOW MULTIPLE LINES FOR ENTRY.        |
-----------------------------------------------

EM99
====

(Person's First Middle and Last Name)  (Employer Being Asked About...)  (job-st)
(job-ed)

What (is/was) (person)'s job called?

RECORD VERBATIM.

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

-----------------------------------------------
| NOTE: ALLOW MULTIPLE LINES FOR ENTRY.        |
-----------------------------------------------

EM100
=====

(Person's First Middle and Last Name)  (Employer Being Asked About...)  (job-st)
(job-ed)

What (do/does/did) (person) actually do at that job? What
(are/were) some of (person)'s most important activities or
duties?

RECORD VERBATIM.

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

-----------------------------------------------
| NOTE: ALLOW MULTIPLE LINES FOR ENTRY.        |
-----------------------------------------------

| IF JOB SUBTYPE IS 'CURRENT MAIN', GO TO EM104 |
-----------------------------------------------

| IF JOB IS_FLAGGED AS 'SELF-EMPLOYED',
| AND IF:
| JOB_SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE
| PERIOD' AND IS_FLAGGED AS 'NOT RETIRED FROM',
| OR
| JOB_SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD'
| AND IS_FLAGGED AS 'NOT RETIRED FROM',
| GO TO EM102
-----------------------------------------------
IF:
JOB SUBTYPE IS 'RETIREMENT JOB',
OR
JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE PERIOD' AND IS FLAGGED AS 'RETIRED FROM',
OR
JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' AND IS FLAGGED AS 'RETIRED FROM'
OR
JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND FLAGGED AS 'RETIRED FROM',
GO TO BOX_24
----------------------------------------------------

OTHERWISE, CONTINUE WITH EM101

EM101
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....)  {JOB-ST}
{JOB-ED}

What is the main reason that (PERSON) no longer (have/has) this job?

JOB ENDED ................................. 1 {BOX_24}
RETIRED ................................ 2 {BOX_24}
ILLNESS OR INJURY ...................... 3 {BOX_24}
LAID OFF ............................... 4 {BOX_24}
QUIT TO HAVE A BABY .................... 5 {BOX_24}
QUIT TO GO TO SCHOOL ................... 6 {BOX_24}
QUIT TO TAKE CARE OF HOME OR FAMILY .... 7 {BOX_24}
QUIT BECAUSE WANTED TIME OFF .......... 8 {BOX_24}
QUIT TO TAKE OTHER JOB ................. 9 {BOX_24}
OTHER .................................... 91
REF ..................................... -7 {BOX_24}
DK .................................... -8 {BOX_24}

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EM101OV
=======

ENTER OTHER:

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

BOX_24
=====

IF:
JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'),
OR
JOB SUBTYPE IS 'RETIREMENT JOB',
OR
JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND IS FLAGGED AS 'RETIRED FROM',
GO TO BOX_28
----------------------------------------------------

IF:
JOB SUBTYPE IS 'FORMER MAIN JOB WITHIN REFERENCE PERIOD' (NOTE: JOB MUST BE FLAGGED AS 'NOT RETIRED FROM'),
AND
   EM101 IS CODED '3' (ILLNESS OR INJURY) OR '4' (LAID OFF),
   AND
   CURRENT ROUND IS NOT ROUND 5
   GO TO EM103

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

   OTHERWISE, GO TO EM104

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

EM102

=====

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST)
(JOB-ED)

What is the main reason that (PERSON) no longer (have/has) this business?

BUSINESS DISSOLVED OR SOLD .................. 1 {BOX_25}
RETIRED ....................................... 2 {BOX_25}
ILLNESS OR INJURY ............................ 3 {BOX_25}
STOPPED/LEFT BUSINESS TO HAVE A BABY ...... 4 {BOX_25}
STOPPED/LEFT BUSINESS TO GO TO SCHOOL ... 5 {BOX_25}
STOPPED/LEFT BUSINESS TO TAKE CARE OF HOME OR FAMILY ............... 6 {BOX_25}
STOPPED/LEFT BUSINESS BECAUSE WANTED TIME OFF ............................. 7 {BOX_25}
STOPPED/LEFT BUSINESS TO TAKE OTHER JOB .................................. 8 {BOX_25}
OTHER ......................................... 91
REF ........................................... -7 {BOX_25}
DK ............................................. -8 {BOX_25}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EM102OV

======

ENTER OTHER:

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

BOX_25

=====

 IF JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' (NOTE: JOB MUST BE FLAGGED AS 'NOT RETIRED FROM'), GO TO BOX_28

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

 IF:
   JOB SUBTYPE IS 'FORMER MAIN JOB WITHIN REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'),
   AND
   EM102 IS CODED '3' (ILLNESS OR INJURY),
   AND
   CURRENT ROUND IS NOT ROUND 5
   CONTINUE WITH EM103

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

   OTHERWISE, GO TO EM104

-----------------------------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (JOB-ST)  (JOB-ED)

(Do/Does) (PERSON) expect to be recalled or return to (EMPLOYER) within the next 30 days?

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

For the next questions, please remember that we are talking about the period between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}.

Often the actual number of hours people work is different from the number of hours on which their salaries are based. How many hours per week {(do/does)/did} (PERSON) usually work at (EMPLOYER)? Include all the hours (PERSON) usually spends/spent working on this job, except for any unpaid travel to and from the job.

[Enter Hours Per Week] ................. {EM105A}
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ACTUAL HOURS WORKED PER WEEK.

------------------------------------------------------------------------
|  NOTE:  ALLOW ONLY WHOLE HOURS, NO FRACTIONS.  |
------------------------------------------------------------------------

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (JOB-ST)  (JOB-ED)

{(Do/Does)/Did} (PERSON) work at least 35 hours a week at this job?

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

(PERSON’S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (JOB-ST)  (JOB-ED)

On most days, at what time of day {(do/does)/did} (PERSON) begin and end work at (EMPLOYER)?

NOTE:  12 NOON IS PM.  12 MIDNIGHT IS AM.

CODE ‘95’ IF PERSON’S WORK SCHEDULE IS CONSISTENTLY VARIED.

BEGIN WORK TIME:

[Enter HH:MM-AM/PM] ...................
HOURS VARY ............................ 95
END WORK TIME:

[Enter HH:MM-AM/PM] .................

PRESS F1 FOR DEFINITION OF MOST DAYS.

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {JOB-ST} {JOB-ED}

{(Do/Does)/Did} (PERSON) usually work on a rotating shift at (EMPLOYER); that is, a shift that {changes/changed} periodically from days to evenings or nights?

PROBE: Please do not include flextime hours within a day, evening, or night schedule.

YES .................................... 1
NO ..................................... 2

PRESS F1 FOR DEFINITION OF ROTATING SHIFT.

| IF JOB IS FLAGGED AS 'SELF-EMPLOYED', GO TO BOX_28 |
| OTHERWISE, CONTINUE WITH BOX_26A |

| ASK THE EMPLOYMENT WAGE (EW) SECTION |
| AT COMPLETION OF EMPLOYMENT WAGE (EW) SECTION, CONTINUE WITH BOX_26B |

| IF EW05OV1 IS CODED '2' (PER DAY) |
OR
EW24AOV1, EW24BOV1, OR EW24COV1 IS CODED ‘2’
(PER DAY)
FOR THIS JOB,
CONTINUE WITH EM106
----------------------------------------------------

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EM107</th>
</tr>
</thead>
</table>

EM106
-----

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST)
(JOB-ED)

Approximately how many hours per day {(do/does)/did} (PERSON) work?

[Enter Hours per Day] ..................
REF .................................................. -7
DK .................................................... -8

EM107
-----

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST)
(JOB-ED)

On this job, {(do/does)/did} (PERSON) have paid time off if (PERSON) {(are/is)/(were/was)} sick?

YES ................................................. 1 {EM109}
NO .................................................. 2 {EM109}
REF ................................................ -7 {EM109}
DK ................................................... -8 {EM109}

EM108
-----

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST)
(JOB-ED)

{Can/Could} (PERSON) {take/have taken} paid sick leave if (PERSON) {(have/has)/had} to visit a doctor?

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

EM109
-----

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST)
(JOB-ED)

On this job, {(do/does)/did} (PERSON) get paid vacation?

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

EM110
-----

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST)
Not including Social Security or Railroad Retirement, (are/is)/(were/was) (PERSON) covered by a pension or retirement plan or (do/does)/did (PERSON) have a 401K plan on this job?

YES .................................... 1 (BOX 28)
NO ..................................... 2 (BOX-28)
REF ................................... -7 (BOX_28)
DK .................................... -8 (BOX_28)

PRESS F1 FOR DEFINITIONS OF PENSION/RETIREMENT PLAN.

---

<table>
<thead>
<tr>
<th>IF JOB SUBTYPE IS ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ AND JOB DOES NOT PROVIDE HEALTH INSURANCE (EM52 IS CODED ‘2’ (NO)), GO TO EM114</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF JOB SUBTYPE IS ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ AND JOB IS FLAGGED AS ‘PROVIDES HEALTH INSURANCE’ (EM52 IS CODED ’1’(YES)), GO TO EM115</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF JOB SUBTYPE IS ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ AND EM52 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), GO TO EM116</th>
</tr>
</thead>
</table>

Otherwise (I.E., JOB SUBTYPE IS ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’), CONTINUE WITH EM111

---

(PERSON’S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST) (JOB-ED)

(Since {START DATE OF REFERENCE PERIOD}/Between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}), how many hours (do/does)/did (PERSON) work at this job during a typical week?

[Enter Hours Per Week] ....................
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ACTUAL HOURS WORKED PER WEEK.

---

(PERSON’S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST) (JOB-ED)

On most days, at what time of day (do/does)/did (PERSON) begin and end work at (EMPLOYER)?

NOTE: 12 NOON IS PM. 12 MIDNIGHT IS AM.

CODE ‘95’ IF PERSON’S WORK SCHEDULE IS CONSISTENTLY VARIED.

BEGIN WORK TIME:

[Enter HH:MM-AM/PM] .....................
HOURS VARY ............................ 95
REF ................................. -7
DK ................................. -8

<table>
<thead>
<tr>
<th>ALLOW CODE '95' (HOURS VARY) AS ENTRY IN FIRST FIELD ONLY.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '95' IN FIRST FIELD, GO TO EM111B</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, ALLOW CODING OF REMAINING FIELDS.</th>
</tr>
</thead>
</table>

EM11AOV
=======

END WORK TIME:

[Enter HH:MM-AM/PM] .........................
REF ......................................... -7
DK ......................................... -8

PRESS F1 FOR DEFINITION OF MOST DAYS.

EM11B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {JOB-ST}  {JOB-ED}

{(Do/Does)/Did} (PERSON) usually work on a rotating shift at (EMPLOYER); that is, a shift that changes periodically from days to evenings or nights?

PROBE: Please do not include flextime hours within a day, evening, or night schedule.

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

PRESS F1 FOR DEFINITION OF ROTATING SHIFT.

EM112
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {JOB-ST}  {JOB-ED}

{Since {START DATE OF REFERENCE PERIOD}/Between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}}, what {is/was} (PERSON)'s usual weekly income before deductions for taxes or anything else from (PERSON)'s job with (EMPLOYER)?

[Enter $ Per Week] .........................
REF ......................................... -7
DK ......................................... -8

BOX_28
=====

| IF EM96 IS CODED '5' (THE ARMED FORCES), GO |
| TO BOX_30 |

| IF EM96 IS NOT CODED '5' AND JOB SUBTYPE |
EM113
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED
ABOUT....)  (JOB-ST)
(JOB-ED)

At any time {since [START DATE OF REFERENCE PERIOD] /between
[START DATE OF REFERENCE PERIOD] and [END DATE OF REFERENCE PERIOD]},
did (PERSON) have health insurance through this {job/business}?  

PROBE: By this, I mean insurance which pays for hospital
bills, doctor bills, or other health expenses.

YES .................................... 1  {EM115}
NO ..................................... 2 {EM116}
REF ................................... -7 {EM116}
DK .................................... -8 {EM116}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH |
| INSURANCE'.
|----------------------------------------------------|

EM114
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED
ABOUT....)  (JOB-ST)
(JOB-ED)

[Earlier I recorded that (PERSON) did not have health
insurance through (EMPLOYER).  Since {START OF REFERENCE
PERIOD} / Between {START DATE OF REFERENCE PERIOD} and {END DATE
OF REFERENCE PERIOD}]

(Were/Was) (PERSON) offered health insurance through
this {job/business}?

YES .................................... 1
NO ..................................... 2 {EM116}
REF ................................... -7 {EM116}
DK .................................... -8 {EM116}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

EM115
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED
ABOUT....)  (JOB-ST)
(Even though (PERSON) chose not to take health insurance, did/Did) (PERSON) have a choice of different health insurance plans that provided hospital and physician benefits or was only one health insurance plan offered through this (job/business)?

YES, MORE THAN ONE PLAN .......................... 1
NO, ONLY ONE PLAN .............................. 2
REF .............................................. -7
DK ............................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF CHOICE OF HEALTH INSURANCE PLANS.

EM116

{(PERSON’S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST) (JOB-ED)}

{(Do/Does)/Did) (PERSON) belong to a labor union at (EMPLOYER)?

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

PRESS F1 FOR DEFINITION OF LABOR UNION.

| IF CODED ‘1’ (YES) AND JOB IS FLAGGED AS ‘PROVIDES HEALTH INSURANCE’, CONTINUE WITH EM117 |

| OTHERWISE, GO TO BOX 30 |

EM117

{(PERSON’S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST) (JOB-ED)}

Does the health insurance provided through this (job/business) come from (PERSON)’s (employer/business) or union?

EMPLOYER ........................................... 1 {BOX_30}
UNION ............................................. 2
BOTH EMPLOYER AND UNION .................. 3
REF ................................................ -7 {BOX_30}
DK .................................................. -8 {BOX_30}

[Code One]

PRESS F1 FOR DEFINITION OF LABOR UNION.

| IF CODED ‘2’ (UNION) OR ‘3’ (BOTH EMPLOYER AND UNION) AND THERE ARE NO ESTABLISHMENTS FLAGGED AS ‘UNION’ ON RU-ESTABLISHMENTS-ROSTER, GO TO EM120 |

| IF CODED ‘2’ (UNION) OR ‘3’ (BOTH EMPLOYER AND UNION) AND THERE IS ONE OR MORE ESTABLISHMENTS FLAGGED AS ‘UNION’ ON RU-ESTABLISHMENTS-ROSTER, CONTINUE WITH EM118 |
What is the name of the union providing the health insurance?

SELECT UNION NAME BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF UNION IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW UNION.

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

<table>
<thead>
<tr>
<th>ROSTER. NAME OF UNION</th>
<th>EM118_02. STREET</th>
<th>EM118_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Union Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Union Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Union Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

---

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL UNIONS IN THE RU-ESTABLISHMENTS-ROSTER.

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.

IF 'NONE OF THE ABOVE' IS SELECTED, GO TO EM120

OTHERWISE, CONTINUE WITH EM119

---

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

Is the address of: {NAME OF UNION SELECTED IN EM118....} ...

{ESTABLISHMENT ST.ADDRESS LINE1}
{ESTABLISHMENT ST.ADDRESS LINE2}
{ESTABLISHMENT CITY........, ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT .......... 1 {BOX_30}
ADD NEW ADDRESS FOR UNION .............. 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ..................... 3 {EM121}
SELECTED WRONG UNION/ADDRESS ............ 4
REF ................................... -7 {BOX_30}
DK .................................... -8 {BOX_30}

[Code One]

IF CODED '4' (SELECTED WRONG UNION/ADDRESS), CAPI REDISPLAYS EM118 SO THAT THE INTERVIEWER CAN SELECT ANOTHER UNION.
What is the name of the union providing the health insurance?

What is/was the new address of (PERSON)'s union?

ENTER COMPLETE (NAME AND ADDRESS) INFORMATION AND VERIFY SPELLING. IF UNION HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON HAD MEMBERSHIP.

ESTABLISHMENT (EM120_01): [__________]
1ST_STR_ADDRESS (EM120_02): [__________]
2ND_STR_ADDRESS (EM120_03): [__________]
CITY (EM120_04): [__________]
STATE (EM120_05): [__________]
ZIP CODE (EM120_06): [__________]
TELEPHONE (EM120_07): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

DISPLAY ‘What is the name of the union providing the health insurance?’ IF NO ESTABLISHMENTS FLAGGED AS ‘UNION’ ON RU-ESTABLISHMENTS-ROSTER (THAT IS, EM118 WAS NOT ASKED).

IF EM119 IS CODED ‘2’ (ADD NEW ADDRESS FOR UNION), THE UNION NAME (EM120_01) IS DISPLAYED IN THE ESTABLISHMENT FIELD. ALSO, UNION IS DISPLAYED IN THE CONTEXT HEADER.

WRITE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER.

WRITE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER.

GO TO BOX_29

EM121

CORRECT ADDRESS OR TELEPHONE FOR: (NAME OF UNION BELOW)

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

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

1ST_STR_ADDRESS (EM121_01): [__________]
2ND_STR_ADDRESS (EM121_02): [__________]
CITY (EM121_03): [__________]
STATE (EM121_04): [__________]
ZIP CODE (EM121_05): [__________]
TELEPHONE (EM121_06): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

WRITE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER.

GO TO BOX_30
FLAG ESTABLISHMENT AS 'UNION'.

If job flagged as 'NOT SELF-EMPLOYED', go to END_LP03.

If job flagged as 'SELF-EMPLOYED' and more than 1 RU member (other than the person being asked about) is = or > 16 years of age or in age categories 4-9, continue with EM122.

Otherwise, go to EM124.

EM122

(person's first middle and last name) (employer being asked about....) (job-st)
(job-ed)

Does/Did any other member of the household (now) work regularly at (person)'s business?

YES .................................... 1
NO ...................................... 2 {EM124}
REF ....................................... -7 {EM124}
DK ...................................... -8 {EM124}

EM123

(person's first middle and last name) (employer being asked about....) (job-st)
(job-ed)

How many other household members (now work/worked) regularly at this business?

[enter number of hh members] ...........
REF ....................................... -7
DK ...................................... -8

EM124

(person's first middle and last name) (employer being asked about....) (job-st)
(job-ed)

What was the total number of employees who worked at the business (last week/just before (person) stopped working at that business/on {end date of reference period})? Be sure to include the owner (and all other household members you just told me about).

[enter number of employees] ...........
REF ....................................... -7
DK ...................................... -8

If '1' entered for the number of employees, flag job as 'firm-size-1'.


IF A NUMBER > 1 ENTERED FOR THE NUMBER OF EMPLOYEES OR CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), FLAG JOB AS ‘FIRM-SIZE-GREATER-THAN-1’. 

END_LP03

CYCLE ON NEXT JOB IN PERSON’S-JOBS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

IF NO OTHER JOBS MEET THE STATED CONDITIONS, END LOOP_03 AND CONTINUE WITH BOX_31

BOX_31

IF PERSON HAS HAD NO JOBS DURING REFERENCE PERIOD, CONTINUE WITH EM125

OTHERWISE, GO TO EM128

EM125

(PERSON’S FIRST MIDDLE AND LAST NAME) (STR-DT) (END-DT)

Did (PERSON) spend any time looking for work {since (START DATE)/between (START DATE) and (END DATE)}?

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

PRESS F1 FOR DEFINITION OF LOOKING FOR WORK.

NOTE: FOR ROUND 5, DISPLAY THE PERSON’S CURRENT ROUND REFERENCE PERIOD END DATE IN THE CONTEXT HEADER FOR QUESTIONS EM125-EM142.

EM126

(PERSON’S FIRST MIDDLE AND LAST NAME) (STR-DT) (END-DT)

What is the main reason (PERSON) did not work {since (START DATE)/between (START DATE) and (END DATE)}?

COULD NOT FIND WORK ...................... 1 {EM127}
RETIRED .................................. 2 {EM127}
UNABLE TO WORK BECAUSE ILL/DISABLED ... 3 {EM127}
ON TEMPORARY LAYOFF ....................... 4 {EM127}
MATERNITY/PATERNITY LEAVE ............... 5 {EM127}
GOING TO SCHOOL .......................... 6 {EM127}
TAKING CARE OF HOME OR FAMILY ........... 7 {EM127}
WANTED SOME TIME OFF ..................... 8 {EM127}
WAITING TO START NEW JOB ............... 9 {EM127}
OTHER .......................................... 91
REF ........................................... -7 {BOX_34}
EM126OV  

ENTER OTHER:

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

EM127  

(WRITTEN NAME)  (STR-DT)

Were there any other reasons?

CODE ALL THAT APPLY.

NO OTHER REASONS ................. 0
COULD NOT FIND WORK ................. 1
RETIRED ................................ 2
UNABLE TO WORK BECAUSE ILL/DISABLED .. 3
ON TEMPORARY LAYOFF .................... 4
MATERNITY/PATERNITY LEAVE .......... 5
GOING TO SCHOOL ........................ 6
TAKING CARE OF HOME OR FAMILY ...... 7
WANTED SOME TIME OFF ............... 8
WAITING TO START NEW JOB .......... 9
OTHER ...................................... 91
REF ........................................ -7
DK ........................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| IF CODED '91' (OTHER) ALONE OR IN COMBINATION     |
| WITH OTHER CODES, CONTINUE WITH EM127OV            |
----------------------------------------------------
| OTHERWISE, GO TO BOX_34                           |
----------------------------------------------------

EM127OV  

ENTER OTHER:

[Enter Other Specify] ....................  {BOX_34}
REF ........................................ -7 {BOX_34}
DK ........................................... -8 {BOX_34}

EM128  

(WRITTEN NAME)  (STR-DT)

Please think about all the time (PERSON) has worked
since (START DATE) between (START DATE) and (END DATE),
including paid vacation, sick leave, or other paid leave.
How many weeks did (PERSON) work for pay either full or part time?

NUMBER OF WEEKS IN REFERENCE PERIOD:  [NUMBER OF WEEKS]

IF WORKED THE WHOLE TIME, ENTER '96' FOR NUMBER OF WEEKS.
[Enter Number of Weeks] ................
REF .................................. -7 {EM134}
DK .................................... -8 {EM134}
The Whole Time ........................ 96 {BOX_34}

PRESS F1 FOR DEFINITIONS OF WEEKS WORKED/WORK FOR PAY.

---------------------------------------------------------------------
| IN NUMBER OF WEEKS REPORTED IN EM128 < NUMBER OF |
| WEEKS IN PERSON'S REFERENCE PERIOD,               |
| CONTINUE WITH EM129                                |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO BOX_34                                      |
---------------------------------------------------------------------

---------------------------------------------------------------------
| EDIT: NUMBER OF WEEKS ENTERED CANNOT BE GREATER             |
| THAN NUMBER OF WEEKS IN REFERENCE PERIOD.                  |
---------------------------------------------------------------------

EM129
=====

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

Did (PERSON) spend any time looking for work (since (START DATE)/between (START DATE) and (END DATE))?  

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

PRESS F1 FOR DEFINITION OF LOOKING FOR WORK.

EM130
=====

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

Did the (# WEEKS NOT WORKED) weeks since (START DATE) when (PERSON) did not work for pay occur all at one time or was there more than one period of time when (PERSON) did not work?  

ALL AT ONE TIME ...................... 1 {LOOP_04}
MORE THAN ONE PERIOD ............... 2
REF .................................. -7 {LOOP_04}
DK .................................... -8 {LOOP_04}

[Code One]

EM131
=====

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

How many different periods of time was (PERSON) not working since (START DATE)?  

[Enter Number of Periods] ...........
REF .................................. -7
DK .................................... -8

LOOP_04
=====

---------------------------------------------------------------------
| FOR EACH OF THE FOLLOWING: |
|   |
---------------------------------------------------------------------
PERIOD OF TIME NOT WORKED #1
PERIOD OF TIME NOT WORKED #2
PERIOD OF TIME NOT WORKED #3
PERIOD OF TIME NOT WORKED #4
PERIOD OF TIME NOT WORKED #5
PERIOD OF TIME NOT WORKED #6
PERIOD OF TIME NOT WORKED #7
PERIOD OF TIME NOT WORKED #8
PERIOD OF TIME NOT WORKED #9
PERIOD OF TIME NOT WORKED #10

ASK EM132-END_LP04

LOOP DEFINITION: LOOP 04 COLLECTS INFORMATION ON PERIODS OF UNEMPLOYMENT. THE RESPONSE TO EM130 OR EM131 DETERMINES THE NUMBER OF LOOP CYCLES. IF EM130 IS CODED '1' (ALL AT ONE TIME), '-7' (REFUSED), OR '-8' (DON'T KNOW) OR IF EM131 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CYCLE ONLY ONE TIME. OTHERWISE, CYCLE THE NUMBER OF TIMES ENTERED AT EM131.

BOX 32
OMITTED.

EM132

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

PERIOD OF TIME NOT WORKED (NN) OF {NN}

What was the main reason (PERSON) did not work during {that time/the most recent period/the time before that}?

COULD NOT FIND WORK ....................... 1 {EM133}
RETIRED ................................... 2 {EM133}
UNABLE TO WORK BECAUSE ILL/DISABLED ... 3 {EM133}
ON TEMPORARY LAYOFF ....................... 4 {EM133}
MATERNITY/PATERNITY LEAVE ................ 5 {EM133}
GOING TO SCHOOL .......................... 6 {EM133}
TAKING CARE OF HOME OR FAMILY .......... 7 {EM133}
WANTED SOME TIME OFF .................... 8 {EM133}
WAITING TO START NEW JOB ............... 9 {EM133}
OTHER ..................................... 91
REF ....................................... -7 {END_LP04}
DK ......................................... -8 {END_LP04}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EM132OV

ENTER OTHER:

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

EM133

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

PERIOD OF TIME NOT WORKED (NN) OF {NN}
Were there any other reasons?

CODE ALL THAT APPLY.

NO OTHER REASONS ............................. 0
COULD NOT FIND WORK .......................... 1
RETIRED ....................................... 2
UNABLE TO WORK BECAUSE ILL/DISABLED ....... 3
ON TEMPORARY LAYOFF .......................... 4
MATERNITY/PATERNITY LEAVE ................... 5
GOING TO SCHOOL ............................... 6
TAKING CARE OF HOME OR FAMILY ............... 7
WAITING TO START NEW JOB ..................... 9
OTHER ......................................... 91
REF ............................................. -7
DK ............................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

-----------------------------------------------
| IF CODED '91' (OTHER) ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH EM133OV       |
| OTHERWISE, GO TO END LP04                     |
-----------------------------------------------

EM133OV

ENTER OTHER:

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

END LP04

-----------------------------------------------
| IF ALL PERIODS OF UNEMPLOYMENT ARE NOT YET    |
| ACCOUNTED FOR (THAT IS, THE NUMBER OF LOOP CYCLES |
| IS < THE NUMBER ENTERED AT EM131), CYCLE ON NEXT |
| PERIOD OF UNEMPLOYMENT.                      |
-----------------------------------------------

-----------------------------------------------
| WHEN ALL PERIODS OF UNEMPLOYMENT ARE ACCOUNTED FOR, |
| END LOOP_04 AND CONTINUE WITH EM134             |
-----------------------------------------------

EM134

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

{In addition to the times we have just talked about (since/between)/(Since/Between)} (START DATE) (and (END DATE)),

was there any time when (PERSON) was on unpaid leave from {a job/all jobs} for a period of time of one week or more?

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

PRESS F1 FOR DEFINITION OF UNPAID LEAVE.

EM135

.....
How many weeks was that?

NUMBER OF WEEKS IN REFERENCE PERIOD:  {NUMBER OF WEEKS}

IF UNPAID LEAVE THE WHOLE TIME, ENTER '96' FOR NUMBER OF WEEKS.

[Enter Number of Weeks] ................
REF ............................... -7 {LOOP_05}
DK ............................... -8 {LOOP_05}
The Whole Time ......................... 96 {LOOP_05}

| IF NUMBER OF WEEKS REPORTED IN EM135 < NUMBER OF |
| WEEKS IN PERSON’S REFERENCE PERIOD,               |
| CONTINUE WITH EM136                               |
----------------------------------------------------
| OTHERWISE, GO TO LOOP_05                          |
----------------------------------------------------
| EDIT: NUMBER OF WEEKS ENTERED MUST BE EQUAL TO OR|
| GREATER THAN ONE AND CANNOT BE GREATER            |
| THAN NUMBER OF WEEKS IN REFERENCE PERIOD.        |
----------------------------------------------------

EM136
=====

Did the {# WEEKS UNPAID LEAVE} weeks {since (START DATE)/between (START DATE) and (END DATE)} when (PERSON) had unpaid leave occur all at one time or was there more than one period of time when (PERSON) had unpaid leave?

ALL AT ONE TIME ........................ 1 {LOOP_05}
MORE THAN ONE PERIOD ........................ 2
REF ............................... -7 {LOOP_05}
DK ............................... -8 {LOOP_05}

EM137
=====

How many different periods of time did (PERSON) have unpaid leave since (START DATE)?

[Enter Number of Periods] ..............
REF ............................... -7
DK ............................... -8

LOOP_05
=====

| FOR EACH OF THE FOLLOWING: |
| PERIOD OF UNPAID LEAVE #1 |
| PERIOD OF UNPAID LEAVE #2 |
| PERIOD OF UNPAID LEAVE #3 |
| PERIOD OF UNPAID LEAVE #4 |
| PERIOD OF UNPAID LEAVE #5 |
| PERIOD OF UNPAID LEAVE #6 |
| PERIOD OF UNPAID LEAVE #7 |
| PERIOD OF UNPAID LEAVE #8 |
| PERIOD OF UNPAID LEAVE #9 |
PERIOD OF UNPAID LEAVE #10

ASK EM138-END_LP05

LOOP DEFINITION: LOOP 05 COLLECTS INFORMATION ON PERIODS OF UNPAID LEAVE FROM ALL CURRENT JOBS. THE RESPONSE TO EM135, EM136 OR 137 DETERMINES THE NUMBER OF LOOP CYCLES. IF EM135 IS CODED ‘96’ (THE WHOLE TIME), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) OR IF EM136 IS CODED ‘1’ (ALL AT ONE TIME), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) OR IF EM137 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CYCLE ONLY ONE TIME. OTHERWISE, CYCLE THE NUMBER OF TIMES ENTERED AT EM137.

BOX_33

OMITTED.

EM138

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

PERIOD OF UNPAID LEAVE {NN} OF {NN}

What was the main reason (PERSON) had unpaid leave (that time/the most recent time/the time before that)?

UNABLE TO WORK BECAUSE ILL/DISABLED .... 1 {EM139}
ON TEMPORARY LAYOFF ....................... 2 {EM139}
MATERNITY/PATERNITY LEAVE ............... 3 {EM139}
GOING TO SCHOOL .......................... 4 {EM139}
TAKING CARE OF HOME OR FAMILY .......... 5 {EM139}
WANTED SOME TIME OFF .................... 6 {EM139}
OTHER ................................... 91
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EM138OV

ENTER OTHER:

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

EM139

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

PERIOD OF UNPAID LEAVE {NN} OF {NN}

Were there any other reasons?

CODE ALL THAT APPLY.

NO OTHER REASONS ...................... 0
UNABLE TO WORK BECAUSE ILL/DISABLED .... 1
ON TEMPORARY LAYOFF ..................... 2
MATERNITY/PATERNITY LEAVE ............. 3
GOING TO SCHOOL ......................... 4
TAKING CARE OF HOME OR FAMILY ........ 5
WANTED SOME TIME OFF ................... 6
OTHER ................................. 91
REF ................................. -7
DK ................................. -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---

| IF CODED '91' (OTHER) ALONE OR IN COMBINATION WITH | OTHER CODES, CONTINUE WITH EM139OV |
|-----------------------------------------------------|

---

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP05</th>
</tr>
</thead>
</table>

EM139OV

ENTER OTHER:

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

END_LP05

---

<table>
<thead>
<tr>
<th>IF ALL PERIODS OF UNPAID LEAVE ARE NOT YET ACCOUNTED FOR (THAT IS, THE NUMBER OF LOOP CYCLES IS &lt; THE NUMBER ENTERED AT EM137), CYCLE ON NEXT PERIOD OF UNPAID LEAVE.</th>
</tr>
</thead>
</table>

---

| WHEN ALL PERIODS OF UNPAID LEAVE ARE ACCOUNTED FOR, | END LOOP_05 AND CONTINUE WITH BOX_34 |
|-----------------------------------------------------|

BOX_34

---

| IF: |
| ROUND 1 |
| OR |
| PERSON ADDED TO RU THIS ROUND |
| OR |
| PERSON NOT ADDED TO RU THIS ROUND BUT TURNED 16 DURING THE CURRENT ROUND (CHECK REAL DATE OF BIRTH ONLY), |
| CONTINUE WITH BOX_35 |

---

| IF: |
| PERSON WAS NOT ADDED TO RU THIS ROUND |
| AND |
| PERSON WAS = OR > 16 YEARS OF AGE OR IN AGE CATEGORIES 4-9 DURING THE PREVIOUS ROUND, |
| GO TO BOX_36 |

BOX_35

---

| IF: |
| PERSON'S AGE = > 65 (OR AGE CATEGORY 9) |
| OR |
| PERSON'S AGE < = 21 (OR AGE CATEGORY 4), |
| GO TO BOX_36 |
EM140
====

(person's first middle and last name) {STR-DT}

(End-DT)

Since (PERSON) (were/was) 21 years old, (have/has) (PERSON) ever been without a job for more than one year for any reason?

YES .................................... 1
NO ........................................ 2 {BOX_36}
REF ..................................... -7 {BOX_36}
DK ....................................... -8 {BOX_36}

PRESS F1 FOR DEFINITION OF WITHOUT A JOB.

EM141
====

(person's first middle and last name) {STR-DT}

(End-DT)

Please think about all of the years (PERSON) (have/has) been out of work since (PERSON) (were/was) 21 years old.

For what reasons (were/was) (PERSON) without a job for more than a year?

CODE ALL THAT APPLY.

COULD NOT FIND WORK ..................... 1
RETIRED .................................. 2
UNABLE TO WORK BECAUSE ILL/DISABLED ... 3
ON TEMPORARY LAYOFF .................... 4
MATERNITY/PATERNITY LEAVE ............. 5
GOING TO SCHOOL ......................... 6
TAKING CARE OF HOME OR FAMILY ....... 7
WANTED SOME TIME OFF .................. 8
WAITING TO START NEW JOB ............. 9
OTHER .................................... 91
REF ..................................... -7
DK ....................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

----------------------------------------------------
| IF CODED '91' (OTHER) ALONE OR IN COMBINATION | | WITH OTHER CODES, CONTINUE WITH EM141OV |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO EM142 | |
----------------------------------------------------

EM141OV
======

ENTER OTHER:

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

EM142
====

(person's first middle and last name) {STR-DT}
Since (PERSON) (were/was) 21 years old, what is the total number of years (PERSON) (were/was) without a job because of all the reasons you've just told me?

[Enter Number of Years] ............... 
REF ...................................... -7
DK ....................................... -8


CONTINUE WITH END LP00 (IN OVERALL STRUCTURE OF EMPLOYMENT)
Emergency Room (ER) Section

ER01

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

Did (PERSON) see a medical doctor during this particular visit?

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

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

ER02

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

SHOW CARD ER-1.

Please look at this card and tell me which category best describes the care (PERSON) received during the visit to (PROVIDER) emergency room on (VISIT DATE)?

DIAGNOSIS OR TREATMENT ................. 1
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 2
PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING ................................. 3
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 4
IMMUNIZATIONS OR SHOTS ................. 5
MATERNITY CARE (PRE/POSTNATAL). ........ 6
OTHER ........................................ 91
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| IF CODED '6' (MATERNITY CARE (PRE/POSTNATAL)), CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: 'CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.' |

ER03

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

Was this visit related to any specific health condition or were any conditions discovered during this visit?

YES .................................... 1
NO ..................................... 2 {ER05}
REF ................................... -7 {ER05}
DK .................................... -8 {ER05}

ER04

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

What conditions were discovered or led (PERSON) to make this visit? PROBE: Any other condition? IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME
OF CONDITION) that we have already talked about before?

IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

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

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

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

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

Looking at this card, which of these services, if any, did (PERSON) have during this visit?
CODE ‘95’ IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.

LABORATORY TESTS ....................... 1
SONOGRAM OR ULTRASOUND ................ 2
X-RAYS .................................... 3
MAMMOGRAM ............................... 4
MRI OR CATSCAN ......................... 5
EKG OR ECG ............................... 6
EEG ....................................... 7
VACCINATION ............................. 8
ANESTHESIA ............................... 9
OTHER DIAGNOSTIC TEST ................. 10
NO SERVICES RECEIVED .................. 95
REF ...................................... 75
DK ....................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

ALLOW CODE ‘4’ (MAMMOGRAM) ONLY IF PERSON IS FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4)
ALLOW CODE '95' (NO SERVICES RECEIVED), '-7' (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN THE FIRST ENTRY FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.

EDIT: IF CODED '95' (NO SERVICES RECEIVED), NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.'

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

- CODE '1' = 'LAB'
- CODE '2' = 'ULTRA'
- CODE '3' = 'XRAY'
- CODE '4' = 'MAMMO'
- CODE '5' = 'MRI'
- CODE '6' = 'EKG'
- CODE '7' = 'EEG'
- CODE '8' = 'VACIN'
- CODE '9' = 'ANEST'
- CODE '10' = 'OTHER'
- CODE '95' = 'NONE'

NOTE: 'OTHER DIAGNOSTIC TESTS' AND 'NO SERVICES RECEIVED' ARE NOT DISPLAYED ON SHOW CARD.

ER06
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

Was a surgical procedure performed on (PERSON) during this visit?

YES .......................... 1
NO ................................... 2 {ER08}
REF .............................. -7 {ER08}
DK ............................... -8 {ER08}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

ER07
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

What was the name of the main surgical procedure?

CLEANING OR MEDICAL TREATMENT OF
- WOUND, INFECTION, OR BURN ............ 1
- STITCHES (WOUND SUTURE) ............... 2
- SURGICAL SETTING OF BROKEN BONE (FRACTURE REDUCTION) ............ 3
- OTHER ................................ 91
REF ................................. -7
DK ................................... -8
During this visit, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

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

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescribed medicines from this visit that were filled?

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

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

Now I would like to ask about the physicians and surgeons who treated (PERSON) during this emergency room visit. (Have/Has) (PERSON) seen any of these doctors or surgeons at a place of practice outside of (PROVIDER)?

YES .................................... 1
NOTE: IN ROUNDS 1 AND 2, THE SECOND SENTENCE OF THE QUESTION WAS WORDED, "Do any of these doctors or surgeons have a place of practice outside of (PROVIDER) where (PERSON) (was/were) seen as a patient?"

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

Please give me the names of the medical places or private doctor's office where (PERSON) saw each of these doctors or surgeons outside of (PROVIDER).

PRESS ENTER TO CONTINUE.

FOR EACH OF THE FOLLOWING:

PROVIDER 1
PROVIDER 2
PROVIDER 3
PROVIDER 4

ASK BOX_01 - END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS NAMES AND INFORMATION ABOUT EACH SEPARATELY BILLING PROVIDER. THE RESPONSE TO ER12 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF ER12 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT SEPARATELY BILLING PROVIDER. IF ER12 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.

ASK THE PROVIDER ROSTER (PV) SECTION.
AT THE COMPLETION OF THE PROVIDER ROSTER (PV) SECTION, CONTINUE WITH BOX_02

FOR EACH PROVIDER ADDED OR SELECTED, ADD A PAIR TO THE PERSON'S-EVENT-PROVIDER-PAIRS-ROSTER.

FLAG EACH PROVIDER ADDED OR SELECTED AS A 'SEPARATELY BILLING DOCTOR' RELATED TO THE EMERGENCY ROOM EVENT BEING ASKED ABOUT.
Was there anyone else?

PROBE: Were there any other doctors or surgeons who treated (PERSON) during the emergency room visit and who (PERSON) (have/has) seen at a place of practice outside of (PROVIDER)?

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

----------------------------------------------------
| NOTE: IN ROUNDS 1 AND 2 THE PROBE PART OF THE     |
| QUESTION WAS WORDED, “...and who have a place of |
| practice outside of (PROVIDER) where (PERSON)     |
| (was/were) seen as a patient?”                    |
----------------------------------------------------

END_LP01
========

----------------------------------------------------
| IF ER12 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT |
| SEPARATELY BILLING PROVIDER.                       |
----------------------------------------------------

----------------------------------------------------
| IF ER12 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’|
| (DON’T KNOW), END LOOP_01 AND CONTINUE WITH BOX_03|
----------------------------------------------------

BOX_03
=====

----------------------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS       |
| EMERGENCY ROOM EVENT IS NOT COMPLETED, ASK THE    |
| CHARGE/PAYMENT (CP) SECTION                       |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION    |
----------------------------------------------------

----------------------------------------------------
Event Roster (EV) Section

BOX_01
=====
----------------------------------------------------
| IF COMING FROM WITHIN PERSON LOOP IN PROVIDER |
| PROBES, CODE EV01 AUTOMATICALLY BY CAPI WITH THE |
| CORRECT PERSON NAME AND GO TO EV02             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH EV01                    |
----------------------------------------------------

EV01
====

INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65]...

[Code One]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE          |
| RU-MEMBERS-ROSTER.                                 |
----------------------------------------------------

EV02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER: WHAT TYPE OF EVENT IS IT?

HOSPITAL STAY ......................... HS
HOSPITAL EMERGENCY ROOM ............... ER
HOSPITAL OUTPATIENT DEPARTMENT ........ OP
MEDICAL PROVIDER VISIT ............... MV
DENTAL CARE ........................... DN
HOME HEALTH ........................... HH {EV06}
OTHER MEDICAL EXPENSES ............... OM
INSTITUTIONAL/LONG TERM CARE STAY ..... IC

PRESS F1 FOR DEFINITION OF EVENT TYPES.

[Code One]

----------------------------------------------------
| IF ROUNDS 3 OR 5 AND EV02 IS CODED 'OM', GO TO EV02A|
----------------------------------------------------

----------------------------------------------------
| IF ROUNDS 1, 2, OR 4 AND EV02 IS CODED 'OM', |
| GO TO EV03                                    |
----------------------------------------------------

BOX_02
=====

----------------------------------------------------
| ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT  |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF THE PV SECTION, GO TO BOX_03    |
----------------------------------------------------
INTerviewer: Select group type of Other Medical Expense (OM) event you need to add:

Note: Only one OM group type may be added at this screen.

REGular (glasses or contacts, insulin, other diabetic supplies) .............. 1 (EV03)

ADDITIONAL (E.G., AMBULANCE SERVICES, ORTHOPEDIC ITEMS, HEARING DEVICES, MEDICAL EQUIPMENT, ETC.) .............. 2 (EV03A)

[Code One]

IF known, select correct OME item group.

OTHERWISE, ASK: Did (person) obtain glasses or contact lenses, insulin, or other diabetic equipment or supplies since (start date)?

GLASSES OR CONTACT LENSES ............ 1
INSULIN .................................. 2
OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3

[Code All That Apply]

| IF CODED '2' (INSULIN), ADD 'INSULIN' TO |
| PERSON'S-PRESCRIBED-MEDICINES-ROSTER. |

| IF CODED '3' (OTHER DIABETIC EQUIPMENT OR |
| SUPPLIES), ADD 'OTHER DIABETIC EQUIP/SUPPLIES' |
| TO PERSON'S-PRESCRIBED-MEDICINES-ROSTER. |

| GO TO BOX_06 |

[Code All That Apply]

Show card PP-4A or PP-12

If known, select correct additional OME item group.

OTHERWISE, ASK: Looking at this card, what type of other medical expenses did (person) obtain, purchase or rent during the calendar year 1999?

AMBULANCE SERVICES ......................... 1
ORTHOPEDIC ITEMS .......................... 2
HEARING DEVICES ............................ 3
PROSTHESSES ............................... 4
BATHROOM AIDS ............................. 5
MEDICAL EQUIPMENT ........................ 6
DISPOSABLE SUPPLIES ...................... 7
ALTERATIONS/MODIFICATIONS .............. 8
OTHER ...................................... 91

[Code All That Apply]
IF CODED ‘91’ (OTHER) ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH EV03AOV

OTHERWISE, GO TO BOX_06

EV03AOV

ENTER OTHER GROUPING OF OTHER MEDICAL EXPENSES:

[Enter Other Specify] ............... {BOX_06}
REF .................................... -7 {BOX_06}
DK ..................................... -8 {BOX_06}

BOX_03

IF EVENT TYPE IS HS OR IC, CONTINUE WITH EV04

OTHERWISE, GO TO EV05

EV04

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (EV) (STR-DT)
(END-DT)

IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER PAIR WITH THE EVENT TYPE (EV).

IF DATES NOT KNOWN, ASK:  When (were/was) (PERSON) admitted to and discharged from (PROVIDER)?  Please tell me the dates of all stays between (START DATE) and (END DATE).

IF NECESSARY, PROBE:  On what date did (PERSON) enter (PROVIDER)?  On what date did (PERSON) leave (PROVIDER)?

IF STILL IN (PROVIDER) (OR RELEASED IN 2000), ENTER 95 IN MONTH FOR DISCHARGE DATE.

PROBE:  Any other stays?

TO ADD, PRESS CTRL/A.  TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[Enter Month,Day,Year-4] [Enter Month,Day,Year-4]
[Enter Month,Day,Year-4] [Enter Month,Day,Year-4]
[Enter Month,Day,Year-4] [Enter Month,Day,Year-4]

ROSTER DEFINITION:  THIS ITEM USES PERSON’S-MEDICAL-EVENTS-ROSTER TO COLLECT ALL EVENTS (DATE RANGES) THAT ARE EVENT TYPE HS OR EVENT TYPE IC, DEPENDING ON THE TYPE OF EVENT BEING ASKED ABOUT.

PERSON’S EVENT ROSTER BEHAVIOR SPECIFICATIONS:

1.  THIS ROSTER WILL APPEAR BLANK WHEN DISPLAYED.
INTERVIEWER CAN ADD ANY NUMBER OF EVENTS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF EVENTS).

2. INTERVIEWER CAN DELETE AN EVENT THAT WAS ENTERED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN EVENT ENTERED IN ERROR.

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

DISPLAY ‘OR RELEASED IN 2000’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

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

REF AND DK ARE ALLOWED IN THE DAY AND YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD.

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

GO TO BOX_06

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

EV05

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}  {STR-DT}
(END-DT)

IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER PAIR WITH THE EVENT TYPE (EV).

IF DATES NOT KNOWN, ASK:  When did (PERSON) visit (PROVIDER)? Please tell me all the dates between (START DATE) and (END DATE).

PROBE:  Any other dates?

TO ADD, PRESS CTRL/A.  TO DELETE, PRESS CTRL/D.  TO LEAVE, PRESS ESC.

______________________
| [Enter Month,Day,Year-4] |
|______________________|
| [Enter Month,Day,Year-4] |
|______________________|
| [Enter Month,Day,Year-4] |

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

ROSTER DEFINITION:  THIS ITEM USES PERSON’S-MEDICAL-EVENTS-ROSTER TO COLLECT ALL EVENTS (DATES) THAT ARE THE SAME EVENT TYPE AND SAME PROVIDER AS THE EVENT BEING ASKED ABOUT.

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

PERSON’S EVENT ROSTER BEHAVIOR SPECIFICATIONS:

1. THIS ROSTER WILL APPEAR BLANK WHEN DISPLAYED. INTERVIEWER CAN ADD ANY NUMBER OF EVENTS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF EVENTS).

2. INTERVIEWER CAN DELETE AN EVENT THAT WAS ENTERED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN EVENT ENTERED IN ERROR.

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

REF AND DK ARE ALLOWED IN THE DAY AND YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD.
EV06
====

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

Thinking about the health care (PERSON) received at home, was the person who provided the care a friend or neighbor, a relative, a volunteer, or some type of provider who was paid? Please do not include health care received from friends or relatives living here.

PROBE: Do you have a brochure, folder, binder of papers, telephone listing, or anything which might help?

NOTE: SELECT ONLY ONE TYPE OF PROVIDER AT THIS TIME.

<table>
<thead>
<tr>
<th>PROVIDER TYPE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRIEND/NEIGHBOR</td>
<td>1 {EV08}</td>
</tr>
<tr>
<td>RELATIVE</td>
<td>2 {EV07}</td>
</tr>
<tr>
<td>VOLUNTEER</td>
<td>3 {EV08}</td>
</tr>
<tr>
<td>OTHER-PAID</td>
<td>4</td>
</tr>
<tr>
<td>VOLUNTEERED: MEAL DELIVERY SERVICE</td>
<td>5 {BOX_06}</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

EV06A
====

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

Did this person work for a home health agency, hospital, or nursing home or did they work for themselves?

PROBE: Do you have a brochure, folder, binder of papers, telephone listing, or anything which might help?

<table>
<thead>
<tr>
<th>WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME</td>
<td>1 {BOX 04}</td>
</tr>
<tr>
<td>WORKED FOR SELF</td>
<td>2 {BOX-04}</td>
</tr>
<tr>
<td>REF</td>
<td>-7 {BOX-04}</td>
</tr>
<tr>
<td>DK</td>
<td>-8 {BOX-04}</td>
</tr>
</tbody>
</table>

[Code One]

EV07
====

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

What is the relationship of the relative who provided home care services to (PERSON)?

IF MORE THAN ONE DAUGHTER/DAUGHTER-IN-LAW/SON/SON-IN-LAW, CODE ONLY ONE AT THIS TIME AND TREAT EACH AS A SEPARATE HOME HEALTH EVENT.

INCLUDE ALL OTHER TYPES OF RELATIVES AS ONE GROUP AND CODE 'OTHER-RELATIVE' ONLY ONE TIME.

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAUGHTER</td>
<td>1 {BOX 04}</td>
</tr>
<tr>
<td>DAUGHTER-IN-LAW</td>
<td>2 {BOX-04}</td>
</tr>
<tr>
<td>SON</td>
<td>3 {BOX-04}</td>
</tr>
<tr>
<td>SON-IN-LAW</td>
<td>4 {BOX-04}</td>
</tr>
<tr>
<td>OTHER RELATIVE</td>
<td>5</td>
</tr>
</tbody>
</table>
CODE RELATIONSHIPS OF ALL DIFFERENT TYPES OF RELATIVES WHO PROVIDED HOME CARE SERVICES SINCE (START DATE) TO (PERSON).

MOTHER ....................................... 1
FATHER ....................................... 2
SISTER ........................................ 3
BROTHER ...................................... 4
GRANDPARENT .................................. 5
GRANDCHILD ................................... 6
AUNT/UNCLE ................................... 7
NIECE/NEPHEW .................................. 8
COUSIN ......................................... 9
OTHER .......................................... 91
REF ............................................. -7
DK .............................................. -8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

----------------------------------------------------
IF EV07OV1 IS CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH EV07OV2
----------------------------------------------------

 OTHERWISE, GO TO EV08

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

ENTER OTHER:

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

[Code One]

----------------------------------------------------
DISPLAY ‘friends or neighbors’ IF EV06 IS CODED ‘1’ (FRIEND/NEIGHBOR). DISPLAY ‘volunteers’ IF EV06 IS CODED ‘3’ (VOLUNTEER). DISPLAY ‘relatives, other than daughters, daughters-in-law, sons, and sons-in-law’ IF EV07 IS CODED ‘5’ (OTHER-RELATIVE).
----------------------------------------------------

IF EV06 IS CODED ‘1’ (FRIEND/NEIGHBOR):
- ADD ‘FRIEND/NEIGHBOR’ TO THE RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-PROVIDER NAME COLUMN. NO ADDRESS INFORMATION
IS NECESSARY.
- FLAG PROVIDER AS ‘INFORMAL’.

IF EV06 IS CODED ‘3’ (VOLUNTEER):
- ADD ‘VOLUNTEER’ TO THE RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-
  PROVIDER NAME COLUMN. NO ADDRESS INFORMATION IS NECESSARY.
- FLAG PROVIDER AS ‘INFORMAL’.

IF EV07 IS CODED ‘5’ (OTHER RELATIVE):
- ADD ‘OTHER RELATIVE’ TO THE RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-
  PROVIDER NAME COLUMN. NO ADDRESS INFORMATION IS NECESSARY.
- FLAG PROVIDER AS ‘INFORMAL’.

GO TO BOX_05

BOX_04

ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT

AT COMPLETION OF THE PV SECTION, CONTINUE WITH BOX_05

BOX_05

IF EV06 IS CODED ‘1’ (FRIEND/NEIGHBOR) OR ‘3’ (VOLUNTEER) AND ROUND 1, GO TO EV12

IF EV06 IS CODED ‘1’ (FRIEND/NEIGHBOR) OR ‘3’ (VOLUNTEER) AND NOT ROUND 1, GO TO EV13

IF EV06 IS CODED ‘2’ (RELATIVE), FLAG PROVIDER JUST COLLECTED IN PV SECTION AS ‘INFORMAL’ AND THEN GO TO EV13

IF EV06A IS CODED ‘2’ (WORKED FOR SELF), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG PROVIDER JUST COLLECTED IN PV SECTION AS ‘PAID INDEPENDENT’ AND THEN GO TO EV10

IF EV06A IS CODED ‘1’ (WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME), FLAG PROVIDER JUST COLLECTED IN PV SECTION AS ‘AGENCY’ AND THEN CONTINUE WITH EV09
EV09

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (EV) (STR-DT) (END-DT)

How many people from (Provider) provided home care services for (Person)?

[Enter Number-2] ......................
REF ................................... -7
DK .................................... -8

[Code One]

| IF ROUND 1, GO TO EV12
| IF ROUND 1, GO TO EV12
| OTHERWISE, GO TO EV13

EV10

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (EV) (STR-DT) (END-DT)

Is (Provider) a companion, a professional homemaker, a home health or nurse's aide, a health professional, or something else?

PROBE: Health professionals include people like nurses, social workers, therapists of any type.

COMPANION ................. 1
DOMESTIC WORKER/HOUSE CLEANER .... 2
HEALTH PROFESSIONAL ........ 3
HOMEMAKER ................... 4
HOME HEALTH AIDE ............. 5
NURSE'S AIDE ................... 6
PERSONAL CARE ATTENDANT .......... 7
OTHER .......................... 91
REF ............................ -7
DK ............................ -8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]

| IF EV10 CODED '3' (HEALTH PROFESSIONAL), GO TO EV11|
| IF EV10 IS CODED '91' (OTHER), CONTINUE WITH EV10OV|
| IF EV10 NOT CODED '3' (HEALTH PROFESSIONAL), OR |
| '91' (OTHER), AND ROUND 1, GO TO EV12|
| OTHERWISE, GO TO EV13

EV10OV

ENTER OTHER:

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

| IF ROUND 1, GO TO EV12
| OTHERWISE, GO TO EV13
What type of health professional is (PROVIDER)?

- DIETITIAN/NUTRITIONIST ................. 1
- HOME HEALTH AIDE .......................... 2
- HOSPICE WORKER ............................. 3
- I.V./INFUSION THERAPIST ................... 4
- MEDICAL DOCTOR ............................. 5
- NURSE/NURSE PRACTITIONER ............... 6
- NURSE'S AIDE ................................ 7
- OCCUPATIONAL THERAPIST .................. 8
- PERSONAL CARE ATTENDANT ................. 9
- PHYSICAL THERAPIST ....................... 10
- RESPIRATORY THERAPIST .................... 11
- SOCIAL WORKER ............................. 12
- SPEECH THERAPIST ......................... 13
- OTHER .................................. 91
- REF ................................... -7
- DK .................................... -8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]

| IF EV11 CODED '91' (OTHER), CONTINUE WITH EV11OV |

| IF EV11 CODED '91' (OTHER), CONTINUE WITH EV11OV |

| IF ROUND 1, CONTINUE WITH EV12 |

| OTHERWISE, GO TO EV13 |

EV11OV

ENTER OTHER:

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

| IF ROUND 1, CONTINUE WITH EV12 |

| OTHERWISE, GO TO EV13 |

EV12

Did {someone from} (PROVIDER) ever provide home care services for (PERSON) before January 1, 1998?

- YES ..................................... 1
- NO ..................................... 2
- REF ................................... -7
- DK .................................... -8
EV13
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}  {STR-DT}
(END-DT)

{Last time we recorded that (PERSON) received home care services from (PROVIDER) during some part of {PRV RD INTV MTH}. Did (PERSON) continue to receive home care services from (PROVIDER) during the rest of {PRV RD INTV MTH}?)

Did {someone from} (PROVIDER) provide home care services for (PERSON) during the month of (MONTH)?

How about in (MONTH)?

Yes  No  REF  DK

EV13_01
=======

{MONTH}                1     2     -7    -8

EV13_02
=======

{MONTH}                1     2     -7    -8

EV13_03
=======

{MONTH}                1     2     -7    -8

EV13_04
=======

{MONTH}                1     2     -7    -8

EV13 SCREEN DISPLAY SPECIFICATIONS:


2. ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ARE ALLOWED FOR EV13 01, EV13 02, EV13 03, AND EV13 04. HOWEVER, THEY WILL BE TREATED AS A ‘NO’ WHEN CREATING EVENTS.

NOTE: THE SCREEN LAYOUT SHOULD ACCOMMODATE AS MANY MONTHS AS POSSIBLE.
FOR THIS PERSON-PROVIDER PAIR WAS CREATED DURING THE PREVIOUS ROUND (HOWEVER, IT WOULD NOT HAVE BEEN ASKED ABOUT). OTHERWISE, USE A NULL DISPLAY.

DISPLAY THE MONTH OF THE PREVIOUS ROUND’S INTERVIEW DATE FOR `{PRV RD INTV MTH}`.

DISPLAY ‘someone from’ IF PROVIDER IS A FACILITY. OTHERWISE, USE A NULL DISPLAY.

EDIT: ALL MONTHS DURING THE REFERENCE PERIOD CANNOT BE CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW). IF ALL ARE, DISPLAY THE FOLLOWING MESSAGE: ‘MUST RECEIVE HOME CARE DURING AT LEAST ONE MONTH.’

MESSAGE: IF CURRENT INTERVIEW MONTH IS CODED ‘1’ (YES), DISPLAY THE FOLLOWING MESSAGE: ‘HOME HEALTH UTILIZATION SEC FOR {INT MONTH} WILL NOT BE ASKED UNTIL NEXT ROUND.’

EACH MONTH CODED ‘1’ (YES) BECOMES A SEPARATE HOME HEALTH EVENT FOR THIS PERSON-PROVIDER PAIR. HOWEVER, IF THE CURRENT INTERVIEW MONTH IS CODED ‘1’ (YES), IT WILL NOT BE ASKED ABOUT UNTIL THE NEXT ROUND. IF THE MONTH OF THE PREVIOUS ROUND’S INTERVIEW DATE IS CODED ‘1’ (YES), IT IS ONLY ASKED ABOUT ONE TIME. THAT IS, IT IS NOT A SEPARATE EVENT FOR BOTH THE PREVIOUS ROUND AND THIS ROUND, IT IS ONLY ONE EVENT.

NOTE: A SEAM MONTH WILL BE ASKED ONLY ONE HOME HEALTH UTILIZATION SECTION WHENEVER IT RECEIVES (OR RECEIVED) A CODE OF ‘1’ (YES) IN EITHER THE CURRENT ROUND OR THE PREVIOUS ROUND.

RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN PP OR ED.
Employment Wage (EW) Section

EW01
====

(Person's First Middle and Last Name) (Employer Being Asked About...) (Job-St) (Job-Ed)

[For the next few questions, please think about the time between (Start Date of Reference Period) and (End Date of Reference Period) and what (Person) was making then.]

At (Employer), {(are/is)/(were/was)} (Person) salaried, paid by the hour, or paid some other way?

If salaried and receives tips, bonus, or commission, code 1.
If paid by the hour and receives tips, bonus, or commission, code 2.

Salaried ............................... 1 (EW11)
Paid by the Hour ....................... 2 (EW18)
Paid Some Other Way .................... 3
Ref ................................... -7 (EW08)
Dk .................................... -8 (EW07)

[Code One]

Press F1 for definitions of answer categories.

EW02
====

(Person's First Middle and Last Name) (Employer Being Asked About...) (Job-St) (Job-Ed)

How {(are/is)/(were/was)} (Person) paid?

By the Day ............................. 1 (EW03)
Piecework .............................. 2 (EW05)
Commission ............................. 3 (EW23)
Bonus ................................. 4 (EW23)
By the Job/Mile ........................ 5 (EW05)
Other .................................. 91
Ref ................................... -7 (EW08)
Dk .................................... -8 (EW07)

[Code One]

Press F1 for definitions of answer categories.

EW02OV
======

Enter Other:

[Enter Other Specify] .................. 1 (EW05)
Ref ................................... -7 (EW05)
Dk .................................... -8 (EW05)

EW03
====

(Person's First Middle and Last Name) (Employer Being Asked About...) (Job-St) (Job-Ed)

What {is/was} (Person)'s daily wage rate?

[Enter $ Per Day] .....................
Ref ................................... -7 (EW08)
Dk .................................... -8 (EW07)
How many hours (do/does/did) (PERSON) usually work per day?

[Enter Hours]...........................   {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}

How much (do/does/did) (PERSON) usually make this way?

AMOUNT:

[Enter $ Amount] ....................... -7 {EW08}
DK .................................... -8 {EW07}

PER PERIOD:

PER HOUR ............................... 1 {EW06}
PER DAY ................................ 2 {EW06}
PER WEEK ............................... 3 {EW06}
PER TWO-WEEK PERIOD ................... 4 {EW06}
PER MONTH .............................. 5 {EW06}
PER YEAR ............................... 6 {EW06}
OTHER ................................. 91
REF ................................... -7 {EW06}
DK .................................... -8 {EW06}

If (PERSON) worked an extra hour, how much would (PERSON) earn for that hour?

[Enter $ Per Hour] ..................... {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}
I would just like to get a rough idea of how much (PERSON) ({earn/earns}/earned) at this job? Approximately how much {do/does/did} (PERSON) make per hour?

[Enter $ Per Hour] .....................  {EW23}
REF ...................................... -7  {EW23}
DK ........................................... -8

EW08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

Could you just tell me if (PERSON) {(make/makes)/made} more or less than $10 an hour at this job?

$10 OR MORE .............................. 1
LESS THAN $10 ............................ 2  {EW10}
REF ...................................... -7  {EW23}
DK ........................................... -8  {EW23}

[Code One]

EW09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

More or less than $15 an hour?

$15 OR MORE .............................. 1  {EW23}
LESS THAN $15 ............................ 2  {EW23}
REF ...................................... -7  {EW23}
DK ........................................... -8  {EW23}

[Code One]

EW10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

More or less than $5.15 an hour?

$5.15 OR MORE ............................ 1  {EW23}
LESS THAN $5.15 ........................... 2  {EW23}
REF ...................................... -7  {EW23}
DK ........................................... -8  {EW23}

[Code One]

EW11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

How much {is/was} (PERSON)‘s salary before taxes, not including tips, commissions, or bonuses?

AMOUNT:

[Enter $ Amount] ..........................  
REF ...................................... -7  {EW14}
DK ........................................... -8  {EW13}
PER PERIOD:

PER YEAR ............................... 1 {EW12}
PER MONTH .............................. 2 {EW17}
PER TWO-WEEK PERIOD .................... 3 {EW17}
PER WEEK ............................... 4 {EW17}
OTHER ................................. 91
REF ................................... -7 {EW14}
DK .................................... -8 {EW13}

[Code One]

ENTER OTHER:

[Enter Other Specify] ..................   {EW17}
REF ................................... -7 {EW17}
DK .................................... -8 {EW17}

OMITTED.

On how many weeks of work per year {is/was} this salary based?

[Enter Number of Weeks] ............... {EW17}
REF ................................... -7 {EW17}
DK .................................... -8 {EW17}

I would just like to get a rough idea of how much {PERSON} {(earn/earns)/earned} at this job. Approximately how much {do/does/did} {PERSON} make per hour?

[Enter $ Per Hour] ..................... {EW17}
REF ................................... -7 {EW17}
DK .................................... -8

Could you just tell me if {PERSON} {(make/makes)/made} more or less than $10 an hour at this job?

$10 OR MORE ................................. 1
LESS THAN $10 ............................. 2 {EW16}
REF ................................... -7 {EW17}
DK .................................... -8 {EW17}

[Code One]
More or less than $15 an hour?

- $15 OR MORE .......................... 1 {EW17}
- LESS THAN $15 ........................ 2 {EW17}
- REF ................................... -7 {EW17}
- DK .................................... -8 {EW17}

[Code One]

More or less than $5.15 an hour?

- $5.15 OR MORE ......................... 1
- LESS THAN $5.15 ....................... 2
- REF ................................... -7
- DK .................................... -8

[Code One]

Often, the number of hours people work is different from the number of hours on which their salaries are based. On how many hours per week {is/was} (PERSON)'s salary based?

[Enter Hours Per Week] ........................ {EW23}
- REF ................................... -7 {EW23}
- DK .................................... -8 {EW23}

PRESS F1 FOR DEFINITION OF HOURS WORKED PER WEEK.

| NOTE: ALLOW ONLY WHOLE HOURS, NO FRACTIONS. |

What {is/was} (PERSON)'s hourly wage rate for (PERSON)'s regular work time, not including tips, commissions, or bonuses at (EMPLOYER)?

[Enter $ Per Hour] ........................ {EW20}
- REF ................................... -7 {EW20}
- DK .................................... -8 {EW20}

| NOTE: ALLOW ONLY WHOLE DOLLARS, NO CENTS. |
What {is/was} (PERSON)'s hourly rate for overtime?

- Does not work overtime ..................... 1 {EW23}
- Straight time ............................... 2 {EW23}
- Time and a half ............................ 3 {EW23}
- Comp time .................................. 4 {EW23}
- Exact amount ............................... 5
- Other ........................................ 91 {EW19OV2}
- Ref .......................................... -7 {EW23}
- DK .......................................... -8 {EW23}

[Code One]

Press F1 for definition of answer categories.

EW19OV1

Enter exact amount:

[Enter $ per hour] ....................... {EW23}

EW19OV2

Enter other:

[Enter Other Specify] .................... {EW23}
- Ref .................................. -7 {EW23}
- DK .................................... -8 {EW23}

EW20

(Person's first middle and last name) (Employer being asked about...) (Job-ST) (Job-ED)

Could you just tell me if (PERSON) {(make/makes)/made} more or less than $10 an hour at this job?

- $10 or more ............................ 1
- Less than $10 ............................ 2 {EW22}
- Ref .................................. -7 {EW23}
- DK .................................... -8 {EW23}

[Code One]

EW21

(Person's first middle and last name) (Employer being asked about...) (Job-ST) (Job-ED)

More or less than $15 an hour?

- $15 or more ............................ 1 {EW23}
- Less than $15 ............................ 2 {EW23}
- Ref .................................. -7 {EW23}
- DK .................................... -8 {EW23}

[Code One]

EW22

(Person's first middle and last name) (Employer being asked about...) (Job-ST) (Job-ED)

More or less than $5.15 an hour?
$5.15 or more .......................... 1
Less than $5.15 .......................... 2
Ref ..................................... -7
DK ...................................... -8

[Code One]

EW23
====

(Person's first middle and last name) (Employer being asked about...) (Job-St)
(Job-Ed)

On this job, (do/does/did) (Person) earn ...

YES NO REF DK

EW23_01
====

Tips? 1 2 -7 -8

EW23_02
====

Bonuses? 1 2 -7 -8

EW23_03
====

Commissions? 1 2 -7 -8

Press F1 for definition of tips/bonuses/commissions.

| If EW02 is coded '4' (bonus), automatically code |
| EW23_02 as '1' (yes) and do not display EW23_02 |

| If EW02 is coded '3' (commission), automatically |
| code EW23_03 as '1' (yes) and do not display |
| EW23_03 |

| If EW23_01 - EW23_03 are all coded '2' (no), '-7' |
| (refused), or '-8' (don't know), go to box_04 |

| If EW23_01 is coded '2' (no), '-7' (refused) or |
| '-8' (don't know), go to box_02 |

| Otherwise, continue with EW24A |

EW24A
====

(Person's first middle and last name) (Employer being asked about...) (Job-St)
(Job-Ed)

How much {are/were} (Person)'s tips on average?

Tips:

AMOUNT:

[Enter $ Amount] .................

Ref ........................................ -7 {Box 02}
DK ........................................ -8 {Box 02}
PER PERIOD:

PER HOUR ............................... 1 {BOX_02}
PER DAY ................................ 2 {BOX_02}
PER WEEK ................................ 3 {BOX_02}
PER TWO-WEEK PERIOD ................. 4 {BOX_02}
PER MONTH ............................... 5 {BOX_02}
PER YEAR ............................... 6 {BOX_02}
OTHER ................................. 91
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

ENTER OTHER:

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

| IF EW23_02 IS CODED '2' (NO), '-7' (REFUSED) OR 
| '-8' (DON'T KNOW), GO TO BOX_03 |

| OTHERWISE, CONTINUE WITH EW24B |

EW24B

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT...}  {JOB-ST}
{JOB-ED}

How much {are/were} (PERSON)'s bonuses on average?

BONUSES:

AMOUNT:

[Enter $ Amount]  ......................
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

EW24BOV1

PER PERIOD:

PER HOUR ............................... 1 {BOX_03}
PER DAY ................................ 2 {BOX_03}
PER WEEK ................................ 3 {BOX_03}
PER TWO-WEEK PERIOD ................. 4 {BOX_03}
PER MONTH ............................... 5 {BOX_03}
PER YEAR ............................... 6 {BOX_03}
OTHER ................................. 91
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

[Code One]

EW24BOV2
ENTER OTHER:

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

BOX_03
======

| IF EW23_03 IS CODED '2' (NO), '-7' (REFUSED) OR |
| '-8' (DON'T KNOW), GO TO BOX_04 |

| OTHERWISE, CONTINUE WITH EW24C |

EW24C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

How much {are/were} (PERSON)'s commissions on average?

COMMISSIONS:

AMOUNT:

[Enter $ Amount] .........................  -7 {BOX_04}
DK ....................................... -8 {BOX_04}

EW24COV1
========

PER PERIOD:

PER HOUR .................................... 1 {BOX_04}
PER DAY .................................... 2 {BOX_04}
PER WEEK ................................... 3 {BOX_04}
PER TWO-WEEK PERIOD ...................... 4 {BOX_04}
PER MONTH .................................. 5 {BOX_04}
PER YEAR ................................... 6 {BOX_04}
OTHER ...................................... 91
REF ....................................... -7 {BOX_04}
DK ....................................... -8 {BOX_04}

[Code One]

EW24COV2
========

ENTER OTHER:

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

BOX_04
======

| RETURN TO ORIGINAL QUESTIONNAIRE SECTION (EITHER |
| RJ OR EM-B) |

----------------------------------------------------
Flat Fee (FF) Section

BOX_01
======
----------------------------------------------------
|  IF NO FLAT FEE GROUPS ALREADY ON PERSONS-FLAT-FEE-|
|  GROUPS-ROSTER, GO TO FF02                         |
----------------------------------------------------
----------------------------------------------------
|  OTHERWISE, CONTINUE WITH FF01                     |
----------------------------------------------------

FF01
====

(Person's First Middle and Last Name) (Name of Medical Care Provider.) (EV) (Evn-Dt)

Let me review the groups of health care events I have recorded for (Person). Please tell me if any of these groups include the charge that covered ((Person)'s stay at (Hospital) that began on (Admit Date)/((Person)'s visit to (Provider) on (Visit Date)/the (ome Item Group Name) used by (Person) since (Start Date)/services received at home from (Provider) during (Month) for (Person)/(Provider)'s services as part of the visit made on (Visit Date)).

Review flat fee groups with respondent.
Select flat fee group covered by same charge as event being asked about.

To turn check mark on/off, use arrow keys, press enter.
To leave, press esc.

[1. Flat Fee Group] ....................
[2. Flat Fee Group] ....................
[3. Flat Fee Group] ....................

(Code One)

----------------------------------------------------
|  ROSTER DEFINITION: THIS ITEM DISPLAYS ALL FLAT   |
|  FEE GROUPS ON THE PERSON'S-FLAT-FEE-GROUPS-ROSTER|
|  CREATED IN THIS ROUND AND IN THE PREVIOUS ROUNDS.|
----------------------------------------------------

----------------------------------------------------
|  DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON |
|  THE ROSTER.                                       |
----------------------------------------------------

----------------------------------------------------
|  IF A FLAT FEE GROUP IS SELECTED, GO TO BOX_02    |
----------------------------------------------------

----------------------------------------------------
|  IF 'NONE OF THE ABOVE' IS SELECTED, CONTINUE WITH|
|  FF02                                              |
----------------------------------------------------

----------------------------------------------------
|  NOTE: SINCCE THIS ROSTER WILL INCLUDE ALL FLAT FEE|
|  GROUPS, CURRENT ROUND SINGLE EVENTS CAN BE ADDED |
|  TO ANY FLAT FEE GROUP CREATED DURING THE CURRENT |
|  ROUND OR A PREVIOUS ROUND.                        |
----------------------------------------------------

FF02
====

(Person's First Middle and Last Name) (Name of Medical Care Provider.) (EV) (Evn-Dt)
Let me review the list of health care events I have recorded for (PERSON). Please tell me which of these were included in the same charge that covered ((PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE)).

REVIEW EVENTS WITH RESPONDENT.
SELECT EVENTS COVERED BY SAME CHARGE AS EVENT BEING ASKED ABOUT.

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

<table>
<thead>
<tr>
<th>ROSTER. PROVIDER</th>
<th>FF02_02. STAY TYPE</th>
<th>FF02_03. ADMIT DATE</th>
<th>FF02_04 DISCH DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
</tbody>
</table>

---------------------------
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL MEDICAL EVENTS ON PERSON’S-MEDICAL-EVENTS-ROSTER THAT MEET THE FOLLOWING CONDITIONS:
- EVENT HAS CP STATUS OF ‘PROCESSED’ OR ‘UNPROCESSED’
- EVENT IS NOT ALREADY INCLUDED IN A FLAT FEE GROUP OR A REPEAT VISIT GROUP
- EVENT IS NOT ALREADY CODED (VERIFIED) AS A COPAYMENT
- EVENT TYPE IS NOT PM, IC, OM TYPE 2 (INSULIN), OR OM TYPE 3 (OTHER DIABETIC SUPPLIES OR EQUIPMENT)
- EVENT IS NOT AN HS EVENT WITH A DISCHARGE DATE CODED ‘95’ (STILL IN HOSPITAL)
- EVENT IS NOT AN MV OR OP EVENT THAT WAS A TELEPHONE CALL (OP02 OR MV01 CODED ‘2’)
- EVENT IS NOT A HH EVENT WITH EVENT DATE = INTERVIEW MONTH
---------------------------
DISPLAY 'OUTSIDE REFERENCE PERIOD' AS THE LAST ENTRY IN THE 'EVENT DATE' COLUMN.
---------------------------

FF03
====

(Person’s First Middle and Last Name) (Name of Medical Care Provider.) (EV) (Evn-DT)

INTERVIEWER: RECORD ‘NAME OF FLAT FEE GROUP’ FOR EVENTS SELECTED IN PREVIOUS QUESTION:

[Enter Flat Fee Group]

-------------------------------
WRITE FLAT FEE GROUP TO PERSON’S-FLAT-FEE-GROUPS-ROSTER.
-------------------------------

IF ROUND 1, CONTINUE WITH FF04

-------------------------------
IF ROUND 5, GO TO FF09

-------------------------------
| OTHERWISE, GO TO BOX 02 |

---

**FF04**

**(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)**
**FLAT FEE GROUP: (NAME OF FLAT FEE EVENT GROUP..)**

Did the charge which included the services for **(FLAT FEE GROUP)** cover any visits before **(START DATE)**?

YES ........................................................................ 1
NO ......................................................................... 2 {FF06}
REF ................................................................. -7 {FF06}
DK ................................................................. -8 {FF06}

---

**FF05**

**(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)**
**FLAT FEE GROUP: (NAME OF FLAT FEE EVENT GROUP..)**

How many visits did **(PERSON)** have before **(START DATE)**?

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

---

**FF06**

**(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)**
**FLAT FEE GROUP: (NAME OF FLAT FEE EVENT GROUP..)**

Did the charge that included the services for **(FLAT FEE GROUP)** cover any surgical procedures before **(START DATE)**?

YES ........................................................................ 1
NO ......................................................................... 2 {BOX_02}
REF ................................................................. -7 {BOX_02}
DK ................................................................. -8 {BOX_02}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

---

**FF07**

**(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)**
**FLAT FEE GROUP: (NAME OF FLAT FEE EVENT GROUP..)**

**INTERVIEWER:** IS THE VISIT THAT INCLUDES SURGERY ALREADY PART OF THE FLAT FEE GROUP?

YES ........................................................................ 1 {BOX_02}
NO ......................................................................... 2
REF ................................................................. -7
DK ................................................................. -8

[Code One]

---

**FF08**

**(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)**
**FLAT FEE GROUP: (NAME OF FLAT FEE EVENT GROUP..)**

Was this the kind of surgery for which **(PERSON)** had to stay in the hospital at least one night or (were/was) **(PERSON)** allowed to go home the same day of the surgery?
AT LEAST ONE NIGHT ..................... 1 {BOX_02}
SAME DAY .................................... 2 {BOX_02}
REF ...................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

FF09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Will the charge which includes the services for (FLAT FEE GROUP) cover any visits after December 31, 1999?

YES .................................... 1
NO ....................................... 2 {FF11}
REF ..................................... -7 {FF11}
DK ..................................... -8 {FF11}

FF10
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Approximately, how many visits will (PERSON) have after December 31, 1999?

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

FF11
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Will the charge that includes the services for (FLAT FEE GROUP) cover any surgical procedures after December 31, 1999?

YES .................................... 1
NO ....................................... 2 {BOX_02}
REF ..................................... -7 {BOX_02}
DK ..................................... -8 {BOX_02}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

FF12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

INTERVIEWER: IS THE VISIT THAT INCLUDES SURGERY ALREADY PART OF THE FLAT FEE GROUP?

YES .................................... 1 {BOX_02}
NO ....................................... 2
REF ..................................... -7
DK ..................................... -8

[Code One]

FF13
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Will this be the kind of surgery for which (PERSON) has to stay in the hospital at least one night or will (PERSON) be allowed
to go home the same day of the surgery?

| AT LEAST ONE NIGHT | 1 |
| SAME DAY          | 2 |
| REF               | -7 |
| DK               | -8 |

[Code One]

BOX_02

-------------------------------
| RETURN TO THE EVENT DRIVER FOR THIS EVENT-PROVIDER PAIR. IF EVENT-PROVIDER PAIR BEING ASKED ABOUT WAS PART OF AN EXISTING FLAT FEE GROUP (A NAME WAS SELECTED AT FF01), FLAG THE CP STATUS OF THE EVENT-PROVIDER PAIR AS 'PROCESSED'. IF A NEW FLAT FEE GROUP WAS FORMED AT FF02, THE COMPLETE (FROM THE BEGINNING) CP SECTION WILL BE ASKED FOR THIS FLAT FEE GROUP. |
-------------------------------
Health Status (HE) Section

BOX_01
=======

NOTE: THIS SECTION IS ASKED FOR ALL CURRENT RU MEMBERS AND INSTITUTIONALIZED PERSONS. DO NOT ASK THIS SECTION FOR DECEASED PERSONS.

NOTE: QUESTIONS HE01 THROUGH HE06 ARE ASKED EVERY ROUND.

NOTE: THROUGHOUT THE HEALTH STATUS (HE) SECTION, AGE CATEGORIES ARE REFERENCED WHEN A TRUE AGE WAS NOT OBTAINED. THE AGES FOR THESE AGE CATEGORIES ARE AS FOLLOWS:

1 = LESS THAN 1 YEAR OLD
2 = 1-4
3 = 5-15
4 = 16-23
5 = 24-34
6 = 35-44
7 = 45-54
8 = 55-64
9 = 65 YEARS OLD OR OLDER

HE01
====

The next few questions are about difficulties people may have with everyday activities such as getting around, bathing or taking medications. We are interested in difficulties due to an impairment or a physical or mental health problem.

(Also, please keep in mind that we are only interested in difficulties family members may have had between (START DATE) and (END DATE).)

Does anyone in the family receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping?

YES .................................... 1
NO ..................................... 2 {HE04}
REF ................................... -7 {HE04}
DK .................................... -8 {HE04}

PRESS F1 FOR DEFINITION OF IMPAIRMENT AND HELP/SUPERVISION.

DISPLAY 'Also, please keep in mind that we are only interested in difficulties family members may have had between (START DATE) and (END DATE).’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

IF CODED '1' (YES) AND A SINGLE PERSON RU, AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT HE02 BY CAPI AND GO TO HE04

IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE02
HELP OR SUPERVISION USING THE TELEPHONE, PAYING BILLS, TAKING MEDICATIONS, PREPARING LIGHT MEALS, DOING LAUNDRY, OR GOING SHOPPING.

Who is that?

PROBE: Does anyone else receive help or supervision doing these types of activities?

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

1. First Name,[Middle Name],Last Name-65
2. First Name,[Middle Name],Last Name-65
3. First Name,[Middle Name],Last Name-65

-------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.
-------------------------------------------------------------------

LOOP_01

-------------------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
| ASK HE03 - END_LP01
-------------------------------------------------------------------

-------------------------------------------------------------------
| LOOP DEFINITION: LOOP_01 DETERMINES IF PERSONS < 13 YEARS OF AGE RECEIVE HELP OR SUPERVISION WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
| - PERSON IS NOT DECEASED
| - PERSON RECEIVES HELP WITH INSTRUMENTAL ACTIVITIES OF DAILY LIVING (I.E., PERSON SELECTED AT HE02)
| - PERSON < 13 YEARS OF AGE OR IN AGE CATEGORY 1-3
-------------------------------------------------------------------

HE03

(Do/Does) (PERSON) receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry or going shopping because of an impairment or a physical or mental health problem?

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

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

-------------------------------------------------------------------
| IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: IADL SECTION.
-------------------------------------------------------------------
END_LP01
=======

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_01 AND CONTINUE WITH HE04 |

HE04
====

{STR-DT}
{END-DT}

Does anyone in the family receive help or supervision with personal care such as bathing, dressing, or getting around the house?

YES ........................................ 1
NO ......................................... 2 {BOX_02}
REF ....................................... -7 {BOX_02}
DK ......................................... -8 {BOX_02}

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT |
| HE05 BY CAPI AND GO TO BOX_02 |

| IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE |
| WITH HE05 |

HE05
====

{STR-DT}
{END-DT}

HELP OR SUPERVISION WITH PERSONAL CARE SUCH AS BATHING, DRESSING OR GETTING AROUND THE HOUSE.

Who is that?

PROBE: Does anyone else receive help or supervision with personal care?

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| PERSONS ON THE RU-MEMBERS-ROSTER, EXCLUDING |
| DECEASED RU MEMBERS. |

| FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS |
| OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC |
| SUPPLEMENT: ADL SECTION. |
LOOP_02
========

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| HE06 - END_LP02 |

-------------------------------
| LOOP DEFINITION: LOOP_02 DETERMINES IF PERSONS |
| < 13 YEARS OF AGE RECEIVE HELP OR SUPERVISION WITH |
| PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING) |
| BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL |
| HEALTH PROBLEM. THIS LOOP CYCLES ON RU MEMBERS |
| WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON RECEIVES HELP OR SUPERVISION WITH |
| PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING, |
| THAT IS, THE PERSON IS SELECTED AT HE05) |
| - PERSON <13 YEARS OF AGE OR IN AGE CATEGORIES 1-3 |

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

HE06
====

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

(Do/Does) (PERSON) receive help or supervision with personal care such as bathing, dressing or getting around the house because of an impairment or a physical or mental health problem?

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

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

-------------------------------
| IF CODED '1' (YES), FLAG PERSON FOR THE LTC |
| SUPPLEMENT: ADL SECTION. |

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

END_LP02
========

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

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

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

BOX_02
======

-------------------------------
| IF ROUND 1 OR ROUND 3 OR ROUND 5, CONTINUE WITH |
| HE07 |

-------------------------------
| IF ROUND 2 OR ROUND 4, GO TO HE26 |

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

HE07
====

{STR-DT}
{END-DT}
Does anyone in the family use any aids such as a walker, grab bars in the bathtub or any other special equipment for personal care or everyday activities?

YES .................................... 1
NO ........................................ 2 {HE09}
REF ..................................... -7 {HE09}
DK ........................................ -8 {HE09}

PRESS F1 FOR EXAMPLES OF AIDS/SPECIAL EQUIPMENT.

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,        |
| AUTOMATICALLY CODE PERSON AS 'USES AIDS' AT HE08  |
| BY CAPI AND GO TO HE09                            |

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
| WITH HE08                                         |

HE08

{STR-DT}
(END-DT)

USE ANY AIDS SUCH AS A WALKER, GRAB BARS IN THE BATHTUB OR ANY OTHER SPECIAL EQUIPMENT FOR PERSONAL CARE OR EVERYDAY ACTIVITIES.

Who is that?

PROBE: Does anyone else use any aids for personal care or everyday activities?

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |

----------------------------------------------------
| FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: |
| AIDS/SPECIAL EQUIPMENT SECTION.                     |

HE09

{STR-DT}
(END-DT)

Does anyone in the family have difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time?

YES .................................... 1
NO ........................................ 2 {HE19}
REF ..................................... -7 {HE19}
DK ........................................ -8 {HE19}

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,        |
| AUTOMATICALLY CODE PERSON AS 'HAVING DIFFICULTY' |
| AT HE10 BY CAPI AND GO TO LOOP_03                 |

----------------------------------------------------
IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE
WITH HE10

HE10

[STR-DT]
[END-DT]

DIFFICULTIES WALKING, CLIMBING STAIRS, GRASPING OBJECTS, REACHING OVERHEAD, LIFTING, BENDING OR STOOPING, OR STANDING FOR LONG PERIODS OF TIME.

Who is that?

PROBE: Does anyone else have difficulties doing these types of activities?

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC SUPPLEMENT: FUNCTIONAL LIMITATIONS SECTION.

LOOP 03

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE11 - END_LP03

LOOP DEFINITION: LOOP 03 COLLECTS INFORMATION ON THE LEVEL OF FUNCTIONAL LIMITATION WITH VARIOUS PHYSICAL ACTIVITIES FOR PERSONS = OR > 13 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON HAS FUNCTIONAL LIMITATIONS (I.E., PERSON SELECTED AT HE10)
- PERSON = OR > 13 YEARS OF AGE OR IN AGE CATEGORIES 4-9

BOX 03

OMITTED.

HE11

[PERSON'S FIRST MIDDLE AND LAST NAME] [STR-DT]
[END-DT]

SHOW CARD HE-1.

(For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.)
Please look at this card and tell me how much difficulty (do/does) (PERSON) have lifting something as heavy as 10 pounds, such as a full bag of groceries? Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ....................... 2
A LOT OF DIFFICULTY ................... 3
COMPLETELY UNABLE TO DO IT .......... 4
REF .................................. -7
DK .................................... -8

[Code One]

----------------------------------------------------
| DISPLAY ‘For these next questions, I would like | |
| you to think about the time when (PERSON) entered | |
| the institution and what (PERSON) was able to do | |
| at that time.’ IF PERSON BEING ASKED ABOUT CODED | |
| AS BEING INSTITUTIONALIZED AT END DATE. IF PERSON | |
| BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN | |
| THE RU, USE A NULL DISPLAY. |
----------------------------------------------------

HE12
====

(Person's first middle and last name) (str-DT) (end-DT)

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking up 10 steps without resting?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

IF respondent volunteers that person is completely unable to walk, code 5.

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ....................... 2
A LOT OF DIFFICULTY ................... 3
COMPLETELY UNABLE TO DO IT .......... 4
COMPLETELY UNABLE TO WALK .......... 5
REF .................................. -7
DK .................................... -8

[Code One]

----------------------------------------------------
| IF CODED ‘5’ (COMPLETELY UNABLE TO WALK), |
| AUTOMATICALLY CODE HE13, HE14, HE15, AND HE16 AS |
| ’4’ (COMPLETELY UNABLE TO DO IT) BY CAI, AND GO |
| TO HE17 |
----------------------------------------------------

| OTHERWISE, CONTINUE WITH HE13 |
----------------------------------------------------

HE13
====

(Person's first middle and last name) (str-DT) (end-DT)

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking about 3 city blocks or about a quarter of a mile?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?
NO DIFFICULTY .......................... 1
SOME DIFFICULTY ........................ 2
A LOT OF DIFFICULTY ........................ 3
COMPLETELY UNABLE TO DO IT .................. 4
REF ................................... -7
DK .................................... -8

[Code One]

| IF CODED '4' (COMPLETELY UNABLE TO DO IT), |
| AUTOMATICALLY CODE HE14 AS '4' (COMPLETELY UNABLE |
| TO DO IT) BY CAPI, AND GO TO HE15 |

| OTHERWISE, CONTINUE WITH HE14 |

HE14
====

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

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking a mile?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .......................... 1
SOME DIFFICULTY ........................ 2
A LOT OF DIFFICULTY ........................ 3
COMPLETELY UNABLE TO DO IT .................. 4
REF ................................... -7
DK .................................... -8

[Code One]

HE15
====

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

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have standing for about 20 minutes?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .......................... 1
SOME DIFFICULTY ........................ 2
A LOT OF DIFFICULTY ........................ 3
COMPLETELY UNABLE TO DO IT .................. 4
REF ................................... -7
DK .................................... -8

[Code One]

HE16
====

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

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have bending down or stooping from a standing position to pick up an object from the floor or tie a shoe?
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have reaching up overhead, for example to remove something from a shelf?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

<table>
<thead>
<tr>
<th>NO DIFFICULTY</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOME DIFFICULTY</td>
<td>2</td>
</tr>
<tr>
<td>A LOT OF DIFFICULTY</td>
<td>3</td>
</tr>
<tr>
<td>COMPLETELY UNABLE TO DO IT</td>
<td>4</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have using fingers to grasp or handle something such as picking up a glass from a table or using a pencil to write?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

<table>
<thead>
<tr>
<th>NO DIFFICULTY</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOME DIFFICULTY</td>
<td>2</td>
</tr>
<tr>
<td>A LOT OF DIFFICULTY</td>
<td>3</td>
</tr>
<tr>
<td>COMPLETELY UNABLE TO DO IT</td>
<td>4</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]
Is anyone in the family limited in any way in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

YES .................................... 1
NO ..................................... 2 {HE22}
REF ................................. -7 {HE22}
DK ................................. -8 {HE22}

PRESS F1 FOR DEFINITION OF LIMITED ABILITY AND IMPAIRMENT.

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,        |
| AUTOMATICALLY CODE PERSON AS 'LIMITED ABILITY' AT |
| HE20 BY CAPI AND GO TO LOOP_04                    |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
| WITH HE20                                         |
----------------------------------------------------

HE20
====

LIMITED ABILITY TO WORK AT A JOB, DO HOUSEWORK OR GO TO SCHOOL BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is anyone else limited in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- |
| MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |
----------------------------------------------------

----------------------------------------------------
| FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS |
| OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC         |
| SUPPLEMENT: WORK-HOUSEWORK-SCHOOL LIMITATIONS   |
| SECTION.                                         |
----------------------------------------------------

LOOP_04
======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
HE20A - END_LP04

LOOP DEFINITION: LOOP 03 COLLECTS INFORMATION ON WORK/HOUSEWORK/SCHOOL LIMITATIONS BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM FOR PERSONS = OR > 5 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS LIMITED IN ABILITY TO WORK AT A JOB,
HE20A
=====

(Person’s first middle and last name) {STR-DT}
(END-DT)

Which activities is (PERSON) limited in doing because of an impairment or a physical or mental health problem - working at a job, doing housework, or going to school?

CODE ALL THAT APPLY.

WORKING AT A JOB .......................... 1
DOING HOUSEWORK ........................... 2
GOING TO SCHOOL ............................ 3
REF ........................................... -7
DK ............................................. -8

[Code All That Apply]

HE21
=====

(Person’s first middle and last name) {STR-DT}
(END-DT)

(At the time (PERSON) entered the institution, was/(Are/Is)) (PERSON) completely unable to {work at a job} , {do housework} and {go to school}?

YES ........................................... 1
NO ............................................. 2
REF ........................................... -7
DK ............................................. -8
DISPLAY 'go to school' IF HE20A IS CODED '3' (GOING TO SCHOOL), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT CODED '3', '-7', OR '-8', USE A NULL DISPLAY.

END_LP04
========

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH HE22.

HE22
====

{STR-DT}
{END-DT}

Besides the limitations we just talked about, is anyone in the family limited in participating in social, recreational or family activities because of an impairment or a physical or mental health problem?

YES .................................... 1
NO ..................................... 2 {HE24}
RE ................................... -7 {HE24}
DK .................................... -8 {HE24}

PRESS F1 FOR DEFINITION OF LIMITED IN PARTICIPATING.

IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'LIMITED IN PARTICIPATION' AT HE23 BY CAPI AND GO TO HE24.

IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE23.

HE23
====

{STR-DT}
{END-DT}

LIMITED IN PARTICIPATION IN SOCIAL, RECREATIONAL OR FAMILY ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is anyone else limited in participation in activities because of an impairment or a physical or mental health problem?

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.
FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC SUPPLEMENT: SOCIAL LIMITATIONS SECTION.

HE24
====

(STR-DT)
(END-DT)

Do any of the adults in the family...
(1= YES, 2= NO)

YES NO REF DK

HE24_01
====

Experience confusion or memory loss such that it interferes with daily activities? 1 2 -7 -8

HE24_02
====

Have problems making decisions to the point that it interferes with daily activities? 1 2 -7 -8

HE24_03
====

Require supervision for their own safety? 1 2 -7 -8

IF HE24_01, HE24_02, OR HE24_03 IS CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE AS 'EXPERIENCES CONFUSION' AT HE25 BY CAPI AND GO TO BOX 05

IF HE24_01, HE24_02, AND HE24_03 ARE ALL CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX 05

OTHERWISE, CONTINUE WITH HE25

HE25
====

(STR-DT)
(END-DT)

EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES) HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES) REQUIRE SUPERVISION FOR THEIR OWN SAFETY

Who is that?

PROBE: Does anyone else {experience confusion or memory loss such that it interferes with daily activities} {or }have problems making decisions to the point that it interferes with ...
daily activities} {(or )require supervision for their own safety)?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS

<p>|  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS |
|  IN THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU |</p>
<table>
<thead>
<tr>
<th>MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY 'EXPERIENCE CONFUSION OR MEMORY LOSS SUCH</td>
</tr>
<tr>
<td>THAT IT INTERFERES WITH DAILY ACTIVITIES' IF</td>
</tr>
<tr>
<td>HE24_01 CODED '1' (YES).</td>
</tr>
</tbody>
</table>

DISPLAY '(/)HAVE PROBLEMS MAKING DECISIONS TO THE |
|  POINT THAT IT INTERFERES WITH DAILY ACTIVITIES' IF |
|  HE24_02 CODED '1' (YES).  DISPLAY THE '/' ONLY IF |
|  HE24_01 IS ALSO CODED '1' (YES). |

DISPLAY '(/)REQUIRE SUPERVISION FOR THEIR OWN |
|  SAFETY' IF HE24_03 IS CODED '1' (YES).  DISPLAY |
|  THE '/' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO |
|  CODED '1' (YES).

DISPLAY 'experience confusion or memory loss such |
|  that it interferes with daily activities' IF |
|  HE24_01 CODED '1' (YES). |

DISPLAY '{or }have problems making decisions to |
|  the point that it interferes with daily |
|  activities' IF HE24_02 CODED '1' (YES).  DISPLAY |
|  THE 'or ' ONLY IF HE24_01 IS ALSO CODED '1' (YES).|

DISPLAY '{or }require supervision for their own |
|  safety' IF HE24_03 IS CODED '1' (YES).  DISPLAY |
|  'or ' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO |
|  CODED '1' (YES).

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FLAG ALL SELECTED PERSONS WHO ARE = OR &gt; 18 YEARS</td>
</tr>
<tr>
<td>OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC</td>
</tr>
<tr>
<td>SUPPLEMENT: COGNITIVE LIMITATIONS SECTION.</td>
</tr>
</tbody>
</table>

BOX_05
======

|  IF ROUND 1, GO TO BOX_10 |

|  IF ROUND 3 OR 5, CONTINUE WITH BOX_05A |

BOX_05A
======

|  IF ANY CURRENT RU MEMBERS (NOT DECEASED OR |
|  INSTITUTIONALIZED) < OR = 15 YEARS OF AGE OR IN |
|  AGE CATEGORIES 1 - 3, CONTINUE WITH HE25A |

|  OTHERWISE, GO TO BOX_10 |
Parents use different types of child care for their children while they are working, such as a day care center or care provided by a relative.

During 1999, did any of the children living here, who are 15 years of age or younger, require child care arrangements, other than school attendance, because the child’s parents were working?

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

During 1999, was this child usually cared for by a relative or by a non-relative?

IF NECESSARY SAY, Please consider only the care provided to the youngest child.

RELATIVE ............................... 1
NON-RELATIVE ........................... 2
REF ................................... -7
DK .................................... -8

Where was this care usually provided?

IF NECESSARY SAY, Please consider only the care provided to the youngest child.

CHILD’S HOME ........................... 1
OTHER PRIVATE HOME ..................... 2
NURSERY, PRESCHOOL ..................... 3
ORGANIZED (BEFORE/AFTER) SCHOOL ACTIVITIES .......................... 4
DAY CARE CENTER, NOT AT PARENT’S WORKPLACE ........................... 5
DAY CARE CENTER, AT PARENT’S WORKPLACE . 6
PARENT WATCHES CHILD AT WORK ........... 7
SOME OTHER ARRANGEMENT ................ 91
REF ................................... -7
DK .................................... -8

Does anyone in the family wear eyeglasses or contact lenses?

YES ................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AT HE27 BY CAPI AND GO TO HE28

IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE27

---

HE27

{STR-DT}
{END-DT}

Who is that?

PROBE: Does anyone else wear eyeglasses or contact lenses?

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

---

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

---

HE28

{STR-DT}
{END-DT}

Does anyone in the family have any difficulty seeing [with glasses or contacts, if they use them]?

YES ................................... 1
NO ..................................... 2 {HE33}
REF .................................... -7 {HE33}
DK ..................................... -8 {HE33}

---

DISPLAY '[with glasses or contacts, if they use them]' IF HE26 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.

---

IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'VISION IMPAIRED' AT HE29 BY CAPI AND GO TO LOOP_05

---

IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE29

---

HE29

{STR-DT}
{END-DT}

DIFFICULTY SEEING [(WITH GLASSES OR CONTACTS, IF THEY USE THEM)].

Who is that?

PROBE: Does anyone else have any difficulty seeing [with glasses or contacts, if they use them]?
ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

DISPLAY '[WITH GLASSES OR CONTACTS, IF THEY USE THEM]' IF HE26 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY. Display '[with glasses or contacts, if they use them]' IF HE26 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.

LOOP_05
======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE30 - END_LP05

LOOP DEFINITION: LOOP_05 COLLECTS VISION IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY SEEING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON HAS DIFFICULTY SEEING (I.E., PERSON SELECTED AT HE29)

HE30
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)

(With glasses or contacts, can) (PERSON) see well enough to read ordinary newspaper print, even if (PERSON) cannot read?

YES ................................... 1 {END_LP05)
NO .................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF BLIND.

IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: VISION SECTION AND GO TO END_LP05

OTHERWISE, CONTINUE WITH HE31

HE31
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)

Can (PERSON) not see anything at all, that is, (are/is) (PERSON) blind?

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

PRESS F1 FOR DEFINITION OF BLIND.

IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: VISION SECTION AND GO TO END_LP05

OTHERWISE, CONTINUE WITH HE31
With glasses or contacts, can (PERSON) see well enough to recognize familiar people if they are two or three feet away?

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

IF CODED '2' (NO), FLAG PERSON FOR THE LTC SUPPLEMENT: VISION SECTION.

Does anyone in the family wear a hearing aid?

YES ................................... 1
NO .................................... 2 (HE35)
REF .................................... -7 (HE35)
DK .................................... -8 (HE35)

IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AT HE34 BY CAPI AND GO TO HE35

IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE34
PROBE: Does anyone else wear a hearing aid?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |
-----------------------------------------------
| FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: |
| HEARING SECTION.                                   |
-----------------------------------------------

HE35
====

(STR-DT)
(END-DT)

Does anyone in the family have any difficulty hearing{ [with a hearing aid, if they use one]}?

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

| DISPLAY '{with a hearing aid, if they use one}' |
| IF HE33 IS CODED '1' (YES). OTHERWISE, USE A NULL |
| DISPLAY.                                        |
-----------------------------------------------

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'HEARING IMPAIRED' AT |
| HE36 BY CAPI AND GO TO LOOP_06               |
-----------------------------------------------

| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
| CONTINUE WITH HE36                       |
-----------------------------------------------

HE36
====

(STR-DT)
(END-DT)

DIFFICULTY HEARING { [WITH A HEARING AID, IF THEY USE ONE]}.

Who is that?

PROBE: Does anyone else have any difficulty hearing{ [with a hearing aid, if they use one]}?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |
-----------------------------------------------
|                                    |
DISPLAY ‘[WITH A HEARING AID, IF THEY USE ONE]’ IF
HE33 IS CODED ‘1’ (YES). OTHERWISE USE A NULL
DISPLAY. DISPLAY ‘[with a hearing aid, if they
use one]’ IF HE33 IS CODED ‘1’ (YES). OTHERWISE,
USE A NULL DISPLAY.

LOOP_06

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
HE37 - END_LP06

LOOP DEFINITION: LOOP 06 COLLECTS HEARING
IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY
HEARING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET
THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON HAS DIFFICULTY HEARING (I.E., PERSON
SELECTED AT HE36)

HE37

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)
(END-DT)

Can (PERSON) not hear any speech at all, that is, (are/is)
(PERSON) deaf?

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

PRESS F1 FOR DEFINITION OF DEAF.

IF CODED '1' (YES), FLAG PERSON FOR THE LTC
SUPPLEMENT: HEARING SECTION AND GO TO END_LP06

OTHERWISE, CONTINUE WITH HE38

HE38

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)
(END-DT)

(With a hearing aid, can/Can) (PERSON) hear most of the things
people say?

YES ...................................... 1 {END_LP06}
NO ....................................... 2
REF ..................................... -7
DK ...................................... -8

DISPLAY 'With a hearing aid, can’ IF PERSON
BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE
(PERSON NOT SELECTED AT HE34), DISPLAY ‘Can’.

HE39

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)
(END-DT)
(With a hearing aid, can/Can) (PERSON) hear some of the things people say?

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

DISPLAY 'With a hearing aid, can' IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE (PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.

IF CODED '2' (NO), FLAG PERSON FOR THE LTC SUPPLEMENT: HEARING SECTION.

END_LP06

BOX_06

HE40

The following questions are about some aspects of children’s health. We will begin with some questions for children who are 4 years old or younger.

(Is/Are) (READ NAMES FROM BELOW) limited in any way in any activities, including play activities, because of an impairment or a physical or mental health problem?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES ...................................  1
NO ....................................  2 {BOX_07}
REF .................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO ARE < OR = 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, CONTINUE WITH HE40.

OTHERWISE, GO TO BOX_07

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_06

IF ANY RU MEMBERS < OR = 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, CONTINUE WITH HE40

OTHERWISE, GO TO BOX_07
AGE OR IN AGE CATEGORIES 1 OR 2, EXCLUDING DECEASED RU MEMBERS.

IF CODED '1' (YES) AND ONLY 1 RU MEMBER < OR = 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, AUTOMATICALLY CODE PERSON AS '< = 4 AND LIMITED ACTIVITIES' AT HE41 BY CAPI. ALSO FLAG THAT PERSON FOR THE LTC SUPPLEMENT: CHILD < = 4 LIMITED ACTIVITIES, AND GO TO LOOP_07

IF CODED '1' (YES) AND MORE THAN 1 RU MEMBER < OR = 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, CONTINUE WITH HE41

HE41

{STR-DT}
{END-DT}

LIMITED IN ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is any other child, age 4 years or younger, limited in any activities because of an impairment or a physical or mental health problem?

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO ARE < OR = 4 YEARS OF AGE OR IN AGE CATEGORIES 1 OR 2, EXCLUDING DECEASED RU MEMBERS.

FLAG SELECTED PERSONS FOR THE LTC SUPPLEMENT: CHILD < = 4 LIMITED ACTIVITIES

LOOP_07

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE42 - END_LP07

LOOP DEFINITION: LOOP 07 COLLECTS INFORMATION ON PLAY ACTIVITY LIMITATIONS BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM FOR PERSONS < OR = 4 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS LIMITED IN PLAY ACTIVITIES (I.E., PERSON SELECTED AT HE41)
- PERSON < OR = 4 YEARS OF AGE OR IN AGE CATEGORIES 1-2

HE42

====
Is (PERSON) limited in the kind or amount of play activities (PERSON) can do because of any impairment or physical or mental health problem?

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

PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.

HE43
=====

Does (PERSON)'s impairment or physical or mental health problem keep (PERSON) from being able to take any part in the usual kind of play activities done by most children of this age?

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

PRESS F1 FOR DEFINITION OF IMPAIRMENT AND LIMITED ACTIVITIES.

<table>
<thead>
<tr>
<th>IF HE42 OR IF HE43 IS CODED '1' (YES), CONTINUE WITH HE44</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO END_LP07</td>
</tr>
</tbody>
</table>

HE44
=====

Does (PERSON) participate in any special program or receive any early intervention services aimed at improving (PERSON)'s ability to participate in play activities?

YES, SPECIAL PROGRAM .................. 1 {END_LP07}
YES, EARLY INTERVENTION SERVICES ..... 2 {END_LP07}
YES, BOTH ............................. 3 {END_LP07}
NO .................................... 4 {END_LP07}
OTHER ................................. 91
REF ................................... -7 {END_LP07}
DK .................................... -8 {END_LP07}

PRESS F1 FOR DEFINITION OF INTERVENTION SERVICES AND IMPROVING ABILITIES.

[Code One]

HE44OV
======

ENTER OTHER:

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

END_LP07
========
<p>| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |</p>
<table>
<thead>
<tr>
<th>MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF NO OTHER PERSONS MEET THE STATED CONDITIONS,</td>
</tr>
<tr>
<td>END LOOP_07 AND CONTINUE WITH BOX_07</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>
| BOX_07 ==========
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IF ANY RU MEMBERS &lt; OR = 6 YEARS OF AGE OR IN AGE</td>
</tr>
<tr>
<td>CATEGORIES 1-3, CONTINUE WITH LOOP_08</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_08</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>
| LOOP_08 ==========
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK</td>
</tr>
<tr>
<td>HE45 - END_LP08</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION ON</td>
</tr>
<tr>
<td>IMMUNIZATIONS FOR PERSONS &lt; OR = 6 YEARS OF AGE.</td>
</tr>
<tr>
<td>THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE</td>
</tr>
<tr>
<td>FOLLOWING CONDITIONS:</td>
</tr>
<tr>
<td>- PERSON IS NOT DECEASED</td>
</tr>
<tr>
<td>- PERSON &lt; OR = 6 YEARS OF AGE OR IN AGE</td>
</tr>
<tr>
<td>CATEGORIES 1-3</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>
| HE45 ======
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}</td>
</tr>
<tr>
<td>{END-DT}</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>{The following questions are about some aspects of</td>
</tr>
<tr>
<td>children's health.}</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Has (PERSON) ever been immunized for certain diseases, that is,</td>
</tr>
</tbody>
</table>
| received any shots or drops to prevent the following diseases:
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, whooping cough and tetanus [DPT or DTP shots]?</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>YES ................................... 1</td>
</tr>
<tr>
<td>NO .................................... 2 {HE47}</td>
</tr>
<tr>
<td>REF .................................... -7 {HE47}</td>
</tr>
<tr>
<td>DK .................................... -8 {HE47}</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY 'The following questions are about some</td>
</tr>
<tr>
<td>aspects of children's health.' IF HE40 WAS NOT</td>
</tr>
<tr>
<td>ASKED. OTHERWISE, USE A NULL DISPLAY.</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>
| HE46 ======
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}</td>
</tr>
<tr>
<td>{END-DT}</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Was this once or several times?</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>PROBE: Was (PERSON) immunized for diphtheria, whooping cough</td>
</tr>
<tr>
<td>and tetanus [DPT or DTP] once or several times?</td>
</tr>
</tbody>
</table>
Polio [drops by mouth]?
PROBE: Has (PERSON) ever been immunized for polio, that is, received any shots or drops to prevent this disease?

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

Was this once or several times?
PROBE: Was (PERSON) immunized for polio once or several times?

ONCE ....................................... 1
SEVERAL TIMES ............................ 2
REF .......................................... -7
DK ........................................... -8

Measles or MMR [Measles, Mumps, Rubella or German Measles]?
PROBE: Has (PERSON) ever been immunized for measles or MMR [Measles, Mumps, Rubella or German Measles], that is, received any shots or drops to prevent these diseases?

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

Hepatitis B?
PROBE: Has (PERSON) ever been immunized for hepatitis B, that is, received any shots or drops to prevent this disease?

YES ........................................ 1
NO .......................................... 2
REF .......................................... -7
DK ........................................... -8
---
**CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION**
---

**IF NO OTHER PERSONS MEET THE STATED CONDITIONS,**
**END LOOP_08 AND CONTINUE WITH BOX_08**
---

**BOX_08**
---

**IF ANY RU MEMBERS AGED 5 - 17 YEARS, INCLUSIVE, OR IN AGE CATEGORY 3, CONTINUE WITH LOOP_09**
---

**OTHERWISE, GO TO BOX_09**
---

**LOOP_09**
---

**FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE50 - END_LP09**
---

**LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION ON ACTIVITIES, LIMITATIONS, AND SPECIAL PROGRAMS FOR PERSONS 5-17 YEARS OF AGE, INCLUSIVE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:**
- PERSON IS NOT DECEASED
- PERSON IS AGED 5-17 YEARS, INCLUSIVE, OR IN AGE CATEGORY 3
---

**HE50**
---

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

SHOW CARD HE-2.

(The following questions are about some aspects of children's health.)

In this series of questions, please rate (PERSON) on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem.

In general, how much of a problem do you think (PERSON) has with:

PROBE: Please rate on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem, how much of a problem you think (PERSON) has with (ACTIVITY).

CODE 99 IF RESPONDENT INDICATES THE QUESTION IS INAPPLICABLE.

HE50_01. a. Getting along with mother? ( )
HE50_02. b. Getting along with father? ( )
HE50_03. c. Feeling unhappy or sad? ( )
HE50_04. d. (His/Her) behavior at school? ( )
HE50_05. e. Having fun? ( )
HE50_06. f. Getting along with other adults? ( )
HE50_07. g. Feeling nervous or afraid? ( )
HE50_08. h. Getting along with brothers and sisters? ( )
HE50_09. i. Getting along with other kids? ( )
Getting involved in activities like sports or hobbies?

( )

(His/Her) schoolwork?

( )

(His/Her) behavior at home?

( )

Staying out of trouble?

( )

The following questions are about some aspects of children's health. IF HE40 AND HE45 WERE NOT ASKED.

ONLY THE VALUES OF 0 AND 4 WILL BE DEFINED IN THE TEXT OF THE QUESTION. HOWEVER, THE VALUES OF ALL THE ANSWER CATEGORIES ARE:

0 = NO PROBLEM
1 = LITTLE PROBLEM
2 = MEDIUM PROBLEM
3 = BIG PROBLEM
4 = VERY BIG PROBLEM
-7 = REF
-8 = DK
99 = INAPPLICABLE

NOTE: THIS SCREEN WILL BE SPLIT INTO TWO SCREENS IN CAPI. THE FIRST SCREEN (HE50A) WILL CONTAIN THE FOLLOWING PARTS OF THE QUESTION AS SPECIFIED BELOW:
- THE SHOW CARD LINE
- THE FILL: {The following...}
- THE FIRST TWO BLOCKS TEXT
- THE INTERVIEWER INSTRUCTION: 'CODE 99...'
- HE50_01 (a.) THROUGH HE50_08 (h.) DISPLAYED IN TWO COLUMNS, WITH HE50_01, HE50_02, HE50_03, HE50_04 IN THE FIRST COLUMN AND HE50_05, HE50_06, HE50_07, AND HE50_08 IN THE SECOND COLUMN

THE SECOND SCREEN (HE50B) WILL CONTAIN THE FOLLOWING PARTS OF THE QUESTION AS SPECIFIED BELOW:
- THE SHOW CARD LINE
- THE PROBE
- THE INTERVIEWER INSTRUCTION: 'CODE 99...'
- HE50_09 (i.) THROUGH HE50_13 (m.) DISPLAYED IN TWO COLUMNS, WITH HE50_09 AND HE50_10 IN THE FIRST COLUMN AND HE50_11, HE50_12, AND HE50_13 IN THE SECOND COLUMN

PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)

END-DT)

Does (PERSON) have an impairment or a physical or mental health problem which limits (PERSON)'s school attendance or which requires a special school program?

YES ................................... 1
NO .................................... 2 {HE54}
REF ................................... -7 {HE54}
DK .................................... -8 {HE54}

PRESS F1 FOR DEFINITION OF IMPAIRMENT, LIMITED ATTENDANCE, AND SPECIAL SCHOOL PROGRAM.

IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: SCHOOL ATTENDANCE LIMITED SECTION.
Is {PERSON} enrolled in any type of special education or does {PERSON} receive related services aimed at improving {PERSON}'s ability to participate in school or recreational activities?

YES, ENROLLED IN SPECIAL EDUCATION .... 1 {HE52A}
YES, RELATED SERVICES ............................ 2 {HE52B}
YES, BOTH ......................................... 3 {HE52A}
NO ................................................. 4 {HE53}
OTHER ............................................. 91
REF ............................................ -7 {HE53}
DK .................................................. -8 {HE53}

PRESS F1 FOR DEFINITION OF SPECIAL EDUCATION AND IMPROVING ABILITIES.

[Code One]

ENTER OTHER:

[Enter Other Specify] ....................... -7 {HE53}
REF ............................................. -7 {HE53}
DK ............................................... -8 {HE53}

Can you please tell me the name of this program or give me a description of what type of program this is?

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

| IF HE52 IS CODED '3' (YES, BOTH), CONTINUE WITH |
| HE52B
|----------------------------------------------------|
| OTHERWISE, GO TO HE53
|----------------------------------------------------|

What are the types of other related services?

CODE ALL THAT APPLY.

SPEECH THERAPY .......................... 1
PSYCHOLOGICAL COUNSELING ............. 2
OCCUPATIONAL THERAPY .................. 3
VOCATIONAL SERVICES .................... 4
TUTORING .................................. 5
READER OR INTERPRETER .................. 6
PHYSICAL THERAPY/MOBILITY TRAINING .... 7
LIFE SKILLS TRAINING/SELF-HELP TRAINING ... 8
FAMILY TRAINING/COUNSELING .......... 9
THERAPEUTIC RECREATION ............... 10
OTHER ....................................... 91
REF .......................................... -7
DK .............................................. -8
[Code All That Apply]

-----------------------------------------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION | WITH OTHER CODES, CONTINUE WITH HE52BOV |
-----------------------------------------------------------------------------------

| OTHERWISE, GO TO HE53 |
-----------------------------------------------------------------------------------

HE52BOV
========

ENTER OTHER:

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

HE53
=====

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

Is (PERSON) limited in attendance or unable to attend school because of (PERSON)'s impairment or physical or mental health problem?

LIMITED IN ATTENDANCE .................. 1
UNABLE TO ATTEND ........................ 2
NEITHER ................................ 3
REF .................................... -7
DK ..................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF LIMITED ATTENDANCE AND IMPAIRMENT.

HE54
=====

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

Is (PERSON) limited in any way in activities other than school because of an impairment or a physical or mental health problem?

YES .................................... 1
NO ..................................... 2 {END_LP09}
REF ................................... -7 {END_LP09}
DK ..................................... -8 {END_LP09}

PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.

HE54OV
=======

What type of limitation is that?

[Enter Text] ........................... -7
DK ..................................... -8

END_LP09
=========

-----------------------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
-----------------------------------------------------------------------------------
IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_09 AND CONTINUE WITH BOX_09

IF ANY RU MEMBERS AGED 0 - 17 YEARS, INCLUSIVE, OR IN AGE CATEGORIES 1-3, CONTINUE WITH LOOP_10

OTHERWISE, GO TO BOX_10

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE55 - END_LP10

LOOP DEFINITION: LOOP 10 COLLECTS INFORMATION ON THE GENERAL HEALTH STATUS FOR PERSONS 0-17 YEARS OF AGE, INCLUSIVE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS AGED 0-17 YEARS, INCLUSIVE, OR IN AGE CATEGORIES 1-3

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)
(END-DT)

SHOW CARD HE-3.

(The following are statements that give us an indication of children's general health status.)

Please indicate how true or false the statements are for (PERSON).

PROBE: Is that statement definitely false, mostly false, mostly true, or definitely true.

1 = DEFINITELY FALSE 3 = MOSTLY TRUE
2 = MOSTLY FALSE 4 = DEFINITELY TRUE

(PERSON) seems to resist illness very well. ( )

(PERSON) seems to be less healthy than other children of (PERSON)'s age that I know. ( )

When there is something going around, (PERSON) seems to catch it. ( )

DISPLAY 'The following....status.' IF FIRST CYCLE THROUGH LOOP_10. OTHERWISE, USE A NULL DISPLAY.
(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)
(END-DT)

About how tall is (PERSON) without shoes?
PROBE FOR INCHES IF NOT REPORTED.

ENTER FEET:

[Enter Feet] ..........................
REF ................................... -7 (HE57)
DK .................................... -8 (HE57)

| SOFT RANGE CHECK: 0 TO 7 |

ENTER INCHES:

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

| SOFT RANGE CHECK: 0-12 (INCLUDING 1/4, 1/2, AND 3/4 UNITS) |

EDT: IF FEET (HE56_01) = 0, INCHES (HE56_02) MUST BE 1-30. IF FEET (HE56_01) > 0, INCHES (HE56_02) MUST BE 0-12.

About how much does (PERSON) weigh without shoes?
PROBE FOR OUNCES IF NOT REPORTED.

ENTER POUNDS:

[Enter Pounds] ..........................
REF ................................... -7 (END_LP10)
DK .................................... -8 (END_LP10)

| SOFT RANGE CHECK: 1 TO 300 |

ENTER OUNCES:

[Enter Ounces] ........................
REF ................................... -7
SOFT RANGE CHECK: 0-15

EDIT: IF POUNDS (HE57_01) = 0, THEN OUNCES MUST BE 1-16.

END_LP10

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_10 AND CONTINUE WITH BOX_10

BOX_10

GO TO NEXT QUESTIONNAIRE SECTION
Home Health (HH) Section

**BOX_00**

---  IF EVENT MONTH IS INTERVIEW MONTH, GO TO BOX_05  ---

---  OTHERWISE, CONTINUE WITH BOX_01  ---

**BOX_01**

---  IF PROVIDER IS FLAGGED AS 'AGENCY', CONTINUE WITH HH01  ---

---  OTHERWISE, GO TO HH03  ---

**HH01**

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

Show card HH-1.

Please look at this card. During (Visit Month), what types of health care workers from (Provider) provided home care services for (Person)?

**CODE ALL THAT APPLY.**

| CERTIFIED NURSING ASSISTANT (CNA) ...... | 1 |
| COMPANION .................................. | 2 |
| DIETITIAN/NUTRITIONIST ................... | 3 |
| HOME HEALTH/HOME CARE AIDE .............. | 4 |
| HOSPICE WORKER ............................ | 5 |
| HOMEMAKERS ............................... | 6 |
| I.V. OR INFUSION THERAPIST .............. | 7 |
| MEDICAL DOCTOR ........................... | 8 |
| NURSE/NURSE PRACTITIONER ............... | 9 |
| NURSE’S AIDE ............................. | 10 |
| OCCUPATIONAL THERAPIST .................. | 11 |
| PERSONAL CARE ATTENDANT .................. | 12 |
| PHYSICAL THERAPIST ....................... | 13 |
| RESPIRATORY THERAPIST .................... | 14 |
| SOCIAL WORKER ............................ | 15 |
| SPEECH THERAPIST .......................... | 16 |
| SOME OTHER TYPE OF HEALTHCARE WORKER . | 91 |
| REF ...................................... | -7 |
| DK ....................................... | -8 |

Press F1 for definition of answer categories.

(Code All That Apply)

---  IF '-7' (REFUSED) OR '-8' (DON'T KNOW) ENTERED IN OTHER THAN FIRST FIELD, DISPLAY THE FOLLOWING MESSAGE AT THE BOTTOM OF THE SCREEN: 'RESPONSE ALLOWED ON FIRST FIELD ONLY. PLEASE RE-ENTER.'  ---

---  NOTE: 'SOME OTHER TYPE OF HEALTHCARE WORKER' NOT DISPLAYED ON SHOW CARD.  ---

---  IF CODED '91' (ALONE OR IN COMBINATION WITH ANY  ---
OTHER CODE), CONTINUE WITH HH02

IF CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) ALONE, GO TO HH03

OTHERWISE, GO TO HH03

HH02

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER......)  (EVN-MO)

What type of health care worker was it?

CODE ALL THAT APPLY.

NONSKILLED WORKER (ANY TYPE OF WORKER WHO PROVIDES HOME CARE SERVICES WHICH GENERALLY FALL INTO COMPANION, HOMEMAKER, PERSONAL CARE CATEGORIES. THESE WORKERS MAY ALSO PERFORM MINOR HEALTH CARE ACTIVITIES SUCH AS ADMINISTERING MEDICATIONS) ............ 1
SKILLED WORKER .......................... 2
OTHER TYPE OF HEALTH CARE WORKER ....... 91
REF .................................... -7
DK ..................................... -8

[Code All That Apply]

IF ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) ENTERED IN OTHER THAN FIRST FIELD, DISPLAY THE FOLLOWING MESSAGE AT THE BOTTOM OF THE SCREEN: ‘RESPONSE ALLOWED ON FIRST FIELD ONLY. PLEASE RE-ENTER.’

IF CODED '1' (NONSKILLED WORKER) ALONE, OR IF CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) ALONE, GO TO HH03

IF CODED '2' (SKILLED WORKER) ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HH02OV1

IF NOT CODED '2' BUT CODED '91' (ALONE OR IN COMBINATION WITH ANY CODE EXCEPT '2'), GO TO HH02OV2

HH02OV1

SPECIFY TYPE OF SKILLED WORKER:

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

IF HH02 INCLUDES CODE '91', CONTINUE WITH HH02OV2

OTHERWISE, GO TO HH03
ENTER OTHER TYPE OF HEALTH CARE WORKER:

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

(PERSON’S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER.......) (EVN-MO)

Thinking about the home care services (PERSON) (have/has) received from (someone from) (PROVIDER) during (VISIT MONTH), were any of these home care services because of a hospitalization, either before or after (PERSON’S STR-DT)?

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

PRESS F1 FOR DEFINITION OF HOSPITALIZATION.

(Code One)

<table>
<thead>
<tr>
<th>DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS ‘AGENCY’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY THE REFERENCE PERIOD START DATE FOR THE PERSON BEING ASKED ABOUT FOR ‘PERSON’S STR-DT’.</th>
</tr>
</thead>
</table>

(PERSON’S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER.......) (EVN-MO)

Thinking about all of the home care services (PERSON) (have/has) received from (someone from) (PROVIDER) during (VISIT MONTH), were any of these home care services related to any specific health problem?

IF OLD AGE MENTIONED, CODE 1 FOR YES AND ENTER ‘OLD AGE’ AS CONDITION.

YES .................................... 1
NO ..................................... 2 {BOX 02}
REF .................................... -7 {BOX 02}
DK ..................................... -8 {BOX 02}

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.

(Code One)

<table>
<thead>
<tr>
<th>DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS ‘AGENCY’.</th>
</tr>
</thead>
</table>

(PERSON’S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER.......) (EVN-MO)

What health condition led (PERSON) to receive home health care
services from (someone from) (PROVIDER) during (VISIT MONTH)?

PROBE: Any other health condition?

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

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

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

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEMS DISPLAYS PERSON’S-MEDICAL-CONDITIONS ROSTER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS ‘AGENCY’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR SPECIFICATIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.</td>
</tr>
<tr>
<td>2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.</td>
</tr>
<tr>
<td>3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’</td>
</tr>
</tbody>
</table>

| IF PROVIDER FLAGGED AS ‘INFORMAL’, GO TO HH08 |
| OTHERWISE, CONTINUE WITH HH06 |

---

**HH06**

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

SHOW CARD HH-2.

Please look at the top of this card.

During (VISIT MONTH), did (someone from) (PROVIDER) help (PERSON) by providing medical treatments or any type of therapy?

**PROBE:** Medical treatments include things like changing bandages, wound care, giving medication, taking blood pressure, or giving shots or injections. Therapy includes physical, occupational, and speech therapy.

- YES, AT LEAST ONCE ..................... 1
- NO ..................................... 2
- REF ................................... -7
- DK .................................... -8

[Code One]

PRESS F1 FOR OTHER EXAMPLES OF MEDICAL TREATMENTS AND THERAPY.

---

**HH07**

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

SHOW CARD HH-2.

Now look at the gray area in the middle of the card.

During (VISIT MONTH), did (someone from) (PROVIDER) provide or teach (PERSON) or a friend or relative how to use any medical equipment or assistive device, such as the items listed on this card?

**PROBE:** For example, an oxygen tank, a wheelchair, a walker, a hospital bed, a tub seat, or a special railing or commode.

- YES, AT LEAST ONCE ..................... 1
- NO ..................................... 2
- REF ................................... -7
- DK .................................... -8

[Code One]

---

**HH08**

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

{SHOW CARD HH-2.  Now look at the bottom of this card./SHOW CARD HH-3.}
During (VISIT MONTH), did (someone from) (PROVIDER) help (PERSON) with daily activities or personal care tasks, such as those listed on this card?

PROBE: For example, using the telephone, paying bills, shopping, driving, doing housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking or eating.

YES, AT LEAST ONCE ........................ 1
NO ............................ 2
REF ............................ 7
DK ............................ 8

[Code One]

<table>
<thead>
<tr>
<th>DISPLAY 'SHOW CARD HH-2.' AND 'Now look at the bottom of this card.' IF PROVIDER IS FLAGGED AS 'AGENCY' OR 'PAID INDEPENDENT'.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLY 'SHOW CARD HH-3.' IF PROVIDER IS FLAGGED AS 'INFORMAL'.</td>
</tr>
<tr>
<td>DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.</td>
</tr>
</tbody>
</table>

HH09
====

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

During (VISIT MONTH), did (someone from) (PROVIDER) provide companionship or company for (PERSON)?

PROBE: For example, reading, watching T.V., playing games, going for a walk or to a restaurant, or just being together.

YES, AT LEAST ONCE ........................ 1
NO ............................ 2
REF ............................ 7
DK ............................ 8

[Code One]

<table>
<thead>
<tr>
<th>DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.</th>
</tr>
</thead>
</table>

HH10
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

Did (someone from) (PROVIDER) provide (PERSON) with any other home care services we have not yet talked about?

YES, AT LEAST ONCE ........................ 1
NO ............................ 2 {HH11}
REF ............................ 7 {HH11}
DK ............................ 8 {HH11}

[Code One]

<table>
<thead>
<tr>
<th>DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.</th>
</tr>
</thead>
</table>
What other services?

{If medical treatment or therapy mentioned, CTRL/B to HH06 to be sure code 1 is entered. If medical equipment or assistive device mentioned, CTRL/B to HH07 to be sure code 1 is entered.}
If daily activities or personal care tasks mentioned, CTRL/B to HH08 to be sure code 1 is entered.
If companionship mentioned, CTRL/B to HH09 to be sure code 1 is entered.
[Enter Other Specify] ..................

REF ................................... -7
DK .................................... -8

----------------------------------------------------
| DISPLAY ‘IF MEDICAL TREATMENT OR THERAPY MENTIONED, CTRL/B...’ IF PROVIDER IS FLAGGED AS ‘AGENCY’ OR ‘PAID INDEPENDENT’.
----------------------------------------------------

HH11

{Person's first middle and last name}  {Name of medical care provider......}  {EVN-MO}

Generally speaking, during (visit month), did {someone from} (provider) come to the home to help {person} every week or only during some weeks?

EVERY WEEK .............................................. 1
SOME WEEKS ............................................. 2 {HH13}
ONLY CAME ONCE ....................................... 3 {HH16}
REF ...................................................... -7 {BOX_03}
DK ....................................................... -8 {BOX_03}

[Code One]

----------------------------------------------------
| DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS ‘AGENCY’.
----------------------------------------------------

HH12

{Person's first middle and last name}  {Name of medical care provider......}  {EVN-MO}

During (visit month), about how many days per week did {someone from} (provider) come?

PROBE: We just need to know in general.

[Enter number of days per week] ...... {HH14}
REF ...................................................... -7 {BOX_03}
DK ....................................................... -8 {BOX_03}

----------------------------------------------------
| DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS ‘AGENCY’.
----------------------------------------------------

----------------------------------------------------
| RANGE CHECK: 1-7 FOR NUMBER OF DAYS.
----------------------------------------------------

HH13

{Person's first middle and last name}  {Name of medical care provider......}  {EVN-MO}
About how many days during (VISIT MONTH) did {someone from} (PROVIDER) come?

PROBE: We just need to know in general.

[Enter Number of Days Per Month] ........ -7 {BOX_03}
DK .................................... -8 {BOX_03}

RANGE CHECK:
| IF (VISIT MONTH) IS: JANUARY, MARCH, MAY, JULY, AUGUST, OCTOBER OR DECEMBER: 1-31 FOR NUMBER OF DAYS. |
| IF (VISIT MONTH) IS: APRIL, JUNE, SEPTEMBER OR NOVEMBER: 1-30 FOR NUMBER OF DAYS. |
| IF (VISIT MONTH) IS: FEBRUARY: 1-29 FOR NUMBER OF DAYS. |

During (VISIT MONTH), did {someone from} (PROVIDER) come once per day or more than once per day?

PROBE: We just need to know in general.

ONCE PER DAY ............................ 1 {HH16}
MORE THAN ONCE PER DAY ............... 2
24 HOURS PER DAY ........................ 3 {BOX_03}
REF .................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

RANGE CHECK: 2-6 FOR NUMBER OF TIMES.

During (VISIT MONTH), how many times per day did {someone from} (PROVIDER) come to the home to help (PERSON)?

PROBE: We just need to know in general.

[Enter Number of Times Per Day] ........ -7 {BOX_03}
DK .................................... -8 {BOX_03}

RANGE CHECK: 2-6 FOR NUMBER OF TIMES.
How long did each visit usually/the visit last?

PROBE: We just need to know in general.

IF RESPONSE IS LESS THAN ONE HOUR, ENTER '0' FOR HOURS.

| Display 'each visit usually' IF HH11 IS NOT CODED |
| '3' (ONLY CAME ONCE), DISPLAY 'the visit' IF HH11 |
| IS CODED '3' (ONLY CAME ONCE). |

| RANGE CHECK: 0-24 IF NUMBER OF HOURS. |
| 0-59 IF NUMBER OF MINUTES. |

EDIT CHECK: IF '0' ENTERED IN BOTH HH16_01 AND |
HH16_02 DISPLAY MESSAGE: NUMBER MUST BE ENTERED |
IN EITHER HOURS OR MINUTES.

<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION OF HOME HEALTH SERVICES RECEIVED</td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION OF HOME HEALTH SERVICES RECEIVED</td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION OF HOME HEALTH SERVICES RECEIVED</td>
<td></td>
</tr>
</tbody>
</table>
### FREQUENCY =

Display number and 'days per week' if a response was recorded at HH12. Display number and 'days per month' if a response was recorded at HH13. Display 'the same number of times' if HH12 and HH13 were not asked or were coded '-7' (refused) or '-8' (don't know). Otherwise, display '(read frequency below)'.

If HH06 - HH10 are all coded '2' (no), '-7' (refused), or '-8' (don't know), or any combination of only these codes, display 'the same services'. Otherwise, display '(read services below)'.

### SERVICES =

For each code 1 recorded at HH06, HH07, HH08, HH09, and HH10, display the following service abbreviations for 'description of service':

- If HH06 = 1, display 'medical treatment or therapy'.
- If HH07 = 1, display 'medical equipment or assistive device instruction'.
- If HH08 = 1, display 'help with daily activities or personal care'.
- If HH09 = 1, display 'companionship'.
- If HH10 = 1, display text entered at HH100V.

If HH06 - HH10 are all coded '2' (no), '-7' (refused), or '-8' (don't know), or any combination of only these codes, display 'the same services'.

---

**HH18**

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

During which of the following months did (provider) visit (the same number of times/ (read frequency below)) and provide (the same services/ (read services below))?  

PROBE: Any other months with the same number of visits and the same services?

#### FREQUENCY

<table>
<thead>
<tr>
<th>FREQUENCY OF SERVICES...</th>
</tr>
</thead>
<tbody>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
</tbody>
</table>

#### SERVICES

{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}

{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}

{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}

{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}

{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}

To turn check mark on/off, use arrow keys, press enter.  
To leave, press esc.

[1. Month, Year-4]
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EVENTS (MONTHS) IN PERSON'S MEDICAL EVENTS ROSTER THAT WERE CREATED THIS ROUND, EXCLUDING INTERVIEW MONTH, HAVE NOT YET BEEN PROCESSED THROUGH UTILIZATION, HAVE EVENT TYPE 'HH', AND ARE ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT BEING ASKED ABOUT DURING THIS ROUND.

DISPLAY 'the same number of times' IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). OTHERWISE, DISPLAY '(READ FREQUENCY BELOW)'. IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY 'the same services'. OTHERWISE, DISPLAY '(READ SERVICES BELOW)'.

FREQUENCY =
DISPLAY NUMBER AND 'DAYS PER WEEK' IF A RESPONSE WAS RECORDED AT HH12. DISPLAY NUMBER AND 'DAYS PER MONTH' IF A RESPONSE WAS RECORDED AT HH13. DISPLAY 'THE SAME NUMBER OF TIMES' IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED) OR '-8' (DON'T KNOW).

SERVICES =
FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08, HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE ABBREVIATIONS FOR 'DESCRIPTION OF SERVICE':
IF HH06 = 1, DISPLAY 'MEDICAL TREATMENT OR THERAPY'
IF HH07 = 1, DISPLAY 'MEDICAL EQUIPMENT OR ASSISTIVE DEVICE INSTRUCTION.'
IF HH08 = 1, DISPLAY 'HELP WITH DAILY ACTIVITIES OR PERSONAL CARE'
IF HH09 = 1, DISPLAY 'COMPANIONSHIP'
IF HH10 = 1, DISPLAY TEXT ENTERED AT HH100V
IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY 'THE SAME SERVICES'.

FLAG EACH MONTH SELECTED AT HH18 AS A REPEAT VISIT RELATED TO THE EVENT BEING ASKED ABOUT. FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT VISIT AS 'PROCESSED.'

LINK FREQUENCY AND SERVICE(S) ASSOCIATED WITH THE EVENT BEING ASKED ABOUT WITH EACH REPEAT VISIT. FLAG EVENT AS PROCESSED SO THAT THE EVENT DRIVER WILL NOT SERVE THESE REPEAT VISITS FOR THE HH SECTION.

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR MONTHS
SELECTED IN PREVIOUS QUESTION.

[Enter Repeat Month Group]

BOX_04
======

----------------------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS HOME HEALTH EVENT, ASK THE CHARGE/PAYMENT (CP) SECTION |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_05 |
----------------------------------------------------

BOX_05
======

----------------------------------------------------
| GO TO THE EVENT DRIVER (ED) SECTION |
----------------------------------------------------
NOTE: FOR 'CATEGORY NAME FROM HX03 OR HX23', DISPLAY THE FOLLOWING:

- 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03
- 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03
- 'UNION' IF CODED '3' AT HX03
- 'HEALTH INSURANCE PURCHASING ALLIANCE' IF CODED '4' AT HX03
- 'INSURANCE AGENT' IF CODED '5' AT HX03
- 'INSURANCE COMPANY' IF CODED '6' AT HX03
- 'HMO' IF CODED '7' AT HX03
- 'PREVIOUS EMPLOYER' IF CODED '8' AT HX03
- 'ANYONE’S PREVIOUS EMPLOYER (COBRA)’ IF CODED ‘9’ AT HX03
- THE TEXT ENTERED AT HX03OV IF CODED ‘91’ AT HX03
- 'SOURCE THE INSURANCE WAS PURCHASED FROM FOR THAT BUSINESS' IF CODED ‘7’ OR ‘8’ AT HX03

- 'GROUP OR ASSOCIATION' IF CODED ‘1’ AT HX23
- 'HEALTH INSURANCE PURCHASING ALLIANCE’ IF CODED ‘2’ AT HX23
- 'SCHOOL' IF CODED ‘3’ AT HX23
- 'INSURANCE AGENT' IF CODED ‘4’ AT HX23
- 'INSURANCE COMPANY' IF CODED ‘5’ AT HX23
- 'HMO' IF CODED ‘6’ AT HX23
- 'UNION' IF CODED ‘7’ AT HX23
- 'ANYONE’S PREVIOUS EMPLOYER (NOT COBRA)’ IF CODED ‘8’ AT HX23
- 'ANYONE’S PREVIOUS EMPLOYER (NOT COBRA)’ IF CODED ‘9’ AT HX23
- 'SPOUSE’S/DECEASED SPOUSE’S PREVIOUS EMPLOYER’ IF CODED ‘10’ AT HX23
- 'SOME OTHER EMPLOYER’ IF CODED ‘11’ AT HX23
- 'PLAN OF SOMEONE NOT LIVING HERE’ IF CODED ‘12’ AT HX23
- THE TEXT ENTERED AT HX23OV IF CODED ‘91’ AT HX23
- 'SOURCE THAT PROVIDED THE DIRECTLY PURCHASED INSURANCE’ IF CODED ‘7’ OR ‘8’

NOTE: FOR ROUND 5, THE END DATE IS DISPLAYED IN THE CONTEXT HEADER FOR QUESTIONS HP04 - HP18.

BOX_01

IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN THE EMPLOYMENT (EM) SECTION AS 'PROVIDES HEALTH INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO TO LOOP_01

IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON AN HX23 CATEGORY (EXCEPT CODE ‘3’ (DIRECTLY FROM A SCHOOL)), GO TO HP03

IF LOOPING ON CODE ‘3’ (DIRECTLY FROM A SCHOOL) AT HX23, CONTINUE WITH HP01

HP01

INSURANCE SOURCE:  (CATEGORY NAME FROM HX23)

Does this insurance cover only injuries caused by accidents, or does it have general health coverage?
GENERAL HEALTH COVERAGE ............... 1
ONLY INJURIES CAUSED BY ACCIDENTS ...... 2 {BOX_11}
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]

HP02
====

INSURANCE SOURCE: {CATEGORY NAME FROM HX23}

Would this insurance cover health services outside of a school clinic?

YES .................................... 1
NO ..................................... 2 {BOX_11}
REF ................................... -7
DK .................................... -8

HP03
====

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

I'd like to talk about the insurance which is from (a/an) (INSURANCE SOURCE).

CODE '1' UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS NOT ALREADY BEEN DISCUSSED ............... 1
HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS ALREADY BEEN DISCUSSED ..... 2 {BOX_11}

| IF CODED '2' (INSURANCE ALREADY DISCUSSED), FLAG |
| ITEM FOR SOURCE CLEAN-UP. |

LOOP_01
=======

FOR EACH OF THE FOLLOWING:

ESTABLISHMENT 1
ESTABLISHMENT 2
ESTABLISHMENT 3
ESTABLISHMENT 4

ASK BOX_01A-END_LP01

LOOP DEFINITION: LOOP-01 COLLECTS DETAILED INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN EMPLOYER OR THE ESTABLISHMENT NAMES OF THE INSURANCE SOURCE COLLECTED IN EITHER HX03 OR HX23. IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER ONLY ONE LOOP CYCLE IS COMPLETED. IF LOOPING ON INSURANCE PROVIDED THROUGH AN INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT NAME OF THE INSURANCE SOURCE. SUBSEQUENT CYCLES, IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18. IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT ESTABLISHMENT NAME. IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7' (REFUSED),
OR '-8' (DON'T KNOW), THE LOOP ENDS.

IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO TO HP09

OTHERWISE, CONTINUE WITH HP04

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT.........} {STR-DT} (END-DT)

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Please give me the name of one of the {(INSURANCE SOURCE)} {from which anyone in the family purchased this insurance/which covers anyone in the family/insurance companies for the insurance purchased from an agent}.

INTERVIEWER: VERIFY WITH RESPONDENT AND SELECT (ESTABLISHMENT) BELOW:

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

<table>
<thead>
<tr>
<th>ROSTER. ESTABLISHMENT</th>
<th>HP04_02. STREET</th>
<th>HP04_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establishment</td>
<td>[Enter Truncated Street Address]</td>
<td>[Enter Truncated City]</td>
</tr>
<tr>
<td>2. Establishment</td>
<td>[Enter Truncated Street Address]</td>
<td>[Enter Truncated City]</td>
</tr>
<tr>
<td>3. Establishment</td>
<td>[Enter Truncated Street Address]</td>
<td>[Enter Truncated City]</td>
</tr>
</tbody>
</table>

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL ESTABLISHMENTS WHICH ARE SOURCES OF PRIVATE INSURANCE IN THE RU-ESTABLISHMENTS-ROSTER (THIS DOES NOT INCLUDE ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND 'SELF-EMPLOYED' WITH A FIRM-SIZE-1 THAT ARE COMING FROM THE HX03 SERIES).

**Establishment Roster Behavior Specifications:**

1. INTERVIEWER MAY SELECT ANY ESTABLISHMENT ALREADY LISTED OR SELECT 'NONE OF THE ABOVE'.
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CANNOT ADD AT THIS SCREEN. ESTABLISHMENTS ARE 'ADDED' BY USING 'NONE OF THE ABOVE'.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E., CTRL/D).

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.

DISPLAY '(INSURANCE SOURCE)' IF NOT LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 OR CODE '4' (INSURANCE AGENT) AT HX23.
DISPLAY ‘from which anyone in the family purchased this insurance’ IF NOT LOOPING ON CODE ‘5’ (INSURANCE AGENT) AT HX03 OR CODES ‘4’ (INSURANCE AGENT) OR ‘12’ (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23.

DISPLAY ‘which covers anyone in the family’ IF LOOPING ON CODE ‘12’ (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23.

DISPLAY ‘insurance company for the insurance purchased from an agent’ IF LOOPING ON CODE ‘5’ (INSURANCE AGENT) AT HX03 OR CODE ‘4’ (INSURANCE AGENT) AT HX23.

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

NOTE: THE CONTEXT HEADER DISPLAYED ON SCREENS HP04- HP08 DEPENDS ON THE PATH THAT LEADS TO THE SCREEN. IF ASKING ABOUT A SPECIFIC PERSON (I.E., JOBHOLDER WHEN COMING FROM AN HX03 CATEGORY), CAPI DISPLAYS THE PERSON AND START DATE. IF ASKING ABOUT A SPECIFIC ESTABLISHMENT, CAPI DISPLAYS THE ESTABLISHMENT AND START DATE. OTHERWISE, CAPI DISPLAYS THE START DATE.

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

IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23 AND IF 'NONE OF THE ABOVE' IS SELECTED, GO TO HP07

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

IF 'NONE OF THE ABOVE' IS SELECTED AND IF NOT LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23, GO TO HP06

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

OTHERWISE, CONTINUE WITH HP05

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

HP05

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT..........} {STR-DT} (END-DT)

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Is the address of (ESTABLISHMENT):

{ESTABLISHMENT STREET ADDRESS LINE1.} {ESTABLISHMENT STREET ADDRESS LINE2.} {ESTABLISHMENT CITY..........., ST, ZIP..} {EST. TEL #}

ADDRESS AND TELEPHONE CORRECT .............. 1 {BOX_02}
ADD NEW ADDRESS FOR ESTABLISHMENT?........... 2 {HP08}
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ........................................... 3
SELECTED WRONG ESTABLISHMENT/ADDRESS ... 4
REF ............................................ -7 {BOX_02}
DK ............................................. -8 {BOX_02}

[Code One]

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

IF CODED '4' (SELECTED WRONG ESTABLISHMENT/ADDRESS), CAPI REDISPLAYS HP04 SO THE INTERVIEWER CAN SELECT THE CORRECT ESTABLISHMENT.

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

HP06
What is the new address of (ESTABLISHMENT)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.

IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON PURCHASED INSURANCE.

Current Info:  

<table>
<thead>
<tr>
<th>ESTABLISHMENT</th>
<th>STREET ADDRESS1</th>
<th>STREET ADDRESS2</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>TELEPHONE</th>
</tr>
</thead>
</table>

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

DISPLAY 'new' IF HP05 IS CODED '2' (ADD NEW ADDRESS FOR ESTABLISHMENT). OTHERWISE, USE A NULL DISPLAY.

NOTE: SINCE TYPE OF COVERAGE INFORMATION IS NOT COLLECTED UNTIL AFTER WE COLLECT ADDRESS INFORMATION, WE WILL BE COLLECTING ADDRESS INFORMATION FOR SOME ESTABLISHMENTS THAT WILL NOT BE PART OF THE HIPS SAMPLE.

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER.

GO TO BOX_02

NOTE: WE NOW PLAN TO COLLECT FULL ADDRESS INFORMATION FOR SOURCES OF HEALTH INSURANCE IN ROUND 2 AND BEYOND. THIS ALLOWS US TO CONTINUE TO UNIQUE ESTABLISHMENTS AND ALLOWS FOR MAXIMUM FLEXIBILITY (E.G., IF WE WANT TO HIPS AGAIN).

You mentioned that someone in the family receives health insurance from the plan of someone not living here. How does that policyholder get this insurance?

INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW. ADDRESS INFORMATION IS NOT NECESSARY.
NOTE: ONLY CATEGORY '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) OF HX23 IS ASKED HP07.

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER. DISPLAY ADDRESS AS 'NOT NECESSARY'.

GO TO BOX_02

HP08
====

(Person’s First Middle and Last Name) (Name of Establishment.........) (STR-DT)
(END-DT)

Insurance Source: (Category Name From HX03 or HX23)

Correct Address or Telephone For: (Establishment)

Press enter to confirm entry of individual field. Re-type entire line for incorrect field.

Current Info: [Establishment]
[Street Address1]
[Street Address2]
[CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]

Establishment (HP08_01): [_____________
Street Address1 (HP08_02): [_____________
Street Address2 (HP08_03): [_____________
City (HP08_04): [_____________
State (HP08_05): [_____________
Zip Code (HP08_06): [_____________
Telephone (HP08_07): [_____________

Press F1 for list of State Abbreviations.

BOX_02
=====

If HX03 is coded '1' or '2' flag establishment as 'GROUP'.
If HX03 is coded '3', flag establishment as 'UNION'.
If HX03 is coded '4', flag establishment as 'HEALTH ALLIANCE'.
If HX03 is coded '5', flag establishment as 'INSURANCE COMPANY-FROM AN AGENT'.
If HX03 is coded '6', flag establishment as 'INSURANCE COMPANY'.
If HX03 is coded '7', flag establishment as 'HMO'.
If HX03 is coded '8', flag establishment as 'PREVIOUS EMPLOYER, NOT COBRA'.
If HX03 is coded '9', flag establishment as 'COBRA'.
If HX03 is coded '91', flag establishment as 'UNKNOWN TYPE-COLLECTED AT OTHER'.
If HX03 is coded '1', flag establishment as 'GROUP'.
If HX03 is coded '2', flag establishment as 'HEALTH ALLIANCE'.
If HX03 is coded '3', flag establishment as 'SCHOOL'.
If HX03 is coded '4', flag establishment as 'INSURANCE COMPANY-FROM AN AGENT'.
If HX03 is coded '5', flag establishment as...
'INSURANCE COMPANY'.

IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS 'HMO'.
IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS 'UNION'.
IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS 'COBRA'.
IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS 'PREVIOUS EMPLOYER, NOT COBRA'.
IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS 'SPouse Previous Employer'.
IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS 'EMPLOYER'.
IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS 'UNKNOWN TYPE-OUTSIDE RU'.
IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS 'UNKNOWN TYPE - COLLECTED AT OTHER'.

---

BOX_03
ANGES
---

| IF LOOPING ON AN HX23 CATEGORY, GO TO HP11 |
|  |

---

| OTHERWISE, CONTINUE WITH HP09 |
|  |

---

HP09
---

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF
ESTABLISHMENT.........}  {STR-DT}
(END-DT)

{(Are/Is)/As of (END DATE), was} (PERSON) the primary insured
person or policyholder of this health coverage through
(ESTABLISHMENT)?

YES .................................... 1 {LOOP_02}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

---

| DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘As of|
| (END DATE), was’ IF ROUND 5. |

---

| NOTE: PERSON REFERS TO JOBHOLDER. |

---

| IF CODED '1' (YES), FLAG JOBHOLDER AS |
| 'POLICYHOLDER'. |

---

HP10
---

{NAME OF ESTABLISHMENT.........}  {STR-DT}
(END-DT)

Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{EMPLOYER/JOBHOLDER PAIR 1}
{EMPLOYER/JOBHOLDER PAIR 2}
[EMPLOYER/JOBHOLDER PAIR 3]

JOBHOLDER/EMPLOYER IS LISTED ........... 1 {END LP01}
JOBHOLDER/EMPLOYER IS NOT LISTED ...... 2 {END LP01}
REF .................................... -7 {END LP01}
DK ..................................... -8 {END LP01}

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

[Code One]

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
| ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |
| OTHERWISE, USE NULL DISPLAY.                   |

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PAIRS
ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT
MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS FLAGGED AS AN 'EMPLOYER' THAT
  IS ALSO Flagged AS 'PROVIDES HEALTH INSURANCE'
  AND
- PERSON IS A JOBHOLDER AT THE JOB PROVIDED BY
  ESTABLISHMENT

| IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |
| KNOW), FLAG FOR EVENT CLEANUP.                   |

HP11

(NAME OF ESTABLISHMENT...........) {STR-DT}
(END-DT)

Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?

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

[1. First Name,[Middle Name],Last Name-35] ..
[2. First Name,[Middle Name],Last Name-35] ..
[3. First Name,[Middle Name],Last Name-35] ..
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

[Code All that Apply]

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
| ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |
| OTHERWISE, USE NULL DISPLAY.                   |

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS
ON THE DU-MEMBERS-ROSTER.

| DISPLAY 'POLICYHOLDER NOT LISTED IN DU' AND |
| 'POLICYHOLDER DECEASED' AS LAST TWO ENTRIES ON |
| THIS ROSTER.                                  |

| IF BOTH 'POLICYHOLDER NOT LISTED IN DU' AND |
| 'POLICYHOLDER DECEASED' ARE NOT SELECTED, GO TO |
| LOOP 02.                                     |
-- IF 'POLICYHOLDER DECEASED' SELECTED, ALONE OR IN COMBINATION WITH OTHER NAMES, EXCEPT 'POLICYHOLDER NOT LISTED IN DU', GO TO HP11B --

-- IF 'POLICYHOLDER NOT LISTED IN DU' SELECTED, ALONE OR IN COMBINATION WITH OTHER NAMES AND/OR 'POLICYHOLDER DECEASED', CONTINUE WITH HP11A --

HP11A
=====

(NAME OF ESTABLISHMENT........)  (STR-DT)
(END-DT)

INTERVIEWER: ENTER NAME OR DESCRIPTION OF POLICYHOLDER WHO IS NOT IN THE DU:

[Enter Specify-15] .................

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

-----------------------------------------------
| NOTE: WHENEVER THIS POLICYHOLDER IS BEING ASKED ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE DISPLAYED AS 'PLCYHLDR NOT IN DU-' FOLLOWED BY THE 15 CHARACTER ENTRY AT HP11A. |
-----------------------------------------------

-----------------------------------------------
| IF 'POLICYHOLDER DECEASED' SELECTED AT HP11, CONTINUE WITH HP11B |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO LOOP_02 |
-----------------------------------------------

HP11B
=====

(NAME OF ESTABLISHMENT........)  (STR-DT)
(END-DT)

INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:

[Enter Specify-40] .................

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

-----------------------------------------------
| FLAG POLICYHOLDER AS 'DECEASED'. |
-----------------------------------------------

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

LOOP_02
======

-----------------------------------------------
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_04-END_LP02 |
-----------------------------------------------

-----------------------------------------------
| LOOP DEFINITION: LOOP 02 COLLECTS INFORMATION |
-----------------------------------------------
ABOUT THE POLICYHOLDER AND DEPENDENTS FOR EACH
ESTABLISHMENT-PERSON. THIS LOOP CYCLES ON EACH
ESTABLISHMENT-PERSON-PAIR CREATED AT HP09 AND HP11
DURING THE CURRENT ROUND FOR THE ESTABLISHMENT
BEING CYCLED ON IN LOOP_01.

BOX_04
======

IF LOOPING ON AN ESTABLISHMENT FLAGGED IN
EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE', GO TO
BOX_07

OTHERWISE, CONTINUE WITH BOX_05

BOX_05
======

IF HX23 IS CODED '8' (PREVIOUS EMPLOYER-COBRA),
'9' (PREVIOUS EMPLOYER-NOT COBRA), '10' (SPOUSE
PREVIOUS EMPLOYER), OR '11' (OTHER EMPLOYER)
CONTINUE WITH BOX_06

OTHERWISE, GO TO BOX_07

BOX_06
======

IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED',
CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI
AND GO TO HP13

IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO
BOX_07

OTHERWISE, CONTINUE WITH HP12

HP12
====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT.........)  (STR-DT)
(END-DT)

(Are/is) (POLICYHOLDER) currently employed at this job,
retired from this job, previously employed at this job, or is
it some other situation?

CURRENTLY EMPLOYED ..................... 1 {HP13}
RETIRED ................................ 2 {HP13}
PREVIOUSLY EMPLOYED .................... 3 {HP13}
DECEASED ............................... 4 {HP13}
OTHER ................................. 91
REF ................................. -7 {HP13}
DK ................................. -8 {HP13}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]
EDIT: CODE '4' (DECEASED) CANNOT BE SELECTED FOR A POLICYHOLDER WHO IS A CURRENT RU MEMBER.

IF CODED '4' (DECEASED), FLAG POLICYHOLDER AS 'DECEASED'.

---

ENTER OTHER:

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

---

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT........}  {STR-DT}  {END-DT}

{(Are/Is)/(Were/Was)} (POLICYHOLDER) a federal government employee at this job?

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

PRESS F1 FOR DEFINITION OF FEDERAL GOVERNMENT.

DISPLAY '(Are/Is)' IF HP12 IS CODED '1' (CURRENTLY EMPLOYED). OTHERWISE, DISPLAY '(Were/Was)'.

---

IF ESTABLISHMENT THAT PROVIDES INSURANCE IS FLAGGED AS:

'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN',
'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD', 'RETIREMENT JOB', OR UNION OR
'EMPLOYER' AND JOB SUBTYPE IS 'FORMER MAIN',
'FORMER MISCELLANEOUS' OR 'LAST JOB OUTSIDE REFERENCE PERIOD' AND JOB IS ALSO FLAGGED AS 'NOT RETIRED FROM' OR
'PREVIOUS EMPLOYER, NOT COBRA' (I.E., HX03-CODE '8'; HX23-CODE '9') OR
'EMPLOYER' (I.E., HX23-CODE '11') AND HP12 IS NOT CODED '1' (CURRENTLY EMPLOYED) OR
'SPOUSE PREVIOUS EMPLOYER' (I.E., HX23-CODE '10') OR
'UNKNOWN PREVIOUS EMPLOYER' (I.E., HX23-CODE '12') OR
'UNKNOWN TYPE-OUTSIDE RU' (I.E., HX23-CODE '91') OR
'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23-CODE '91'),

CONTINUE WITH HP14

---

OTHERWISE, GO TO HP15
NOTE: FROM THE TAPES AND OBSERVATIONS, IT BECAME OBVIOUS THAT MANY SOURCES OF INSURANCE WERE BEING SENT THROUGH HP14 WHEN IT WAS INAPPROPRIATE. THEREFORE, BOX 07 HAS BEEN REVISED TO SEND ONLY SOURCES OF INSURANCE IDENTIFIED AS EMPLOYER (BUT NOT CURRENT OR COBRA) OR UNKNOWN THROUGH HP14.

---

HP14 ====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF ESTABLISHMENT........)  (STR-DT)  (END-DT)

Some employer insurance can be continued after leaving the company by continuing to pay the premium. This is sometimes referred to as a COBRA plan.

(Is/Was) (POLICYHOLDER)‘s (ESTABLISHMENT) insurance like that on (END DATE)?

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

PRESS F1 FOR DEFINITION OF COBRA.

---

HP15 ====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF ESTABLISHMENT........)  (STR-DT)  (END-DT)

Was anyone (living here) covered as a dependent under (POLICYHOLDER)’s health coverage through (ESTABLISHMENT) at any time (since (START DATE)/between (START DATE) and (END DATE))?  

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

PRESS F1 FOR DEFINITION OF DEPENDENT.

---

HP16 ====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF ESTABLISHMENT........)  (STR-DT)  (END-DT)

Who is that?

PROBE: Was anyone else covered as a dependent (since (START DATE)/between (START DATE) and (END DATE))?  

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.
[1. First Name,[Middle Name],Last Name-35]
[2. First Name,[Middle Name],Last Name-35]
[3. First Name,[Middle Name],Last Name-35]

REF ................................... -7
DK .................................... -8

[Code All That Apply]

----------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5.                                      |

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-MEMBERS-ROSTER, EXCLUDING THE NAME OF |
| THE POLICYHOLDER (I.E., PERSON IN THIS ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT) FOR THIS INSURANCE. |

----------------------------------------------------
| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON |
| THIS ROSTER.                                      |

----------------------------------------------------
| IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| AS 'COVERING PERSON NOT LISTED IN RU'. |

----------------------------------------------------
| GO TO BOX_08                                      |

----------------------------------------------------
| HP17

| {POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF |
| ESTABLISHMENT...........} {STR-DT} |
| (END-DT) |

| {Does/Between (START DATE) and (END DATE), did} |
| (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here? |

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

PRESS F1 FOR DEFINITION OF DEPENDENT.

----------------------------------------------------
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |
| (START DATE) and (END DATE), did' IF ROUND 5. |

----------------------------------------------------
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
| LISTED IN RU' IN HP16. |

----------------------------------------------------
| BOX_08

| IF THERE ARE NO POLICYHOLDERS OR DEPENDENTS WHO |
| ARE CURRENT RU MEMBERS, THAT IS, POLICYHOLDER IS A |
| DU MEMBER BUT NOT A CURRENT RU MEMBER, OR IS |
| FLAGGED AS 'NOT LISTED IN DU' OR 'POLICYHOLDER |
| DECEASED' AND INSURANCE ALSO FLAGGED ONLY AS |
| 'COVERING PERSON NOT IN RU', GO TO END_LP02 |

----------------------------------------------------
LOOP_03
========

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK BOX-09-END_LP03

LOOP DEFINITION: LOOP 03 COLLECTS TIME PERIOD COVERAGE FOR ALL CURRENT RU MEMBERS COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON CURRENT RU MEMBERS WHO ARE SELECTED AS DEPENDENTS AT HP16 AND THE RU MEMBER WHO IS FLAGGED AS THE POLICYHOLDER FOR THIS INSURANCE.

END_LP03
========

CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_03 AND CONTINUE WITH END_LP02

END_LP02
========

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH BOX_10

BOX_10
======

IF LOOPING ON AN ESTABLISHMENT FLAGGED IN EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO TO END_LP01

OTHERWISE, CONTINUE WITH HP18
Aside from (POLICYHOLDER)’s (ESTABLISHMENT) insurance, is there another health insurance plan that anyone in the family obtains from (a/an) (INSURANCE SOURCE)?

YES ........................................... 1
NO ............................................. 2
REF ........................................... -7
DK ............................................. -8
Time Period Covered Detail (HQ) Section

HQ01
====

(Person's First Middle and Last Name) (Name of Establishment.........) {STR-DT}

(Were/Was) (PERSON) covered the whole time from (START DATE) until (today/(END DATE)), or only part of the time?

WHOLE TIME ........................................ 1 {BOX_01}
PART OF THE TIME ................................. 2
REF ............................................... -7 {BOX_01}
DK .................................................. -8 {BOX_01}

[Code One]
----------------------------------------------------
| DISPLAY 'today' IF NOT ROUND 5. DISPLAY          |
| '(END DATE)' IF ROUND 5.                          |
----------------------------------------------------
----------------------------------------------------
| IF ROUND 5 AND CODED '2' (PART OF THE TIME), GO TO|
| HQ05                                              |
----------------------------------------------------
----------------------------------------------------
| IF NOT ROUND 5 AND CODED '2' (PART OF THE TIME),  |
| CONTINUE WITH HQ02                                |
----------------------------------------------------
----------------------------------------------------
| NOTE: FOR ROUND 5, THE END DATE IS DISPLAYED IN  |
| THE CONTEXT HEADER FOR QUESTIONS HQ01 AND HQ05.   |
-----------------------------------------------------

HQ02
====

(Person's First Middle and Last Name) (Name of Establishment.........) {STR-DT}

(Are/Is) (PERSON) covered now?

YES ............................................. 1
NO ............................................. 2 {HQ04}
REF ........................................... -7 {HQ04}
DK .............................................. -8 {HQ04}

HQ03
====

(Person's First Middle and Last Name) (Name of Establishment.........) {STR-DT}

(Have/Has) (PERSON) been covered continuously, since the first of {INTERVIEW MONTH} through today?

YES ............................................. 1 {HQ05}
NO ............................................. 2 {HQ05}
REF ........................................... -7 {HQ05}
DK .............................................. -8 {HQ05}

| DISPLAY NAME OF MONTH IN WHICH INTERVIEW IS BEING |
| CONDUCTED (I.E., MONTH IN WHICH INTERVIEW FIRST |
| STARTED) FOR 'INTERVIEW MONTH'.                  |
-----------------------------------------------------

HQ04
====

(Person's First Middle and Last Name) (Name of Establishment.........) {STR-DT}
(Were/Was) (PERSON) covered at all during (INTERVIEW MONTH)?

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

----------------------------------------------------
| DISPLAY NAME OF MONTH IN WHICH INTERVIEW IS BEING |
| CONDUCTED (I.E., MONTH IN WHICH INTERVIEW FIRST |
| STARTED) FOR 'INTERVIEW MONTH'.
----------------------------------------------------

H05
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF
ESTABLISHMENT.........)  (STR-DT)
(END-DT)

For each of the following months, (were/was) (PERSON) covered
the whole month, part of the month, or not at all during the
month? (READ MONTH NAMES BELOW.)

1 = WHOLE MONTH
2 = PART OF MONTH (INCLUDING FIRST OF MONTH)
3 = PART OF MONTH (NOT INCLUDING FIRST OF MONTH)
4 = NOT COVERED

HQ05_01. MONTH NAME HQ05_02. COVERAGE
1. MONTH [Enter Selection]
2. MONTH [Enter Selection]
3. MONTH [Enter Selection]

----------------------------------------------------
| NOTE: THE NUMBER AND NAMES OF THE MONTHS LISTED |
| ARE DETERMINED BY THE NUMBER OF MONTHS BETWEEN THE |
| MONTH PRIOR TO THE MONTH OF THE INTERVIEW AND THE |
| MONTH OF THE REFERENCE DATE. FOR EXAMPLE, IF THE |
| REFERENCE DATE IS JANUARY 1 AND THE INTERVIEW DATE |
| IS APRIL 10, 'JANUARY', 'FEBRUARY', AND 'MARCH' |
| ARE DISPLAYED. 'APRIL' WOULD NOT BE ASKED ABOUT IN |
| HQ05 BECAUSE QUESTIONS HQ03 AND HQ04 DETERMINED |
| THE COVERAGE DURING THE INTERVIEW MONTH. |
| FOR ROUND 5, THE END DATE IS NOT THE INTERVIEW |
| DATE. IT IS EITHER 12/31/1999 OR THE DATE THE |
| PERSON LEFT THE RU, DIED, WAS INSTITUTIONALIZED, |
| MOVED, ETC.|

----------------------------------------------------
| NOTE: THE SCREEN LAYOUT SHOULD ACCOMMODATE AS |
| MANY MONTHS AS POSSIBLE. |
----------------------------------------------------

EDIT: ALL MONTHS DISPLAYED AT HQ05 CANNOT BE |
CODED '4' (NOT COVERED) WHEN THE PERSON IS NOT |
COVERED DURING THE INTERVIEW MONTH (HQ04=2). IF |
ALL ARE, DISPLAY THE FOLLOWING MESSAGE: 'MUST BE |
COVERED AT LEAST PART OF ONE MONTH. IF NOT, BACK |
UP AND DELETE PERSON FROM COVERED PERSON ROSTER.'|

----------------------------------------------------
| BOX_01 |
|======|
| RETURN TO THE HX, HP, OR PR SECTION. |
Hospital Stay (HS) Section

BOX_01

======

---
IF HOSPITAL STAY DISCHARGE DATE IS '95' (STILL IN HOSPITAL) [OR IF ROUND 5, CODE '95' INDICATES 'STILL IN HOSPITAL' AND 'RELEASED IN 2000'], DO NOT ASK THE HOSPITAL STAY (HS) SECTION OR THE CHARGE/PAYMENT (CP) SECTION FOR THIS EVENT. (WE WILL FOLLOW UP WITH THESE EVENTS NEXT ROUND. IF ROUND 5, WE WILL OBTAIN NECESSARY INFORMATION DURING MPS FOLLOW-UP.)
---

---
IF THE MONTH OR DAY FOR THE HOSPITAL STAY ADMIT DATE OR DISCHARGE DATE IS '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH HS01
---

 Otherwise, go to HS02
---

---
HS01
---

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (ADM-DT)
(DIS-DT)

How many nights did (Person) stay in (Provider)?

[Enter Number of Nights] ...............

REF ................................... -7
DK .................................... -8

---
SOFT RANGE CHECK: 1 TO 30.
---

---
HS02
---

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (ADM-DT)
(DIS-DT)

Did this hospital stay begin with a visit to an emergency room?

YES .................................... 1
NO ..................................... 2

REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF EMERGENCY ROOM.

---
HS03
---

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (ADM-DT)
(DIS-DT)

Was this hospital stay related to any specific health condition or were any conditions discovered during this hospital stay?

YES .................................... 1
NO ..................................... 2 {HS05}

REF ................................... -7 {HS05}
DK .................................... -8 {HS05}
What conditions were discovered or led (PERSON) to enter the hospital?  PROBE:  Any other condition?

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

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

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

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

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER.  DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS).  AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED.  THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED.  THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR.  IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE:  ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

SHOW CARD HS-1.

Please look at this card and tell me which category best describes the reason (PERSON) entered (PROVIDER) on (ADMIT DATE)?

IF NECESSARY, PROBE:  What was the main reason (PERSON) entered (PROVIDER)?

OPERATION OR SURGICAL PROCEDURE ........ 1
TREATMENT OR THERAPY, NOT INCLUDING SURGERY ........................................ 2
DIAGNOSTIC TESTS ONLY ...................... 3
GIVE BIRTH TO A BABY - NORMAL OR CAESAREAN SECTION (MOTHER) ................. 4
TO BE BORN (BABY) ........................... 5
OTHER .......................................... 91
REF ............................................ -7
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---

ALLOW CODE ‘4’ (GIVE BIRTH TO A BABY) ONLY IF PERSON IS FEMALE. ALLOW CODE ‘5’ (TO BE BORN) ONLY IF PERSON IS < OR = 1 YEAR OLD (OR AGE CATEGORY 1).

---

IF HS05 IS CODED ‘1’ (OPERATION OR SURGICAL PROCEDURE), AUTOMATICALLY CODE HS06 AS ‘1’ (YES) BY CAPI AND GO TO HS07

---

OTHERWISE, CONTINUE WITH HS06

---

**HS06**

(Person’s First Middle and Last Name) (Name of Medical Care Provider...) (ADM-DT) (DIS-DT)

Were any operations or surgical procedures performed on (PERSON) during this stay?

- YES .................................... 1
- NO ..................................... 2 {HS08}
- REF ................................... -7 {HS08}
- DK .................................... -8 {HS08}

PRESS F1 FOR DEFINITION OF OPERATIONS/SURGICAL PROCEDURES.

**HS07**

(Person’s First Middle and Last Name) (Name of Medical Care Provider...) (ADM-DT) (DIS-DT)

What was the name of the main surgical procedure?

- APPENDECTOMY ........................... 1
- ARTHROSCOPIC (VISUALIZATION OF JOINTS) SURGERY ...................... 2
- CARDIAC CATHETERIZATION ............................... 3
- CATARACT SURGERY ................................. 4
- CIRCUMCISION ..................................... 5
- CORONARY BYPASS .................................... 6
- D & C (DILATATION AND CURETTAGE) .............. 7
- DENTAL SURGERY ................................. 8
- GALLBLADDER SURGERY (CHolecystectomy) ........... 9
- HERNIA REPAIR ................................. 10
- HYSTERECTOMY ..................................... 11
- JOINT (HIP/KNEE) REPLACEMENT SURGERY ........ 12
- MASTECTOMY/LUMPECTOMY ............................ 13
- PACEMAKER INSERTION .............................. 14
- PLASTIC/RECONSTRUCTIVE SURGERY .............. 15
- PROSTATE SURGERY (PROSTATEctomy) .............. 16
- SPINAL DISC SURGERY (SLIPPED DISC/PROLapsed DISC) ....................... 17
- SURGICAL SETTING OF BROKEN BONE (FRACTURE REDUCTION) .............. 18
- THYROID SURGERY (THyroideCTomy) .............. 19
- TISSUE BIOPSY ..................................... 20
- TONSILLECTOMY .................................... 21
- OTHER ........................................... 91
- REF ........................................... -7
- DK ............................................ -8
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---

EDITs: IF HS07 IS CODED '5 (CIRCUMCISION) OR
CODE '16' [PROSTATE SURGERY (PROSTATECTOMY)],
CHECK THAT PERSON IS MALE. IF NOT, DISPLAY THE
FOLLOWING MESSAGE: CODE UNAVAILABLE FOR FEMALES.
VERIFY AND RE-ENTER.

IF HS07 IS CODED '7' [D & C (DILATATION AND
CURETTAGE)] OR CODE '11' (HYSTERECTOMY), CHECK
THAT PERSON IS FEMALE. IF NOT, DISPLAY THE
FOLLOWING MESSAGE: CODE NOT AVAILABLE FOR MALES.
VERIFY AND RE-ENTER.

---

HS08
====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE
PROVIDER......)  (ADM-DT)
(DIS-DT)

At the time (PERSON) (were/was) discharged, were any medicines
prescribed for (PERSON)? Please do not include medications
received while (PERSON) (were/was) a patient in the hospital.

YES ........................................ 1
NO ....................................... 2 {HS10}
REF .................................... -7 {HS10}
DK .................................... -8 {HS10}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

HS09
====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE
PROVIDER......)  (ADM-DT)
(DIS-DT)

Please tell me the names of the prescribed medicines from this
stay that were filled.

PROBE: Any other prescribed medicines from this stay that were
filled?

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

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

---

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-
PRESERVED-MEDICINES-ROSTER.

---

ROSTER BEHAVIOR SPECIFICATIONS

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY
LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF
MEDICINES AT THE ROSTER QUESTIONS (I.E., NO
LIMIT TO THE NUMBER OF MEDICINES).
3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE
THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS
USED. THAT IS, AS LONG AS THE INTERVIEWER HAS
NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO
DELETE A MEDICINE ENTERED IN ERROR. IF DELETE
IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED
(I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY
Now I would like to ask about the physicians and surgeons who treated (PERSON) during this hospital stay. (Have/Has) (PERSON) seen any of these doctors or surgeons at a place of practice outside of (PROVIDER)?

YES .................................... 1
NO ................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK ..................................... -8 {BOX_04}

Please give me the names of the medical places or private doctor’s office where (PERSON) saw each of these doctors or surgeons outside of (PROVIDER).

PRESS ENTER TO CONTINUE.
For each provider added or selected, add a pair to the person's-event-provider-pairs roster.

Flag each provider added or selected as a 'separately billing doctor' related to the hospital stay event being asked about.

(Person's first middle and last name) (name of medical care provider.....) (adm-dt) (dis-dt)

Was there anyone else?

Probe: Were there any other doctors or surgeons who treated (person) during the hospital stay and who (person) (have/has) seen at a place of practice outside of (provider)?

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

Note: In rounds 1 and 2, the probe part of the question was worded, "...and who have a place of practice outside of (provider) where (person) (was/were) seen as a patient?"

If HS12 is coded '1' (yes), cycle to collect next provider.

If HS12 is coded '2' (no), '-7' (refused), or '-8' (don't know), end loop_01 and continue with Box_04

If the charge/payment (cp) section for this hospital stay is not completed, ask the charge/payment (cp) section.

Otherwise, go to the event driver (ed) section.
Now I'd like to talk with you about health insurance, an important topic for most persons. We want to know about all the health coverage that anyone in the family may have had to help pay the costs of medical care at any time {since (START DATE)/between (START DATE) and (END DATE)}. {ASK RESPONDENT TO GET INSURANCE CARDS/IDENTIFYING INFORMATION IF NOT ALREADY AVAILABLE.}

PRESS ENTER TO CONTINUE.

GLISH `since (START DATE)` IF NOT ROUND 5.
DISPLAY `between (START DATE) and (END DATE)` IF ROUND 5.
DISPLAY `ASK...AVAILABLE` IF ROUND 1.
OTHERWISE, USE A NULL DISPLAY.

IF ROUND 1, GO TO BOX_03
OTHERWISE, CONTINUE WITH BOX_01

BOX_01

ASK THE OLD EMPLOYMENT AND PRIVATE RELATED INSURANCE (OE) SECTION.

AT COMPLETION OF OE SECTION, CONTINUE WITH BOX_02

BOX_02

ASK THE OLD PUBLIC RELATED INSURANCE (PR) SECTION.

AT COMPLETION OF PR SECTION, CONTINUE WITH BOX_03

BOX_03

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE AND
- ESTABLISHMENT IS AN EMPLOYER AND
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT AND
- ESTABLISHMENT IS FLAGGED AS ‘NOT SELF-EMPLOYED’ OR IS FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE-GREATER-THAN-1,
CONTINUE WITH LOOP_01
---------------------------------------------

OTHERWISE, GO TO BOX_05
---------------------------------------------

LOOP_01
-----

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK HX02-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT PRIVATE HEALTH INSURANCE OBTAINED THROUGH AN EMPLOYER. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE AND
- ESTABLISHMENT IS AN EMPLOYER AND
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT AND
- ESTABLISHMENT IS FLAGGED AS ‘NOT SELF-EMPLOYED’ OR IS FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE-GREATER-T Than-1.

HX02
-----

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

You mentioned that (PERSON) (were/was) covered by health insurance from (ESTABLISHMENT).

CODE ‘1’ UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

HAS HEALTH INSURANCE THROUGH (ESTABLISHMENT) ................. 1
DOES NOT HAVE HEALTH INSURANCE THROUGH (ESTABLISHMENT) ................. 2

[Code One]

IF CODED ‘2’ (DOES NOT HAVE HEALTH INSURANCE THROUGH (ESTABLISHMENT)), FLAG THIS ESTABLISHMENT-PERSON-PAIR AS ‘NOT SEPARATE SOURCE OF INSURANCE’ AND GO TO END_LP01

OTHERWISE, CONTINUE WITH BOX_04

BOX_04
-----

ASK THE PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION FOR THIS ESTABLISHMENT-PERSON-PAIR.

AT COMPLETION OF HP SECTION, CONTINUE WITH END_LP01
END_LP01

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_05

BOX_05

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE
AND
- ESTABLISHMENT IS AN EMPLOYER
AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT
AND
- ESTABLISHMENT IS FLAGGED AS ‘SELF-EMPLOYED’
AND
- FIRM SIZE OF ESTABLISHMENT = 1,
CONTINUE WITH LOOP_02

OTHERWISE, GO TO BOX_07

LOOP_02

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK LOOP_03-END_LP02

LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION ABOUT THE SOURCES OF DIRECTLY PURCHASED HEALTH INSURANCE ASSOCIATED WITH A SELF-EMPLOYED JOB WHERE FIRM SIZE = 1. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE
AND
- ESTABLISHMENT IS AN EMPLOYER
AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT
AND
- ESTABLISHMENT IS FLAGGED AS ‘SELF-EMPLOYED’
- FIRM SIZE OF ESTABLISHMENT = 1

LOOP_03

FOR EACH OF THE FOLLOWING:
- INSURANCE CATEGORY 1
- INSURANCE CATEGORY 2
- INSURANCE CATEGORY 3
- INSURANCE CATEGORY 4
- INSURANCE CATEGORY 5
- INSURANCE CATEGORY 6
ASK HX03 - END_LP03
LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ABOUT THE WAYS PERSON PURCHASED HEALTH INSURANCE (INSURANCE CATEGORIES AT HX03) ASSOCIATED WITH A SELF-EMPLOYED JOB WITH FIRM-SIZE = 1. THE FIRST CYCLE OF THIS LOOP COLLECTS THE MAIN WAY PERSON PURCHASES INSURANCE. ADDITIONAL WAYS PERSON PURCHASES INSURANCE.

THE RESPONSE AT HX04 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF HX04 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT INSURANCE CATEGORY. IF HX04 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.

HX03

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

SHOW CARD HX-1.

{You mentioned that (PERSON) (are/is)/(were/was) self-employed and had health insurance through that business.} Which category on this card comes closest to {the main/another} way (PERSON) (purchase/purchases) this insurance?

FROM A PROFESSIONAL ASSOCIATION ........ 1 {BOX_06}
FROM A SMALL BUSINESS GROUP ............ 2 {BOX_06}
FROM A UNION ....................................... 3 {BOX_06}
FROM A HEALTH INSURANCE PURCHASING ALLIANCE .................. 4 {BOX_06}
DIRECTLY FROM AN INSURANCE AGENT ...... 5 {BOX_06}
DIRECTLY FROM INSURANCE COMPANY ....... 6 {BOX_06}
DIRECTLY FROM AN HMO ................. 7 {BOX_06}
FROM A PREVIOUS EMPLOYER ............... 8 {BOX_06}
FROM A PREVIOUS EMPLOYER (COBRA) ....... 9 {BOX_06}
OTHER ........................................ 91
REF ................................... -7 {BOX_06}
DK .................................... -8 {BOX_06}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

HX03OV

ENTER OTHER:

[Enter Other Specify] ............
REF ................................... -7
DK .................................... -8
ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION
FOR THE RESPONSE CATEGORY SELECTED AT HX03.

AT COMPLETION OF HP SECTION, CONTINUE WITH HX04

HX04

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

SHOW CARD HX-1.

Aside from what you already told me about, is there another
category on this card which describes the way (PERSON)
purchase/purchases) health insurance for (ESTABLISHMENT)?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

END_LP03

IF HX04 IS CODED '1' (YES), CYCLE TO COLLECT THE
NEXT WAY OF PURCHASING INSURANCE.

OTHERWISE, END LOOP_03 AND CONTINUE WITH END_LP02

END_LP02

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS,
END LOOP_02 AND CONTINUE WITH BOX_07

BOX_07

IF ROUND 1, GO TO HX06

OTHERWISE, CONTINUE WITH BOX_08

BOX_08

IF: 
ANY NEW RU MEMBERS ADDED TO RU THIS ROUND, 
OR
ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING 
MEDICARE TURNED 65 SINCE START DATE (USE REAL 
DATE OF BIRTH ONLY), 
OR
ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING 
MEDICARE WERE = OR > 65 (OR IN AGE CATEGORY 9) IN 
PREVIOUS ROUND.
CONTINUE WITH HX05 
----------------------------------------------------

OTHERWISE, GO TO BOX_12 
----------------------------------------------------

HX05

[STR-DT]
[END-DT]

My records indicate that (READ NAMES BELOW) {(are/is)}
{either} {65 years old or older} {or} {joined the household 
since our last interview}.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65] 
[2. First Name,[Middle Name],Last Name-65] 
[3. First Name,[Middle Name],Last Name-65] 

(Has (READ NAME ABOVE)/Have any of these people) been covered 
by Medicare {since (START DATE)/between (START DATE) and (END DATE)}?

YES .................................... 1
NO ..................................... 2 {LOOP_04}
REF ................................... -7 {LOOP_04}
DK .................................... -8 {LOOP_04}

PRESS F1 FOR DEFINITION OF MEDICARE.

DISPLAY ‘(are/is)’ AND ‘65 years old’ IF ANY RU 
MEMBERS NOT ALREADY FLAGGED AS RECEIVING 
MEDICARE TURNED 65 SINCE START DATE OR IF ANY RU 
MEMBERS NOT ALREADY FLAGGED AS RECEIVING 
MEDICARE WERE = OR > 65 PREVIOUS ROUND.

DISPLAY ‘joined the household since our last 
interview’ IF ANY NEW RU MEMBERS ADDED TO THE RU 
THIS ROUND.

DISPLAY ‘either’ AND ‘or’ IF ANY NEW RU MEMBERS 
ADDED TO THE RU THIS ROUND AND IF ANY RU MEMBERS 
NOT ALREADY FLAGGED AS RECEIVING MEDICARE TURNED 
65 SINCE START DATE OR ANY RU MEMBERS NOT ALREADY 
FLAGGED AS RECEIVING MEDICARE WERE = OR > 65 
PREVIOUS ROUND.

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. 
DISPLAY ‘between (START DATE) and (END DATE)’ IF 
ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS 
ON THE RU-MEMBERS-ROSTER THAT MEET ANY ONE OF THE 
FOLLOWING CONDITIONS: 
- PERSON IS AN RU MEMBER WHO IS NOT ALREADY 
FLAGGED AS RECEIVING MEDICARE AND HAS TURNED 65 
SINCE START DATE 
OR
- PERSON IS AN RU MEMBER WHO IS NOT ALREADY 
FLAGGED AS RECEIVING MEDICARE (NOT SELECTED AT 
HX07 DURING PREVIOUS ROUND) AND WHO WAS = OR > 
65 (OR IN AGE CATEGORY 9) DURING THE PREVIOUS
ROUND
OR
- PERSON IS A NEW RU MEMBER

---

IF HX05 IS CODED ’1’ (YES) AND ONLY ONE RU MEMBER
ELIGIBLE FOR HX05, SELECT THAT PERSON
AUTOMATICALLY BY CAPI AT HX07 AND GO TO LOOP_04

---

IF HX05 IS CODED ’1’ (YES) AND MORE THAN ONE RU MEMBER ELIGIBLE FOR HX05, GO TO HX07

---

HX06

{STR-DT}

There are several large public health insurance programs {with similar names} that are easily confused.

Medicare is a health insurance program for persons 65 years or over and for disabled persons. Other programs, such as Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}, are state programs which cover low income families and individuals or children who do not have private health insurance.

SHOW CARD HX-2.

Let me first ask about Medicare. People covered by Medicare usually have a card that looks like this.

At any time since (START DATE), has anyone in the family been covered by Medicare?

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

PRESS F1 FOR DEFINITION OF MEDICARE.

---

DISPLAY ‘with similar names’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES ‘MEDICAID’ OR A NAME SIMILAR TO MEDICARE (SUCH AS MEDI-CAL).

---

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ONE OF THE FOLLOWING:
ALABAMA MINNESOTA NORTH DAKOTA
ARKANSAS MISSISSIPPI OHIO
COLORADO MISSOURI OKLAHOMA
CONNECTICUT MONTANA OREGON
DELAWARE NEBRASKA PENNSYLVANIA
FLORIDA NEVADA SOUTH CAROLINA
ILLINOIS NEW HAMPSHIRE SOUTH DAKOTA
INDIANA NEW JERSEY TEXAS
KANSAS NEW MEXICO UTAH
LOUISIANA NEW YORK VERMONT
MAINE NORTH CAROLINA WEST VIRGINIA
Wyoming

DISPLAY ‘Medical Assistance’ FOR ‘STATE NAME FOR MEDICAID’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ONE OF THE FOLLOWING:
ALASKA IDAHO MICHIGAN
DISTRICT OF COLUMBIA IOWA RHODE ISLAND
GEORGIA KENTUCKY VIRGINIA
HAWAII MARYLAND WASHINGTON
WISCONSIN

DISPLAY ‘Arizona Health Care Cost Containment System’ FOR ‘STATE NAME FOR MEDICAID’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ARIZONA.
DISPLAY 'Medi-Cal' FOR 'STATE NAME FOR MEDICAID'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CALIFORNIA.

DISPLAY 'MassHealth' FOR 'STATE NAME FOR MEDICAID'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MASSACHUSETTS.

DISPLAY 'TennCare' FOR 'STATE NAME FOR MEDICAID'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS TENNESSEE.

DISPLAY 'or ALKIDS' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ALABAMA.

DISPLAY 'or Kids Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ARIZONA.

DISPLAY 'or AR Kids First' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ARKANSAS.

DISPLAY 'or Healthy Families or AIM' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CALIFORNIA.

DISPLAY 'or Child Health Plan Plus (CHP+)' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS COLORADO.

DISPLAY 'or Husky Plan' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CONNECTICUT.

DISPLAY 'or Diamond State Health Plan' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS DELAWARE.

DISPLAY 'or Florida Healthy Kids' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS FLORIDA.

DISPLAY 'or Peach Care for Kids' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS GEORGIA.

DISPLAY 'or Children's Health Insurance Program'
FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS IOWA.

DISPLAY 'or Hawk-I' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS KENTUCKY.

DISPLAY 'or Kentucky CHIP' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS LOUISIANA.

DISPLAY 'or Cub Care' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MAINE.

DISPLAY 'or MiChild' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MICHIGAN.

DISPLAY 'or Kids Connection' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEBRASKA.

DISPLAY 'or Nevada Check Up' FOR 'STATE CHIP NAME'
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEVADA.
NEVADA.

DISPLAY 'or NJ Kid Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW JERSEY.

DISPLAY 'or Child Health Plus (CHPlus)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW YORK.

DISPLAY 'or Healthy Start' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OHIO.

DISPLAY 'or Sooner Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OKLAHOMA.

DISPLAY 'or Children Health Insurance Plan (CHIP)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OREGON.

DISPLAY 'or PA CHIP' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS PENNSYLVANIA.

DISPLAY 'or Rite Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS RHODE ISLAND.

DISPLAY 'or Partners for Healthy Children' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS SOUTH CAROLINA.

DISPLAY 'or Dr. Dynasaur, Vermont Health Access Plan' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS VERMONT.

DISPLAY 'or Badger Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WISCONSIN.

USE A NULL DISPLAY FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MASSACHUSETTS OR TENNESSEE.

OTHERWISE, DISPLAY 'or Children's Health Insurance Plan (CHIP)' FOR 'STATE CHIP NAME.'

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

IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT PERSON AUTOMATICALLY BY CAPI AT HX07 AND GO TO LOOP_04

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

IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH HX07

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

IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND ONE OR MORE RU MEMBER = > 65 YEARS OLD, GO TO LOOP_04

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

IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND NO RU MEMBER = > 65 YEARS OLD, GO TO BOX_12

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

NOTE: HX06 IS ASKED ONLY IN ROUND 1.
Who is covered by Medicare?

PROBE: Who else is covered by Medicare?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION:
IF ROUND 1, THIS ITEM DISPLAYS THE COMPLETE RU-MEMBERS-ROSTER.
IF ROUND 2, THIS ITEM DISPLAYS PERSONS ON THE RU-MEMBERS-ROSTER THAT MEET ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS A NEW RU MEMBER THIS ROUND OR
- PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND OR
- PERSON => 65 YEARS OLD (OR IN AGE CATEGORY 9) LAST ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND.

LOOP DEFINITION: LOOP_04 DETERMINES IF REASON FOR MEDICARE IS CONDITION/DISABILITY FOR PERSONS < 65 WHO RECEIVE MEDICARE AND COLLECTS SOCIAL SECURITY STATUS FOR PERSONS => 65 WHO ARE NOT COVERED BY MEDICARE. THIS LOOP CYCLES ON PERSONS WHO MEET ANY OF THE FOLLOWING CONDITIONS:
- IF ROUND 1: ALL CURRENT RU MEMBERS
- IF NOT ROUND 1: ALL CURRENT RU MEMBERS WHO MEET ONE OF THE FOLLOWING CONDITIONS:
  - PERSON IS A NEW RU MEMBER THIS ROUND, OR
  - PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND, OR
  - PERSON => 65 YEARS OLD (OR IN AGE CATEGORY 9) LAST ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND.

BOX_09

IF ROUND 1, GO TO BOX_11

OTHERWISE, CONTINUE WITH BOX_10
IF PERSON ADDED THIS ROUND, CONTINUE WITH BOX_11

IF HX05 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND RU MEMBER TURNED 65 THIS ROUND, GO TO HX09

OTHERWISE, GO TO END_LP04

NOTE: HX09 IS NOT RE-ASKED OF PERSONS WHO WERE OVER 65 DURING THE PREVIOUS ROUND AND DID NOT RECEIVE MEDICARE AND WHO CONTINUE NOT RECEIVING MEDICARE DURING THE CURRENT ROUND.

BOX_11

IF PERSON IS SELECTED AT HX07 AND IS < 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), CONTINUE WITH HX08

IF PERSON IS SELECTED AT HX07 AND IS = > 65 YEARS OLD (OR IN AGE CATEGORY 9), GO TO END_LP04

IF PERSON IS NOT SELECTED AT HX07 AND IS < 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), GO TO END_LP04

IF PERSON IS NOT SELECTED AT HX07 AND IS = > 65 YEARS OLD (OR IN AGE CATEGORY 9), GO TO HX09

IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)) AND PERSON IS < 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), GO TO END_LP04

IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)) AND PERSON IS = > 65 YEARS OLD (OR IN AGE CATEGORY 9), GO TO HX09

HX08

{PERSON’S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) receive Medicare because of a medical condition or a disability?

YES .................................... 1 {END_LP04}
NO ..................................... 2 {END_LP04}
REF ................................... -7 {END_LP04}
DK .................................... -8 {END_LP04}

PRESS F1 FOR DEFINITION OF CONDITION/DISABILITY.

HX09
People with Social Security usually get Medicare. (Do/Does) (PERSON) receive Social Security?

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

PRESS F1 FOR DEFINITION OF SOCIAL SECURITY.

END_LP04

--------

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

--------

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH BOX_12 |

--------

BOX_12

--------

| IF MEDICAID PROVIDED TO ANY RU MEMBER DURING THE PREVIOUS ROUND, GO TO BOX_14 |

--------

| OTHERWISEWISE, CONTINUE WITH BOX_12A |

--------

BOX_12A

--------

| IF GOVT-HOSPITAL/PHYSICIAN IS A SOURCE OF INSURANCE FOR ANY RU MEMBER DURING THE CURRENT ROUND, GO TO BOX_14 |

--------

| OTHERWISEWISE, CONTINUE WITH HX10 |

--------

HX10

--------

{STR-DT}
{END-DT}

{Some people are covered by programs called Medicaid/STATE NAME FOR MEDICAID}/or (STATE CHIP NAME). These are state programs for low income families and individuals or children who do not have private health insurance. They sometimes cover persons with very large medical bills or those in nursing homes.}

{SHOW CARD HX-3.}

{People covered by Medicaid/STATE NAME FOR MEDICAID} usually have a (piece of paper/card) that looks something like this.}

{During the last interview, we recorded that no one in the family was covered by Medicaid/STATE NAME FOR MEDICAID}/or (STATE CHIP NAME).}

Has anyone in the family been covered by Medicaid/STATE NAME FOR MEDICAID}/or (STATE CHIP NAME) at any time (since (START DATE)/between (START DATE) and (END DATE))? YES .................................... 1
Who is covered by Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}?

PROBE: Who else is covered by Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}?

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER.

LOOP_05

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_13 - END_LP05

LOOP DEFINITION: LOOP_05 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY MEDICAID. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: 
- ESTABLISHMENT IS MEDICAID 
AND 
- PERSON IS FLAGGED AS COVERED BY MEDICAID DURING THE CURRENT ROUND (I.E., SELECTED IN HX11)

BOX_13

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP05

END_LP05

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_14

BOX_14

IF CHAMPUS/CHAMPVA PROVIDED TO ANY RU MEMBER DURING THE PREVIOUS ROUND, GO TO BOX_16
HX12

{|[STR-DT] |
|{END-DT}| }

|{During the last interview, we recorded that no one in the family was covered by CHAMPUS, TRICARE or CHAMPVA.|}

At any time {since (START DATE)/between (START DATE) and (END DATE)}, has anyone in the family been covered by CHAMPUS, TRICARE or CHAMPVA?

YES .......................... 1
NO .............................. 2 {BOX_16}
REF ............................. -7 {BOX_16}
DK ............................. -8 {BOX_16}

PRESS F1 FOR DEFINITION OF CHAMPUS/CHAMPVA.

|DISPLAY FIRST PARAGRAPH ('During .... CHAMPVA.') |
|IF NOT ROUND 1. OTHERWISE, USE A NULL DISPLAY. |

|DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. |
|DISPLAY ‘between (START DATE) and (END DATE)’ IF |
|ROUND 5. |

|IF CODED ‘1’ (YES) AND SINGLE-PERSON RU, SELECT |
|PERSON AT HX13 AUTOMATICALLY BY CAPI AND GO TO |
|LOOP_06 |

|IF CODED ‘1’ (YES) AND MULTI-PERSON RU, CONTINUE |
|WITH HX13 |

HX13

{|[STR-DT] |
|{END-DT}| }

Who is covered by CHAMPUS, TRICARE or CHAMPVA?

PROBE: Who else is covered by CHAMPUS, TRICARE or CHAMPVA?

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

|1. First Name,[Middle Name],Last Name-65 |
|2. First Name,[Middle Name],Last Name-65 |
|3. First Name,[Middle Name],Last Name-65 |

|ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
|RU-MEMBERS-ROSTER. |

LOOP_06

|FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-|
|PAIRS-ROSTER, ASK BOX_15-END_LP06 |

|LOOP DEFINITION: LOOP_06 COLLECTS TIME PERIOD |
|COVERAGE DETAIL FOR RU MEMBERS COVERED BY CHAMPUS/|
CHAMPVA. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS CHAMPUS/CHAMPVA
- PERSON IS FLAGGED AS COVERED BY CHAMPUS/CHAMPVA DURING THE CURRENT ROUND (I.E., SELECTED AT HX13)

----------------------------------------------------
BOX_15
----------------------------------------------------

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON. |
----------------------------------------------------

| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP06 |
----------------------------------------------------

END_LP06

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

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

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_16 |
----------------------------------------------------

BOX_16

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

| IF MEDICAID IS A SOURCE OF INSURANCE FOR ANY RU MEMBER DURING CURRENT ROUND, GO TO BOX_19 |
----------------------------------------------------

| OTHERWISE, CONTINUE WITH BOX_17 |
----------------------------------------------------

BOX_17

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

| IF GOVT-HOSPITAL/PHYSICIAN PROVIDED TO ANY RU MEMBER DURING THE PREVIOUS ROUND, GO TO BOX_19 |
----------------------------------------------------

| OTHERWISE, CONTINUE WITH HX14 |
----------------------------------------------------

HX14

{STR-DT}
{END-DT}

{During the last interview, we recorded that no one in the family was covered by any other state sponsored program which provided hospital and physician benefits.}

At any time {since (START DATE)/between (START DATE) and (END DATE)}, has anyone in the family had any type of health insurance obtained through any state or local government agency which provided hospital and physician benefits?
YES ........................................ 1  
NO ........................................ 2 {BOX_19}  
REF ........................................ -7 {BOX_19}  
DK ........................................ -8 {BOX_19}  

PRESS F1 FOR DESCRIPTION OF INSURANCE TYPES TO INCLUDE.

DISPLAY FIRST PARAGRAPH (‘During .... benefits.’) |
| IF NOT ROUND 1. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘between (START DATE) and (END DATE)’ IF |
| ROUND 5. |

IF HX14 IS CODED '1' (YES) AND SINGLE-PERSON RU, |
SELECT PERSON AT HX15 AUTOMATICALLY BY CAPI AND |
GO TO LOOP_07 |

IF HX14 IS CODED '1' (YES) AND MULTI-PERSON RU, |
CONTINUE WITH HX15 |

NOTE: ‘GOVT-HOSPITAL/PHYSICIAN’ SHOULD BE USED |
FOR THE ESTABLISHMENT NAME IN THE CONTEXT HEADER |
(WHERE APPROPRIATE).

HX15

{STR-DT}  
{END-DT}  

Who is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?  

PROBE: Who else is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?  

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

[1. First Name,[Middle Name],Last Name-65]  
[2. First Name,[Middle Name],Last Name-65]  
[3. First Name,[Middle Name],Last Name-65]  

ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
RU-MEMBERS-ROSTER. |

LOOP_07

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_18-END_LP07 |

LOOP DEFINITION: LOOP_07 COLLECTS TIME PERIOD |
COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT- HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON |
ESTABLISHMENT-PERSON-PAIRS THAT MEET THE |
FOLLOWING CONDITIONS: |
- ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN |
- PERSON IS FLAGGED AS BEING COVERED BY GOVT- |
  HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND |
(I.E., SELECTED AT HX15)

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

BOX_18

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

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.

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

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP07

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

END_LP07

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

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

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_07 AND CONTINUE WITH BOX_19

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

BOX_19

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

IF ANY TYPE OF OTHER PUBLIC INSURANCE PROVIDED TO ANY RU MEMBER AT ANY TIME DURING THE PREVIOUS ROUND, GO TO HX21

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

OTHERWISE, CONTINUE WITH HX16

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

HX16

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

{STR-DT}

{END-DT}

{During the last interview, we recorded that no one in the family/Some people} receive{d} health benefits from other state programs {such as (READ PROGRAM NAMES BELOW) or other public programs} that provide coverage for health care services.

{STATE NAME FOR PROGRAM #1..................}

{STATE NAME FOR PROGRAM #2..................}

{STATE NAME FOR PROGRAM #3..................}

At any time {since (START DATE)/between (START DATE) and (END DATE)}, has anyone in the family been covered by any program like this?

YES .................................... 1

NO ..................................... 2 {HX21}

REF ................................... -7 {HX21}

DK .................................... -8 {HX21}

PRESS F1 FOR A LIST OF OTHER STATE PROGRAMS.

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

DISPLAY ‘During the last interview, we recorded that no one in the family’ AND THE ‘d’ ON ‘receive’ IF NOT ROUND 1. OTHERWISE, DISPLAY ‘Some people’.
<table>
<thead>
<tr>
<th>STATE</th>
<th>OTHER PUBLIC PROGRAM(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td>Hypertension Program</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>Teen Prenatal Express Program (TPE)</td>
</tr>
<tr>
<td>ARKANSAS</td>
<td>Arkansas Kidney Disease Commission</td>
</tr>
<tr>
<td>CALIFORNIA</td>
<td>AIDS Drug Assistance Program (ADAP)</td>
</tr>
<tr>
<td>COLORADO</td>
<td>Colorado Child Health Plan</td>
</tr>
<tr>
<td></td>
<td>Assistance for AIDS Specific Drugs (AASD)</td>
</tr>
<tr>
<td>CONNECTICUT</td>
<td>ConnPACE</td>
</tr>
<tr>
<td></td>
<td>Connecticut AIDS Drug Assistance Program (CADAP)</td>
</tr>
<tr>
<td>DISTRICT OF COLUMBIA</td>
<td>Medical Charities Plan</td>
</tr>
<tr>
<td>FLORIDA</td>
<td>Florida Statewide Kidney Disease Program</td>
</tr>
<tr>
<td>GEORGIA</td>
<td>AIDS Drug Assistance Program</td>
</tr>
<tr>
<td>HAWAII</td>
<td>Hawaii Chronic Renal Disease Program</td>
</tr>
<tr>
<td>HIV</td>
<td>HIV Drug Assistance Program</td>
</tr>
<tr>
<td>IDAHO</td>
<td>Catastrophic Fund</td>
</tr>
<tr>
<td>ILLINOIS</td>
<td>Circuit Breaker Pharmaceutical Assistance Program</td>
</tr>
<tr>
<td>INDIANA</td>
<td>Indiana State Department of Health-Renal Program</td>
</tr>
<tr>
<td>IOWA</td>
<td>Caring Program for Children</td>
</tr>
<tr>
<td></td>
<td>Chronic Renal Disease Program</td>
</tr>
<tr>
<td>KENTUCKY</td>
<td>Kentucky AIDS Drug Assistance Program (KADAP)</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>HIV Formulary</td>
</tr>
<tr>
<td>MAINE</td>
<td>Elderly Low Cost Drug Program</td>
</tr>
<tr>
<td></td>
<td>Maine AIDS Drug Assistance Program (ADAP)</td>
</tr>
<tr>
<td>MARYLAND</td>
<td>Kidney Disease Program</td>
</tr>
<tr>
<td></td>
<td>Maryland Pharmacy Assistance Program (MPAP)</td>
</tr>
<tr>
<td></td>
<td>Maryland State Family Planning Program</td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td>CenterCare Program</td>
</tr>
<tr>
<td></td>
<td>Children’s Medical Security Plan</td>
</tr>
<tr>
<td></td>
<td>Healthy Start</td>
</tr>
<tr>
<td>MICHIGAN</td>
<td>Caring Program for Children</td>
</tr>
<tr>
<td></td>
<td>Non-Medicaid MICH-Care Program</td>
</tr>
<tr>
<td>MISSOURI</td>
<td>Missouri Kidney Program (MoKP)</td>
</tr>
<tr>
<td>MONTANA</td>
<td>End-Stage Renal Disease Program</td>
</tr>
<tr>
<td>NEBRASKA</td>
<td>Chronic Renal Disease Program</td>
</tr>
<tr>
<td>NEW HAMPSHIRE</td>
<td>Catastrophic Illness Program</td>
</tr>
<tr>
<td>NEW JERSEY</td>
<td>Pharmaceutical Assistance for the Aged and Disabled (PAAD)</td>
</tr>
<tr>
<td></td>
<td>Chronic Renal Disease Services</td>
</tr>
<tr>
<td>NEW MEXICO</td>
<td>Home Delivery Drug Program</td>
</tr>
<tr>
<td>NEW YORK</td>
<td>Child Health Plus (CHP)</td>
</tr>
<tr>
<td></td>
<td>Elderly Pharmaceutical Insurance Program (EPIC)</td>
</tr>
</tbody>
</table>
North Carolina State Kidney Program  
HIV Medications Program  
Caring Program for Children  
Ohio  
Ohio Disability Assistance Medical Program  
Ohio AIDS Drug Assistance Program (ADAP)  
Senior Choice  
Senior Health by Choice Care  
Oklahoma  
HIV Drug Assistance Programs  
Pennsylvania  
Special Pharmaceutical Benefits Program (SPBP)  
Pharmaceutical Assistance Contract for the Elderly (PACE)  
Rhode Island  
General Public Assistance (GPA) Medical Program  
Rhode Island Pharmaceutical Assistance for the Elderly (RIPAE)  
Tennessee  
Tennessee Renal Disease Program  
Texas  
Division of Kidney Health Care Program  
AIDS/STD Medication Program  
Utah  
HIV/AIDS Drug Therapy Program  
Vermont  
General Assistance Medical Program  
Vscript Pharmaceutical Program  
Washington  
Washington State Kidney Disease Program  
West Virginia  
Special Pharmacy Program  
Wyoming  
Minimum Medical Program (MMP)

---

**LOOP_08**

---

**FOR EACH OF THE FOLLOWING:**

GROUP 1  
GROUP 2  
ASK BOX_20-END_LP08

---

---

**BOX_20**

---

**IF FIRST CYCLE OF LOOP_08, CONTINUE WITH HX17**

---

**OTHERWISE (I.E., IF SECOND CYCLE OF LOOP_08), GO TO HX18**

---

**HX17**

{STR-DT}  
{END-DT}
What is the name of the program?

PROBE: Any other state program?

NOTE: IF ONLY TANF/AFDC, SSI, WIC, IHS, PUBLIC HEALTH CLINIC, OR VA IS MENTIONED, CODE 95.

{STATE SPECIFIC PLAN 1} ................ 1
{STATE SPECIFIC PLAN 2} ................ 2
{STATE SPECIFIC PLAN 3} ................ 3
{STATE SPECIFIC PLAN 4} ................ 4
{STATE SPECIFIC PLAN 5} ................ 5
{STATE SPECIFIC PLAN 6} ................ 6
OTHER ................................. 91
NONE OF THESE ......................... 95
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

<p>| FOR ‘STATE SPECIFIC PLAN N’, DISPLAY AN ACTUAL NAME OF A STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A STATE THAT HAS OTHER STATE PROGRAMS | THAT IS, A STATE OTHER THAN ONE OF THE FOLLOWING: | ALASKA MISSISSIPPI SOUTH CAROLINA | DELAWARE NEVADA SOUTH DAKOTA | KANSAS NORTH DAKOTA VIRGINIA | MINNESOTA OREGON WISCONSIN | FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE, SEE BOX ON HX16. | USE A NULL DISPLAY WHEN INTERVIEW IS BEING CONDUCTED IN ONE OF THE STATES LISTED ABOVE. |
|-------------------------------------------------------------|</p>
<table>
<thead>
<tr>
<th>ANY PROGRAM SELECTED IN HX17 IS CONSIDERED A GROUP 1 PROGRAM AND WILL BE GROUPED TOGETHER WHEN ASKED ABOUT IN HX19.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODES ’1’, ’2’, ’3’, ’4’, ’5’, AND ’6’ ARE RESERVED FOR STATE SPECIFIC PLANS. IF THE STATE HAS LESS THAN 6 PLANS, DO NOT ADJUST THE OTHER CODES. (I.E., FOR A STATE WITH NO STATE-SPECIFIC PLANS, CODES WOULD START WITH ’91’ AT HX17 OR ’7’ AT HX18.)</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>EDIT: CODE ’95’ (NONE OF THESE) CANNOT BE ENTERED WITH ANY OTHER CODES. IF CODED ’95’ (NONE OF THESE) WITH ANY OTHER CODES, DISPLAY THE FOLLOWING MESSAGE: ’95 CANNOT BE CODED WITH ANY OTHER RESPONSES. VERIFY AND RE-ENTER. PRESS ENTER TO CONTINUE.’</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>IF CODED ’91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX17OV</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>IF CODED ’95’ (NONE OF THESE), GO TO HX18</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_21</td>
</tr>
</tbody>
</table>

HX17OV

ENTER OTHER:
What is the name of the program?

PROBE: Any other state program?

- TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES) OR AFDC (AID TO FAMILIES WITH DEPENDENT CHILDREN) - 7
- SSI (SUPPLEMENTAL SECURITY INCOME) - 8
- WIC (WOMEN, INFANTS AND CHILDREN) - 9
- IHS (INDIAN HEALTH SERVICE) - 10
- PUBLIC HEALTH CLINIC - 11
- VA (VETERANS ADMINISTRATION) - 12

Press F1 for definitions of answer categories.

[Code All That Apply]

---

| ANY PROGRAM SELECTED IN HX18 IS CONSIDERED A GROUP 2 PROGRAM AND WILL BE GROUPED TOGETHER WHEN ASKED ABOUT IN HX19 |
---

---

| IF: NO CURRENT RU MEMBER COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING CURRENT ROUND AND HX18 IS CODED '7' (AFDC), '8' (SSI), OR '9' (WIC), ALONE OR WITH ANY OTHER COMBINATION OF CODES, CONTINUE WITH BOX_21 |
---

---

| OTHERWISE, GO TO END_LP08 |
---

---

Box_21

---

| IF SINGLE-PERSON RU, SELECT PERSON AT HX19 AUTOMATICALLY BY CAPI AND GO TO LOOP_09 |
---

---

| IF MULTI-PERSON RU, CONTINUE WITH HX19 |
---

HX19

---

PROGRAM:

[STATE PROGRAM PROVIDING COVERAGE]
[STATE PROGRAM PROVIDING COVERAGE]
[STATE PROGRAM PROVIDING COVERAGE]
[STATE PROGRAM PROVIDING COVERAGE]
[STATE PROGRAM PROVIDING COVERAGE]
[STATE PROGRAM PROVIDING COVERAGE]
[STATE PROGRAM PROVIDING COVERAGE]

Who is covered by (READ PROGRAMS ABOVE)?
PROBE: Who else is covered by (READ PROGRAMS ABOVE)?

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

----------------------------------------------------
| IF COMING FROM HX17, DISPLAY ALL PROGRAMS SELECTED |
| AT HX17. IF COMING FROM HX18, DISPLAY ALL          |
| PROGRAMS SELECTED AT HX18.                        |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-     |
| MEMBERS-ROSTER.                                   |
----------------------------------------------------

LOOP_09

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-  |
| PAIRS ROSTER, ASK BOX_22-END_LP09                 |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_09 COLLECTS TIME PERIOD    |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY OTHER   |
| PUBLIC PROGRAMS. THIS LOOP CYCLES ON ESTABLISHMENT|
| -PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:|
| - ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER      |
| PUBLIC PROGRAM                                        |
| AND                                                  |
| - PERSON IS FLAGGED AS BEING COVERED BY GROUP 1     |
| OR GROUP 2 OTHER PUBLIC PROGRAM DURING THE         |
| CURRENT ROUND (I.E., SELECTED IN HX19)              |
----------------------------------------------------

----------------------------------------------------
| IF FIRST TIME THROUGH LOOP_08 AND HX17 IS NOT     |
| CODED '95' (NONE OF THESE), THIS LOOP CYCLES ON A  |
| ESTABLISHMENT-PERSON-PAIR WHERE ESTABLISHMENT IS A |
| GROUP 1 OTHER PUBLIC PROGRAM.                      |
----------------------------------------------------

----------------------------------------------------
| IF HX17 IS CODED '95' (NONE OF THESE) OR IF SECOND |
| CYCLE OF LOOP_08, THEN THE ESTABLISHMENT IS A      |
| GROUP 2 OTHER PUBLIC PROGRAM.                      |
----------------------------------------------------

BOX_22

----------------------------------------------------
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION    |
| FOR THIS PERSON.                                   |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH     |
| END_LP09                                          |
----------------------------------------------------

END_LP09

----------------------------------------------------
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-            |
| PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS      |
| STATED IN THE LOOP DEFINITION.                     |
----------------------------------------------------
IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_09 AND CONTINUE WITH BOX_23

BOX_23

IF HX17 IS CODED '95' (NONE OF THESE) OR IF ON SECOND CYCLE OF LOOP_08, GO TO END_LP08

OTHERWISE, CONTINUE WITH HX20

HX20

{STR-DT}
{END-DT}

Are there any other state programs that provide coverage for health care services to anyone else in the family?

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

END_LP08

IF HX20 IS CODED '1' (YES), CYCLE TO COLLECT GROUP 2 PUBLIC INSURANCE INFORMATION.

IF HX20 IS CODED '2' (NO), '-7' (REFUSED), '-8' (DON'T KNOW), OR IS NOT ASKED, END LOOP_08 AND CONTINUE WITH HX21

HX21

{STR-DT}
{END-DT}

Next, I have some questions about other sources of health insurance anyone in the family may have had since (START DATE)/between (START DATE) and (END DATE) to help pay hospital and doctor bills and other health expenses such as nursing home care or prescribed medicines. {This includes Medigap or Medicare Supplements, plans through a private insurance carrier, which some people who are eligible for Medicare have as additional coverage.}

PRESS ENTER TO CONTINUE.

DISPLAY  'This includes...coverage.' IF ANYONE IN RU HAS MEDICARE AS A SOURCE OF INSURANCE DURING THE CURRENT ROUND.
DISPLAY  'since (START DATE)' IF NOT ROUND 5.
DISPLAY  'between (START DATE) and (END DATE)' IF ROUND 5.

HX22
SHOW CARD HX-4.

Please look at this card. It lists various ways people can obtain insurance.

{Not counting insurance you already told me about, at/At} any time {since (START DATE)/between (START DATE) and (END DATE)}, was anyone in the family covered by health insurance from any {other} source, such as those listed on the card?

YES .................................... 1
NO ..................................... 2 {BOX_25}
REF ................................... -7 {BOX_25}
DK .................................... -8 {BOX_25}

PRESS F1 FOR DEFINITIONS OF ITEMS ON SHOW CARD.

----------------------------------------------------
<p>| DISPLAY ‘Not counting insurance you already told  |
| me about, at’ AND ‘other’ IF ANY SOURCES OF       |
| INSURANCE ARE RECORDED FOR THIS RU.               |
|                                                   |
| IF NO SOURCES OF INSURANCE ARE RECORDED FOR THIS |
| RU, DISPLAY ‘At’.                                 |
|                                                   |
| DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.      |
| DISPLAY ‘between (START DATE) and (END DATE)’ IF  |</p>
<table>
<thead>
<tr>
<th>ROUND 5.</th>
</tr>
</thead>
</table>

LOOP_10

----------------------------------------------------
<p>| FOR EACH OF THE FOLLOWING:                        |
|                                                   |
| PRIVATELY PURCHASED INSURANCE CATEGORY 1          |
| PRIVATELY PURCHASED INSURANCE CATEGORY 2          |
| PRIVATELY PURCHASED INSURANCE CATEGORY 3          |
| PRIVATELY PURCHASED INSURANCE CATEGORY 4          |
| PRIVATELY PURCHASED INSURANCE CATEGORY 5          |
| PRIVATELY PURCHASED INSURANCE CATEGORY 6          |
|                                                   |</p>
<table>
<thead>
<tr>
<th>ASK HX23 - END_LP10</th>
</tr>
</thead>
</table>

LOOP DEFINITION: LOOP_10 COLLECTS INFORMATION ABOUT PRIVATELY PURCHASED HEALTH INSURANCE NOT OBTAINED THROUGH AN EMPLOYER. THIS LOOP CYCLES ON SOURCES OF PRIVATELY PURCHASED INSURANCE LISTED AT HX23. THE FIRST CYCLE OF THIS LOOP COLLECTS THE FIRST SOURCE OF PRIVATELY PURCHASED INSURANCE. SUBSEQUENT CYCLES OF THE LOOP ARE DETERMINED BY THE RESPONSE AT HX24. IF HX24 IS CODED ‘1’ (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT SOURCE OF PRIVATELY PURCHASED INSURANCE. IF HX24 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

HX23

{STR-DT}
{END-DT}

SHOW CARD HX-4.

From which of the sources on this card did anyone in the family purchase health insurance?

FROM A GROUP OR ASSOCIATION ............... 1 {BOX_24}
FROM A HEALTH INSURANCE PURCHASING
ALLIANCE ............................... 2 {BOX_24}
DIRECTLY THROUGH A SCHOOL .............. 3 {BOX_24}
DIRECTLY FROM AN INSURANCE AGENT ....... 4 {BOX_24}
DIRECTLY FROM INSURANCE COMPANY ........ 5 {BOX_24}
DIRECTLY FROM AN HMO .................... 6 {BOX_24}
FROM A UNION ............................. 7 {BOX_24}
FROM ANYONE’S PREVIOUS EMPLOYER (COBRA) .. 8 {BOX_24}
FROM ANYONE’S PREVIOUS EMPLOYER (NOT COBRA) .......... 9 {BOX_24}
FROM SPOUSE’S/DECEASED SPOUSE’S PREVIOUS EMPLOYER .............. 10 {BOX_24}
FROM SOME OTHER EMPLOYER ............. 11 {BOX_24}
UNDER PLAN OF SOMEONE NOT LIVING HERE ... 12 {BOX_24}
OTHER SOURCE ............................ 91
REF ..................................... -7 {BOX_24}
DK ...................................... -8 {BOX_24}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

HX23OV
ENTER OTHER:

[Enter Other Specify] ..............
REF ..................................... -7 {BOX_24}
DK ...................................... -8 {BOX_24}

BOX_24

ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION | FOR THE RESPONSE CATEGORY SELECTED AT HX23 AND FLAGGED THIS ROUND AS PROVIDING HEALTH INSURANCE. |

AT COMPLETION OF THE HP SECTION, CONTINUE WITH |
HX24

HX24

{STR-DT}
{END-DT}

SHOW CARD HX-4.

Aside from what you already told me about, at any time {since (START DATE)/between (START DATE) and (END DATE)}, was anyone in the family covered by health insurance from any other source listed on this card?

PROBE: Please include any type of health insurance anyone in the family is covered by which has not been discussed yet. This includes health insurance that was obtained from a source not listed on this card.

YES ....................... 1
NO ....................... 2
REF ....................... -7 {BOX_24}
DK ....................... -8 {BOX_24}

PRESS F1 FOR DEFINITIONS OF ITEMS ON SHOW CARD.

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.
IF HX24 IS CODED '1' (YES), CYCLE TO COLLECT THE NEXT INSURANCE CATEGORY.

OTHERWISE END LOOP_10, AND CONTINUE WITH BOX_25

BOX_25

IF NO PUBLIC OR PRIVATE INSURANCE RECORDED FOR ANY CURRENT RU MEMBER, GO TO BOX_45

OTHERWISE, CONTINUE WITH BOX_26

BOX_26

IF ANY RU MEMBER HAS MEDICARE AS A SOURCE OF INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH BOX_27

OTHERWISE, GO TO BOX_29

BOX_27

IF ROUND 1, GO TO LOOP_11

OTHERWISE, CONTINUE WITH BOX_28

BOX_28

IF NOT ROUND 1, CONTINUE WITH LOOP_11 ONLY FOR RU MEMBERS WHERE MEDICARE WAS RECORDED AS BEING RECEIVED THIS ROUND. THAT IS, CONTINUE WITH LOOP_11 ONLY IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON-PAIR WHERE THE ESTABLISHMENT IS MEDICARE AND THE PAIR WAS CREATED THIS ROUND.

OTHERWISE, GO TO BOX_29

LOOP_11

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK HX25-END_LP11

LOOP DEFINITION: LOOP_11 COLLECTS MEDICARE CARD AND MANAGED CARE INFORMATION FOR RU MEMBERS
COVERED BY MEDICARE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

IF ROUND 1:
- ESTABLISHMENT IS MEDICARE AND
- PERSON IS AN RU MEMBER FLAGGED AS COVERED BY MEDICARE DURING THE ROUND

IF NOT ROUND 1:
- ESTABLISHMENT IS MEDICARE AND
- PERSON IS AN RU MEMBER AND
- ESTABLISHMENT-PERSON-PAIR WAS CREATED THIS ROUND

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

HX25

{PERSON'S FIRST MIDDLE AND LAST NAME}

In this study, we are asking the participants for their Medicare numbers, so that their Medicare records can be easily and accurately located and identified for statistical research purposes. Under Section 903(c) of the Public Health Service Act, providing us with the number is a voluntary decision and the benefits (PERSON) may be receiving under this program will not be affected by your decision. This study is being conducted under the authority of Section 902(a) of the Public Health Service Act.

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see (PERSON)'s Medicare card?

CARD AVAILABLE ........................ 1
CARD NOT AVAILABLE ..................... 2 {HX29}
REF ..................................... -7 {HX29}
DK ..................................... -8 {HX29}

[Code One]

HX26

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER:
CODE MEDICARE CARD(S) SHOWN/AVAILABLE.

MEDICARE CARD (RED, WHITE AND BLUE) .... 1
RAILROAD RETIREMENT BOARD CARD (RED, WHITE AND BLUE) .................... 2
SOME OTHER CARD ....................... 3

[Code All That Apply]

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

NOTE: INTERVIEWERS WILL BE TRAINED TO CODE ANY TYPE OF MANAGED CARE CARD COLLECTED HERE AS SOME OTHER CARD. THE NAME OF THE MANAGED CARE ORGANIZATION WILL BE COLLECTED AT HX28.

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

IF CODED '1' (MEDICARE CARD) OR '2' (RAILROAD RETIREMENT BOARD CARD), CONTINUE WITH HX27

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

IF CODED '3' (SOME OTHER CARD) ONLY, GO TO HX28

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

HX27
INTERVIEWER:

RECORD THE FOLLOWING INFORMATION FROM THE CARD:

{MEDICARE} CLAIM NUMBER:
[Enter Large Number] .................
REF ................................... -7
DK ..................................... -8

EFFECTIVE DATE:
[Enter Month, Day, Year-4]

TYPE OF COVERAGE (IS ENTITLED TO):
HOSPITAL ONLY .......................... 1
MEDICAL AND HOSPITAL ................. 2
MEDICAL ONLY ........................... 3

[Code One]

----------------------------------------------------
| DISPLAY ‘MEDICARE’ IF HX26 IS CODED ‘1’ (MEDICARE | CARD). |
----------------------------------------------------

CHECK EFFECTIVE DATE. DATE MUST BE ON OR BEFORE | (I.E., < OR =) THE INTERVIEW DATE. IF EFFECTIVE | DATE IS ON OR BEFORE JANUARY 1, 1998, FLAG RU | MEMBER AS ‘WITH HEALTH INSURANCE COVERAGE ON | JAN 1, 1998’. |

----------------------------------------------------
| SOFT RANGE CHECK: MEDICARE EFFECTIVE DATE MUST | BE = OR > BIRTH DATE OF PERSON. |
----------------------------------------------------

----------------------------------------------------
| IF HX26 IS CODED ‘3’ (SOME OTHER CARD), CONTINUE | WITH HX28 |
----------------------------------------------------
| OTHERWISE, GO TO BOX_28A |
----------------------------------------------------

HX28

{PERSON’S FIRST MIDDLE AND LAST NAME}

INTERVIEWER:

RECORD THE INFORMATION FROM THE {OTHER} CARD:

[Enter Text]

----------------------------------------------------
| DISPLAY ‘OTHER’ IF HX26 IS CODED ‘1’ (MEDICARE | CARD) OR ‘2’ (RAILROAD RETIREMENT BOARD CARD). |
----------------------------------------------------

----------------------------------------------------
| IF HX26 IS CODED ‘3’ (SOME OTHER CARD) ONLY, | CONTINUE WITH HX29 |
----------------------------------------------------

----------------------------------------------------
| IF HX26 IS CODED ‘1’ (MEDICARE CARD) OR ‘2’ | (RAILROAD RETIREMENT BOARD CARD) (IN ADDITION TO | ‘3’ (SOME OTHER CARD)), GO TO BOX_28A |
----------------------------------------------------

HX29

----------------------------------------------------
| IF HX26 IS CODED ‘3’ (SOME OTHER CARD) ONLY, | CONTINUE WITH HX29 |
----------------------------------------------------

----------------------------------------------------
| IF HX26 IS CODED ‘1’ (MEDICARE CARD) OR ‘2’ | (RAILROAD RETIREMENT BOARD CARD) (IN ADDITION TO | ‘3’ (SOME OTHER CARD)), GO TO BOX_28A |
----------------------------------------------------
When did (PERSON)'s Medicare coverage start?

[Enter Month,Year-4] ..............
REF ................................... -7
DK ..................................... -8

DATE MUST BE ON OR BEFORE (I.E., < OR =) INTERVIEW DATE OR 12/31/1999 IF ROUND 5. '-7 (REFUSED) AND '-8 (DON'T KNOW) ARE ALLOWED ON THE MONTH AND YEAR FIELDS.

IF EFFECTIVE DATE IS ON OR BEFORE JANUARY 1, 1998, FLAG RU MEMBER AS 'WITH HEALTH INSURANCE COVERAGE ON JAN 1, 1998'.

SOFT RANGE CHECK: MEDICARE EFFECTIVE DATE MUST BE = OR > BIRTH DATE OF PERSON.

IF CODED '-7 (REFUSED) OR '-8 (DON'T KNOW) AND CURRENT ROUND IS ROUNDS 1-4, CONTINUE WITH HX29OV.

IF CODED '-7 (REFUSED) OR '-8 (DON'T KNOW) AND CURRENT ROUND IS ROUND 5, GO TO HX30.

OTHERWISE (I.E., A DATE IS ENTERED), GO TO HX30.

HX29OV

Did (PERSON) have Medicare coverage on January 1, 1998?

YES .................................... 1 {HX30}
NO ..................................... 2 {HX30}
REF ................................... -7 {HX30}
DK ..................................... -8 {HX30}

IF HX29OV CODED '1' (YES), FLAG PERSON AS 'WITH HEALTH INSURANCE COVERAGE ON JAN 1, 1998'.

HX29OV2

OMITTED.

HX30

SHOW CARD HX-2.

(Do/Does) (PERSON) have a Medicare card that looks like this?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK ..................................... -8
NOTE: STATES THAT DO NOT OFFER MEDICARE MANAGED CARE PLANS INCLUDE THE FOLLOWING:
ALASKA   MISSISSIPPI   WYOMING
DELAWARE   MONTANA
IDAHO   NEW HAMPSHIRE
MAINE   SOUTH DAKOTA

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE HX31 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO HX32

OTHERWISE, CONTINUE WITH HX31

HX31

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

SHOW CARD HX-5.

Some people on Medicare can enroll in plans called Medicare HMOs. These plans have names like those listed on this card.

Is the name of (PERSON)’s insurance through Medicare, between (START DATE) and (END DATE), listed on this card?

YES .................................... 1
NO ..................................... 2 {HX32}
REF ................................... -7 {HX32}
DK .................................... -8 {HX32}

DISPLAY ‘between (START DATE) and (END DATE),’ IF ROUND 5, OTHERWISE, USE A NULL DISPLAY.

HX31OV

Which insurance plan is (PERSON)’s Medicare insurance?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] .......

WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED},’ WHEN INTERVIEWER PREFERENCES ENTER TO CLEAR THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

FOR ‘DISPLAY PLAN NAME SELECTED’, DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.

FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF ROUND 1, GO TO HX34
Now I will ask you a question about how (PERSON)'s Medicare works for non-emergency care. (When answering this question, please include only insurance from Medicare, not any privately purchased insurance.)

(Are/Is)/Between (START DATE) and (END DATE), (were/was) (PERSON) signed up with an HMO, that is a Health Maintenance Organization? With an HMO, you generally receive care from HMO physicians.

YES .................................... 1 {HX33}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HMO.

Does/Between (START DATE) and (END DATE), did Medicare require (PERSON) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

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

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

What is the name of the (PERSON)'s Medicare {HMO/health insurance}? 

[Enter Plan Name] .....................
DISPLAY ‘HMO’ IF HX32 IS CODED ‘1’ (YES). DISPLAY ‘HEALTH INSURANCE’ IF HX32A IS CODED ‘1’ (YES).

FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’ S MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF ROUND 1, CONTINUE WITH HX34

OTHERWISE, GO TO END_LP11

HX34

{PERSON'S FIRST MIDDLE AND LAST NAME}

PLAN NAME: {{PLAN NAME ENTERED AT HX31OV}/{{NAME OF PLAN FROM HX33}}}

Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, (do/does) (PERSON) (or anyone in the family) pay anything directly to (PLAN NAME) for this coverage?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

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

[Code One]
PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

DISPLAY ‘{PLAN NAME ENTERED AT HX31OV}’ IF A PLAN LETTER WAS ENTERED AT HX31OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX31OV FOR THIS STATE.
DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR ‘NAME OF PLAN FROM HX33’ IF A PLAN NAME WAS ENTERED.

HX35

{PERSON'S FIRST MIDDLE AND LAST NAME}

PLAN NAME: {{PLAN NAME ENTERED AT HX31OV}{{NAME OF PLAN FROM HX33}}}

How much (do/does) (PERSON) pay for the (PLAN NAME) coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

DISPLAY ‘{PLAN NAME ENTERED AT HX31OV}’ IF A PLAN LETTER WAS ENTERED AT HX31OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX31OV FOR THIS STATE.
DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |
’NAME OF PLAN FROM HX33’ IF A PLAN NAME WAS ENTERED.

HX35OV1

ENTER UNIT OF COVERAGE:

PER YEAR ............................... 1 {END_LP11}
QUARTERLY/EVERY 3 MONTHS .......... 2 {END_LP11}
BIMONTHLY/EVERY 2 MONTHS .......... 3 {END_LP11}
PER MONTH .............................. 4 {END_LP11}
PER WEEK .............................. 5 {END_LP11}
BIWEEKLY/EVERY 2 WEEKS .......... 6 {END_LP11}
SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {END_LP11}
SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {END_LP11}
OTHER ................................. 91
REF ................................. -7 {END_LP11}
DK ................................. -8 {END_LP11}

[Code One]

HX35OV2

ENTER OTHER:

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

END_LP11

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_11 AND CONTINUE WITH BOX_29

BOX_29

IF ANY RU MEMBER HAS MEDICAID OR GOVT-HOSPITAL/PHYSICIAN AS A SOURCE OF INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH BOX_30

OTHERWISE, GO TO BOX_32

BOX_30

IF ROUND 1, CONTINUE WITH HX36

IF NOT ROUND 1 AND
NO ONE IN THE RU WAS COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS ROUND AND AT LEAST ONE RU MEMBER IS COVERED BY MEDICAID DURING THE CURRENT ROUND
OR
NO ONE IN THE RU WAS COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS ROUND AND AT LEAST ONE RU MEMBER IS COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND, GO TO BOX_31AA

OTHERWISE, GO TO BOX_32

NOTE: SINCE AN RU CANNOT HAVE BOTH MEDICAID AND GOVT-HOSPITAL/PHYSICIAN, HX36-HX47OV WILL BE ASKED ONLY ONCE; EITHER FOR A ‘YES’ TO HX10 (MEDICAID) OR A ‘YES’ TO HX14 (GOVT-HOSPITAL/PHYSICIAN).

HX36

{STR-DT}

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see the {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}} card or other document for anyone in this family covered under {this program/the program sponsored by a state or local government agency which provides hospital and physician benefits}?

CARD AVAILABLE ......................... 1
CARD NOT AVAILABLE ..................... 2
REF ................................... -7
DK .................................... -8

[Code One]

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ‘or STATE CHIP NAME’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

IF HX36 IS CODED ‘2’ (CARD NOT AVAILABLE), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND MEDICAID IS THE SOURCE, GO TO HX40

IF HX36 IS CODED ‘2’ (CARD NOT AVAILABLE), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND GOVT-HOSPITAL/PHYSICIAN IS THE SOURCE, GO TO BOX_31AA

OTHERWISE (I.E., HX36 IS CODED ‘1’ (CARD
IF STATE DOES NOT HAVE MEDICAID CARDS OR IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, CODE HX37 AS '2' (SOME OTHER CARD) AUTOMATICALLY BY CAPI AND GO TO HX39

IF STATE DOES HAVE MEDICAID CARDS, CONTINUE WITH HX37

INTERVIEWER:

CODE {MEDICAID/{STATE NAME FOR MEDICAID} {STATE CHIP NAME}} CARD(S) SHOWN/AVAILABLE.

{MEDICAID/{STATE NAME FOR MEDICAID} {STATE CHIP NAME}} CARD ................................... 1
SOME OTHER CARD ......................... 2

[Code All That Apply]

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ‘STATE CHIP NAME’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

NOTE: INTERVIEWERS WILL BE TRAINED TO CODE ANY TYPE OF MANAGED CARE CARD COLLECTED HERE AS SOME OTHER CARD. THE NAME OF THE MANAGED CARE ORGANIZATION WILL BE COLLECTED AT HX39.

IF CODED '1' (MEDICAID CARD), CONTINUE WITH HX38

IF CODED '2' (SOME OTHER CARD) ONLY, GO TO HX39

INTERVIEWER:

RECORD THE FOLLOWING INFORMATION FROM THE CARD:

PROGRAM NAME IS...
[MEDICAID/{STATE NAME FOR MEDICAID}]

{STATE CHIP NAME}) ..................... 1 {HX38OV2}

OTHER .................................. 91

[Code One]

----------------------------------------------------
|  DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
|  BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |
|  'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL  |
|  STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
|  INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME|
|  'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY      |
|  STATE, SEE BOX ON HX06.                          |
----------------------------------------------------

----------------------------------------------------
|  DISPLAY 'STATE CHIP NAME' (SUBSTITUTING THE       |
|  REAL STATE NAME FOR PROGRAM).  FOR THE SPECIFIC   |
|  NAME TO USE BY STATE, SEE BOX ON HX06.            |
----------------------------------------------------

HX38OV1

ENTER OTHER:

[Enter Other Specify]

HX38OV2

DATE OF COVERAGE IS ...

CURRENT ......................... 1
EXPIRED ......................... 2
NOT SHOWN ON CARD ............... 3

[Code One]

----------------------------------------------------
|  IF HX37 IS CODED '2' (SOME OTHER CARD), CONTINUE  |
|  WITH HX39                                         |
----------------------------------------------------

|  OTHERWISE, GO TO BOX_31AA                         |
----------------------------------------------------

HX39

{STR-DT}

INTERVIEWER: RECORD THE INFORMATION FROM THE {OTHER} CARD:

IF INFORMATION IS NOT AVAILABLE, PRESS ENTER.

NAME: [Enter Name - 30]
INS CO/PROVIDER OF INS: [Enter Name - 30]
POLICYNUMBER: [Enter Policy number - 20]
PLAN NAME: [Enter Name - 30]
MEMBER ID NUMBER: [Enter ID Number - 20]
EFFECTIVE DATE: [Enter Month-2, Day-2, Year-4]
COMMENTS: [Enter Text - 40]

PRESS F1 FOR DEFINITIONS OF ENTRY FIELDS.

----------------------------------------------------
|  DISPLAY 'OTHER' IF HX37 CODED '1' (MEDICAID CARD).|
----------------------------------------------------

----------------------------------------------------
|  IF HX37 IS CODED '2' (SOME OTHER CARD) ONLY, AND  |
|  STATE HAS A MEDICAID CARD/DOCUMENT, CONTINUE WITH |
|  HX40                                              |
----------------------------------------------------
IF HX37 IS CODED '1' (MEDICAID CARD) AND '2' (SOME OTHER CARD) OR IF STATE DOES NOT HAVE A MEDICAID CARD/DOCUMENT, OR IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, GO TO BOX_31AA

---

HX40

{STR-DT}

SHOW CARD HX-3.

Does anyone in this family covered under {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}} have a card or other document that looks like this?

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

---

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

---

DISPLAY ‘or STATE CHIP NAME’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

---

BOX_31AA

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

NOTE: STATES THAT DO NOT OFFER MEDICAID MANAGED CARE PLANS INCLUDE THE FOLLOWING:

- ALASKA
- IDAHO
- SOUTH DAKOTA
- ARKANSAS
- LOUISIANA
- WYOMING

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

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, CODE HX41 '2' (NO) AUTOMATICALLY BY CAI AND GO TO HX42

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

OTHERWISE, CONTINUE WITH HX41

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

HX41

{STR-DT}

SHOW CARD HX-6.

{Some people on {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}} can enroll in plans called HMOs. These plans have names like those listed on this card.}

Is the name of the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital
and physician benefits, between (START DATE) and (END DATE), listed on this card?

YES .................................... 1
NO ..................................... 2 {HX42}
REF ................................... -7 {HX42}
DK .................................... -8 {HX42}

DISPLAY ‘Some people on...on this card.’ IF ASKING ABOUT MEDICAID. OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}' IF ASKING ABOUT MEDICAID.
DISPLAY ‘the program...benefits’ IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

DISPLAY ', between (START DATE) and (END DATE),' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ‘or STATE CHIP NAME’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

HX41OV

Which plan is the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}/that program)?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ........

DISPLAY ‘{Medicaid/{STATE NAME FOR MEDICAID}/’ IF ASKING ABOUT MEDICAID.
DISPLAY ‘that program’ IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ‘or STATE CHIP NAME’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S INSURER FOR MEDICAID OR GOVT-HOSPITAL/PHYSICIAN’.
WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED},’ WHEN INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

FOR ‘DISPLAY PLAN NAME SELECTED’, DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.

IF ASKING ABOUT MEDICAID, GO TO BOX_32

OTHERWISE, GO TO HX45

HX42

{STR-DT}
{END-DT}

Under {Medicaid/(STATE NAME FOR MEDICAID)/or {STATE CHIP NAME}}/the program sponsored by a state or local government agency which provides hospital and physician benefits {are/is}/(were/was)/ (READ NAME(S) FROM BELOW) signed up with an HMO, that is a Health Maintenance Organization {between (START DATE) and (END DATE)}?

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES, ALL ARE ........................... 1 {HX44}
YES, SOME ARE .......................... 2 {HX44}
NO, NONE ARE ........................... 3
REF ................................. -7
DK ................................. -8

[Code One]
PRESS F1 FOR DEFINITION OF HMO.

DISPLAY ‘Medicaid/(STATE NAME FOR MEDICAID)/or {STATE CHIP NAME}’ IF ASKING ABOUT MEDICAID.
DISPLAY ‘the program....benefits’ IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

DISPLAY ‘(are/is)’ IF NOT ROUND 5. DISPLAY ‘(were/was)’ IF ROUND 5.

DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID’. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.
DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

ROSTER DEFINITION: THIS ROSTER DISPLAYS ITEMS IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICAID OR GOVT-HOSPITAL/PHYSICIAN
- PERSON IS AN RU MEMBER FLAGGED AS COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND

HX43

{STR-DT}
{END-DT}

Does/Between (START DATE) and (END DATE), did Medicaid/STATE NAME FOR MEDICAID/or STATE CHIP NAME/the program sponsored by a state or local government agency which provides hospital and physician benefits require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES, ALL REQUIRED ...................... 1
YES, SOME REQUIRED ..................... 2
NO, NONE REQUIRED ...................... 3
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

DISPLAY 'Medicaid/STATE NAME FOR MEDICAID/or STATE CHIP NAME' IF ASKING ABOUT MEDICAID.
DISPLAY 'the program....benefits' IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

ROSTER DEFINITION: THIS ROSTER DISPLAYS ITEMS IN
THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICAID OR GOVT-HOSPITAL/PHYSICIAN
AND
- PERSON IS AN RU MEMBER FLAGGED AS COVERED BY MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND
----------------------------------------------------
----------------------------------------------------
IF CODED ‘3’ (NO, NONE REQUIRED), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT ROUND FOR MEDICAID/GOVT-HOSPITAL/PHYSICIAN.
----------------------------------------------------
----------------------------------------------------
IF CODED ‘3’ (NO, NONE REQUIRED), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND IF ASKING ABOUT MEDICAID, GO TO BOX_32
----------------------------------------------------
----------------------------------------------------
IF CODED ‘3’ (NO, NONE REQUIRED), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, GO TO HX45
----------------------------------------------------
----------------------------------------------------
OTHERWISE, (I.E., IF CODED ‘1’ (YES, ALL REQUIRED) OR ‘2’ (YES, SOME REQUIRED)), CONTINUE WITH HX44

HX44

{STR-DT}
{END-DT}

What is the name of the Medicaid/STATE NAME FOR MEDICAID}/or STATE CHIP NAME}/HMO/health insurance from the program sponsored by a state or local government agency which provides hospital and physician benefits)?

[Enter Plan Name] ....................
REF ................................... -7
DK .................................... -8
----------------------------------------------------

DISPLAY ‘Medicaid/STATE NAME FOR MEDICAID}/or STATE CHIP NAME}/HMO/health insurance’ if asking about Medicaid. IF asking about GOVT-HOSPITAL/PHYSICIAN, USE A NULL DISPLAY.
DISPLAY ‘from the...benefits’ IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN. IF ASKING ABOUT MEDICAID, USE A NULL DISPLAY.
DISPLAY ‘HMO’ IF HX42 IS CODED ‘1’ (YES, ALL ARE) OR ‘2’ (YES, SOME ARE).
DISPLAY ‘health insurance’ IF HX43 IS CODED ‘1’ (YES, ALL REQUIRED) OR ‘2’ (YES, SOME REQUIRED).

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ‘or STATE CHIP NAME’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM), FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.
HX45

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}/\{NAME OF PLAN FROM HX44}}} 

Does anyone in the family pay anything for the coverage through (PLAN NAME)/the program sponsored by a state or local government agency which provides hospital and physician benefits?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES .................................... 1
NO ..................................... 2 {HX47}
REF ................................... -7 {BOX_32}
DK .................................... -8 {BOX_32}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

HX46

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}/\{NAME OF PLAN FROM HX44}}} 

How much does anyone in the family pay for (PLAN NAME)/that coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..........
DISPLAY ‘PLAN NAME: ...’ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘{PLAN NAME ENTERED AT HX41OV}’ IF A PLAN LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX41OV FOR THIS STATE.

DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR ‘NAME OF PLAN FROM HX44’ IF A PLAN NAME WAS ENTERED.

DISPLAY ‘the {PLAN NAME}’ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ PHYSICIAN INSURANCE. OTHERWISE, DISPLAY, “that”.

HX46OV1

ENTER UNIT OF COVERAGE:

PER YEAR ......................... 1 {HX47}
QUARTERLY/EVERY 3 MONTHS ......... 2 {HX47}
BIMONTHLY/EVERY 2 MONTHS .......... 3 {HX47}
PER MONTH .......................... 4 {HX47}
PER WEEK ........................... 5 {HX47}
BIWEEKLY/EVERY 2 WEEKS .......... 6 {HX47}
SEMI-ANNUALLY/2 TIMES PER YEAR ... 7 {HX47}
SEMI-MONTHLY/2 TIMES PER MONTH .. 8 {HX47}
OTHER ............................ 91
REF ................................ -7 {HX47}
DK .................................. -8 {HX47}

[Code One]

HX46OV2

ENTER OTHER:

[Enter Other Specify] ..............
REF ................................ -7 {HX47}
DK .................................. -8 {HX47}

BOX_31A

OMITTED.

HX47

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}/NAME OF PLAN FROM HX44}}

Who {else} pays {some of/for} the premium or cost of this insurance?

FEDERAL GOVERNMENT .................. 1
STATE GOVERNMENT ................... 2
LOCAL GOVERNMENT ................... 3
SOME GOVERNMENT .................... 4
OTHER ............................... 91
REF ................................ -7 {HX47}
DK .................................. -8 {HX47}
[Code All That Apply]

DISPLAY ‘PLAN NAME: ...’ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘{PLAN NAME ENTERED IN HX41OV}’ IF A PLAN LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX41OV FOR THIS STATE.

DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR ‘NAME OF PLAN FROM HX44’ IF A PLAN NAME WAS ENTERED.

DISPLAY ‘else’ IF HX45 IS CODED ‘1’ (YES). OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘some of’ IF HX45 IS CODED ‘1’ (YES). DISPLAY ‘for’ IF HX45 IS CODED ‘2’ (NO).

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX47OV

OTHERWISE, GO TO BOX_32

HX47OV

ENTER OTHER:

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

BOX_32

IF ANY ESTABLISHMENT RECORDED AS PROVIDING PRIVATE INSURANCE (THAT WAS CREATED DURING THE CURRENT ROUND) TO A CURRENT RU MEMBER, CONTINUE WITH LOOP_12

OTHERWISE, GO TO BOX_45

LOOP_12

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK HX48-END_LP12

LOOP DEFINITION: LOOP_12 COLLECTS PRIVATE HEALTH INSURANCE INFORMATION. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH INSURANCE TO A CURRENT RU MEMBER
- THE INSURANCE COVERAGE PROVIDED BY THE ESTABLISHMENT IS CREATED DURING THE CURRENT ROUND
SHOW CARD HX-7.

Now I'd like to ask a few questions about (POLICYHOLDER)'s health insurance through (ESTABLISHMENT). What type of health insurance (do/does/did) (POLICYHOLDER) get through (ESTABLISHMENT) {on (END DATE)}?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN HMO ...... 1
DENTAL .................................... 2
PRESCRIPTION DRUGS ...................... 3
VISION .................................... 4
MEDICARE SUPPLEMENT/MEDIGAP ............ 5
LONG TERM CARE IN A NURSING HOME .... 6
EXTRA CASH FOR HOSPITAL STAYS .......... 7
SERIOUS DISEASE OR DREAD DISEASE ...... 8
DISABILITY .................................. 9
WORKER'S COMPENSATION ................. 10
ACCIDENT .................................. 11
OTHER .................................. 91
REF .................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX48OV

OTHERWISE, GO TO BOX_33

NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.

HX48OV

ENTER OTHER:

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

BOX_33

IF ESTABLISHMENT TYPE IS NOT INSURANCE CO. OR HMO AND HX48 IS CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP) ONLY OR '5' AND ANY OTHER CODES, CONTINUE WITH HX49
IF ESTABLISHMENT TYPE IS INSURANCE CO. OR HMO AND HX48 IS CODED ‘5’ (MEDICARE SUPPLEMENT OR MEDIGAP) ONLY OR ‘5’ AND ANY OTHER CODES, AUTOMATICALLY CODE HX49 WITH APPROPRIATE RESPONSES BY CAPI AND THEN GO TO BOX 34

OTHERWISE (I.E., HX48 IS NOT CODED ‘5’ (MEDICARE SUPPLEMENT OR MEDIGAP)), GO TO BOX 35

---

**HX49**

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}

What is the name of the insurance company or HMO from which (POLICYHOLDER) receives the Medicare Supplement or Medigap benefits?

PROBE: Any other insurance company or HMO from which (POLICYHOLDER) receives the Medicare Supplement or Medigap benefits?

1=INS CO  2=HMO  3=SELF-INSURED COMPANY

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

**ROSTER. NAME OF INSURER HX49_02. TYPE**

<table>
<thead>
<tr>
<th>ROSTER. NAME OF INSURER HX49_02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Insurer [Display Selection]</td>
</tr>
<tr>
<td>2. Insurer [Display Selection]</td>
</tr>
<tr>
<td>3. Insurer [Display Selection]</td>
</tr>
</tbody>
</table>

---


---

**FLAG INSURANCE CO/HMO AS ‘SUPPLYING MEDICARE SUPPLEMENT/medigap BENEFITS’. ALSO FLAG AS CURRENT ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.**

---

**INSURER ROSTER BEHAVIOR SPECIFICATIONS:**

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER IS ONLY CARRIED FORWARD FOR EACH INDIVIDUAL ESTABLISHMENT-PERSON-PAIR.
THEREFORE, INTERVIEWERS ARE NOT ALLOWED TO SELECT AN INSURANCE COMPANY ALREADY LISTED (BECAUSE EACH QUESTION WHICH DISPLAYS THIS ROSTER OF INSURANCE COMPANIES/HMOs ALREADY ENTERED FOR THIS ESTABLISHMENT-PERSON-PAIR IS DESIGNED TO COLLECT A DIFFERENT INSURANCE COMPANY/HMO NAME).

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

---

BOX_34

IF ROUND 1, CONTINUE WITH LOOP_13

Otherwise, go to BOX_35

LOOP_13

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK HX50-END_LP13

LOOP DEFINITION: LOOP_13 COLLECTS OTHER POLICY NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOs PROVIDING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (THAT IS, INSURERS ENUMERATED AT HX49). THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE WHICH PROVIDES MEDICARE SUPPLEMENT/MEDIGAP BENEFITS AND
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT AND
- INSURER IS THE SOURCE OF THE BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY)

HX50

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO NAME.} policy, such as low option or high option?

YES, ANOTHER NAME ..................... 1
NO OTHER NAMES ....................... 2 {END_LP13}
REF .................................... -7 {END_LP13}
DK ..................................... -8 {END_LP13}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]
DISPLAY THE NAME OF THE INSURANCE CO/HMO
RECORDED IN HX49_01 WHICH IS BEING LOOPED ON FOR
'INSURANCE...NAME.'

HX50OV

ENTER OTHER NAME:
[Enter Insurance Company or HMO] ......
REF ...................................-7
DK .....................................-8

END_LP13

CYCLE ON NEXT TRIPLE ON THE RU-ESTABLISHMENT-
PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE
CONDITIONS STATED IN THE LOOP DEFINITION

IF NO MORE TRIPLES MEET THE STATED CONDITIONS,
END LOOP_13 AND CONTINUE WITH BOX_35

BOX_35

IF ESTABLISHMENT TYPE IS INSURANCE COMPANY,
INSURANCE COMPANY - FROM AGENT, OR HMO,
AND HX48 IS CODED '1' (HOSPITAL AND
PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN
HMO) (BUT NOT '5' (MEDIGAP)), FLAG INSURANCE
COMPANY/HMO AS 'SUPPLYING HOSPITAL AND PHYSICIAN
BENEFITS' AND AUTOMATICALLY CODE HX51 WITH
APPROPRIATE RESPONSES BY CAPI AND GO TO BOX_36

IF ESTABLISHMENT TYPE IS NOT INSURANCE COMPANY,
INSURANCE COMPANY - FROM AGENT, OR HMO,
AND HX48 IS CODED '1' (HOSPITAL AND PHYSICIAN
BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) AND
NOT ALSO CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP),
CONTINUE WITH HX51

IF HX48 IS CODED '1' (HOSPITAL AND PHYSICIAN
BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) AND
'5' (MEDICARE SUPPLEMENT/MEDIGAP) (IN COMBINATION
WITH ANY OTHER CODES), GO TO BOX_38

IF HX48 IS NOT CODED '1' (HOSPITAL AND PHYSICIAN
BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) BUT
IS CODED '2' (DENTAL), '3' (PRESCRIPTION DRUGS),
'4' (VISION), '5' (MEDICARE SUPPLEMENT/MEDIGAP),
'6' (LONG TERM CARE IN A NURSING HOME), '7' (EXTRA
CASH FOR HOSPITAL STAYS), '8' (SERIOUS DISEASE OR
DREAD DISEASE), OR '91' (OTHER), GO TO BOX_38

IF HX48 IS CODED ANY COMBINATION OF ONLY CODES '9'|
(DISABILITY), '10' (WORKER'S COMPENSATION) OR '11'|
(ACCIDENT), GO TO END_LP12

IF HX48 IS CODED '-7' (REFUSED) OR '-8' (DON'T |
{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT ..........} {STR-DT}
{END-DT}

What is the name of the insurance company or HMO from which
(POLICYHOLDER) receives hospital and physician benefits?

PROBE: Any other insurance company or HMO from which
(POLICYHOLDER) receives hospital and physician benefits?

1=INS CO  2=HMO  3=SELF-INSURED COMPANY

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>ROSTER, NAME OF INSURER</th>
<th>HX51_02, TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Insurer</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. Insurer</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. Insurer</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

---

**ROSTER DEFINITION:** THIS ITEM USES THE RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER TO DISPLAY ONLY THOSE INSURERS THAT ARE PART OF TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE AND
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT AND
- INSURER IS THE SOURCE OF BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY)

---

**FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL AND PHYSICIAN BENEFITS'. ALSO FLAG AS CURRENT ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

---

**INSURER ROSTER BEHAVIOR SPECIFICATIONS:**

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER IS ONLY CARRIED FORWARD FOR EACH INDIVIDUAL ESTABLISHMENT-PERSON-PAIR. THEREFORE, INTERVIEWERS ARE NOT ALLOWED TO SELECT AN INSURANCE COMPANY ALREADY LISTED (BECAUSE EACH QUESTION WHICH DISPLAYS THIS ROSTER OF INSURANCE COMPANIES/HMOs ALREADY ENTERED FOR THIS ESTABLISHMENT-PERSON-PAIR IS DESIGNED TO COLLECT A DIFFERENT INSURANCE COMPANY/HMO NAME).
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING
ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'

BOX_36

IF ROUND 1, CONTINUE WITH LOOP_14

OTHERWISE, GO TO BOX_37

LOOP_14

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK HX52-END_LP14

LOOP DEFINITION: LOOP_14 COLLECTS OTHER POLICY NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOS PROVIDING HOSPITAL/PHYSICIAN BENEFITS BUT NOT MEDICARE SUPPLEMENT OR MEDIGAP. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS BUT NOT MEDICARE SUPPLEMENT OR MEDIGAP
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT
- INSURER IS THE SOURCE OF THE BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY)

HX52

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.........} {STR-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO NAME.} policy, such as low option or high option?

YES, ANOTHER NAME .................... 1
NO OTHER NAMES ......................... 2 {END_LP14}
REF ..................................... -7 {END_LP14}
DK ....................................... -8 {END_LP14}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

DISPLAY THE NAME OF THE INSURANCE CO/HMO RECORDED IN HX51_01 WHICH IS BEING LOOPED ON FOR 'INSURANCE...NAME.'

HX52OV

ENTER OTHER NAME:

[Enter Insurance Company or HMO] .......
REF ...................................... -7
DK ....................................... -8
CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

IF NO MORE TRIPLES MEET THE STATED CONDITIONS, END LOOP_14 AND CONTINUE WITH BOX_37

BOX_37

IF ROUND 1, CONTINUE WITH HX53

OTHERWISE, GO TO BOX_38

HX53

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT}

{Besides (READ INSURANCE COMPANY/HMO NAMES BELOW), are/Are there any other insurance companies or HMOs for (POLICYHOLDER)'s (ESTABLISHMENT) insurance? TO SCROLL, USE ARROW KEYS, TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURANCE COMPANY OR HMO NAME.}
{INSURANCE COMPANY OR HMO NAME.}
{INSURANCE COMPANY OR HMO NAME.}

YES .................................... 1
NO .................... 2 {BOX_38}
REF ................................... -7 {BOX_38}
DK ................................. -8 {BOX_38}

DISPLAY ‘Besides...are’ IF INSURERS COLLECTED AT HX51. OTHERWISE, DISPLAY ‘Are’. FOR ‘{INSURANCE COMPANY OR HMO NAME}’, DISPLAY ALL THE INSURER NAMES COLLECTED AT HX51.


HX54

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT}
What is the name of the {other} insurance company or HMO for (POLICYHOLDER)'s (ESTABLISHMENT) insurance?

PROBE: Any other insurance company or HMO?

1=INS CO  2=HMO  3=SELF-INSURED COMPANY

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>ROSTER. NAME OF INSURER</th>
<th>[Enter Selection]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Insurer</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. Insurer</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. Insurer</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

DISPLAY ‘other’ IF INSURERS COLLECTED AT HX51. OTHERWISE, USE A NULL DISPLAY.

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER TO DISPLAY ONLY THOSE INSURERS THAT ARE A PART OF TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH INSURANCE WITH HOSPITAL/PHYSICIAN BENEFITS AND
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT AND
- INSURER IS THE SOURCE OF THE HOSPITAL/PHYSICIAN BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY)

FLAG INSURANCE CO./HMO AS ‘SUPPLYING OTHER BENEFITS’. ALSO FLAG AS CURRENT ROUND’S INSURER(S) FOR THIS SOURCE-POLICYHOLDER PAIR.

INSURER ROSTER BEHAVIOR SPECIFICATIONS:
1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER IS ONLY CARRIED FORWARD FOR EACH INDIVIDUAL ESTABLISHMENT-PERSON-PAIR. THEREFORE, INTERVIEWERS ARE NOT ALLOWED TO SELECT AN INSURANCE COMPANY ALREADY LISTED (BECAUSE EACH QUESTION WHICH DISPLAYS THIS ROSTER OF INSURANCE COMPANIES/HMOs DESIGNED TO COLLECT A DIFFERENT INSURANCE COMPANY/HMO NAME).
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.’
FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK HX55-END_LP15

LOOP DEFINITION: LOOP_15 COLLECTS OTHER POLICY NAMES FOR THE INSURANCE COMPANIES OR HMOS PROVIDING OTHER BENEFITS. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH INSURANCE WITH HOSPITAL/PHYSICIAN BENEFITS BUT NOT MEDICARE SUPPLEMENT OR MEDIGAP
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT
- INSURER IS THE SOURCE OF THE OTHER BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY SELECTED AT HX54)

HX55

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.........} {STR-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO NAME.} policy, such as low option or high option?

YES, ANOTHER NAME ..................... 1
NO OTHER NAME ......................... 2 {END_LP15}
REF .................................... -7 {END_LP15}
DK ..................................... -8 {END_LP15}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

DISPLAY THE NAME OF THE INSURANCE CO/HMO RECORD IN HX54_01 WHICH IS BEING LOOPED ON FOR 'INSURANCE...NAME.'

HX55OV

ENTER OTHER NAME:

[Enter Policy Name] .................
REF ..................................... -7
DK ..................................... -8

END_LP15

CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER THAT MEET THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE TRIPLES MEET THE STATED CONDITIONS, END LOOP_15 AND CONTINUE WITH BOX_38

BOX_38
<table>
<thead>
<tr>
<th>IF ROUND 1, CONTINUE WITH HX56</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_40</th>
</tr>
</thead>
</table>

HX56

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.......} {STR-DT}

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see the identification card or cards for
(POLICYHOLDER)'s (ESTABLISHMENT) insurance?

CARD AVAILABLE ......................... 1
CARD NOT AVAILABLE ..................... 2 {BOX_39}
REF .................................-7 {BOX_39}
DK ...............................-8 {BOX_39}

[Code One]

LOOP_16

----------

FOR EACH OF THE FOLLOWING:

INSURANCE IDENTIFICATION CARD 1
INSURANCE IDENTIFICATION CARD 2
INSURANCE IDENTIFICATION CARD 3
INSURANCE IDENTIFICATION CARD 4
INSURANCE IDENTIFICATION CARD 5

ASK HX57-END_LP16

----------

LOOP DEFINITION: LOOP_16 COLLECTS INSURANCE IDENTIFICATION CARD INFORMATION. THIS LOOP CYCLES ON INSURANCE IDENTIFICATION CARDS THAT ARE AVAILABLE. THE NUMBER OF LOOP CYCLES IS DETERMINED BY THE RESPONSE TO HX58. IF HX58 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT INFORMATION FROM THE NEXT INSURANCE CARD. IF HX58 IS CODED '2' (NO), THE LOOP ENDS.

HX57

----------

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.......} {STR-DT}

INTERVIEWER: RECORD THE INFORMATION FROM THE CARD {(BE SURE TO RECORD PLAN’S CODE)}:

IF INFORMATION IS NOT AVAILABLE, PRESS ENTER.

NAME: [Enter Name] ..........................
INSURANCE COMPANY: [Enter Company Name]................
POLICY NUMBER: [Enter Policy number]......................
PLAN NAME: [Enter name - 30]...........................
MEMBER ID NUMBER: [Enter ID Number].....................
EFFECTIVE DATE: [Enter Month-2, Day-2, Year-4]..........

PRESS F1 FOR DEFINITION OF ENTRY FIELDS.

----------

DISPLAY '(BE SURE TO RECORD PLAN’S CODE)' IF
ESTABLISHMENT-POLICYHOLDER PAIR BEING ASKED
ABOUT IS FLAGGED AS THROUGH THE FEDERAL GOVERNMENT.
(EM96 IS CODED ‘2’ (THE FEDERAL GOVERNMENT) OR HP13 IS CODED ‘1’ (YES)).

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

| IF ESTABLISHMENT-POLICYHOLDER PAIR BEING ASKED ABOUT IS FLAGGED AS THROUGH THE FEDERAL GOVERNMENT (EM96 IS CODED ‘2’ (THE FEDERAL GOVERNMENT) OR HP13 IS CODED ‘1’ (YES)), CONTINUE WITH HX57OV
|----------------------------------------------------|

| OTHERWISE, GO TO HX58
|----------------------------------------------------|

HX57OV

ENTER PLAN CODE NUMBER:

[Enter Code Number] ............... REF ...................... -7
DK ..................................... -8

HX58

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT}

INTERVIEWER:

IS THERE ANOTHER CARD AVAILABLE {OTHER THAN A DEPENDENT CARD FOR THE SAME POLICY}?  

YES ..................................... 1
NO ..................................... 2

DISPLAY ‘OTHER...POLICY’ IF THERE ARE ANY COVERED PERSONS, OTHER THAN THE POLICYHOLDER, FOR THIS ESTABLISHMENT-PERSON-PAIR.

END_LP16

IF HX58 IS CODED ’1’ (YES), CYCLE FOR NEXT CARD.

| OTHERWISE, CONTINUE WITH BOX_39
|----------------------------------------------------|

BOX_39

| IF ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT IS FLAGGED AS THROUGH THE FEDERAL GOVERNMENT (EM96 IS CODED ‘2’ (THE FEDERAL GOVERNMENT) OR HP13 IS CODED ‘1’ (YES)), CONTINUE WITH HX59
|----------------------------------------------------|

| OTHERWISE, GO TO BOX_40
|----------------------------------------------------|

HX59

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT}
SHOW CARD HX-8.

Is the name of (POLICYHOLDER)’s insurance plan through (ESTABLISHMENT) listed on this card?

YES .................................... 1
NO ..................................... 2 {BOX_40}
REF ................................... -7 {BOX_40}
DK .................................... -8 {BOX_40}

HX59OV

Which insurance plan is (POLICYHOLDER)’s (ESTABLISHMENT) insurance?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ..........

----------------------------------------------------
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY   |
| THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN       |
| ENTERED.’ WHEN INTERVIEWER PRESSES ENTER TO CLEAR|
| THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.  |
----------------------------------------------------

BOX_40

----------------------------------------------------
<p>| IF THIS ESTABLISHMENT-PERSON-PAIR HAS AT LEAST ONE|
| INSURER THAT PROVIDES HOSPITAL AND PHYSICIAN      |
| BENEFITS OR THAT PROVIDES MEDICARE SUPPLEMENT/    |
| MEDIGAP COVERAGE AND THE POLICYHOLDER IS NOT     |
| LISTED AS A COVERED PERSON WITH MEDICAID OR GOVT-|
| HOSPITAL/PHYSICIAN FOR THE CURRENT ROUND,         |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH LOOP_17</th>
</tr>
</thead>
</table>

| OTHERWISE, GO TO BOX_42                          |

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

LOOP_17

----------------------------------------------------
<p>| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-     |</p>
<table>
<thead>
<tr>
<th>INSURER-TRIPLES-ROSTER, ASK BOX_41 - END_LP17</th>
</tr>
</thead>
</table>

----------------------------------------------------
| LOOP DEFINITION: LOOP_17 COLLECTS INFORMATION ON  |
| PLANS THAT PROVIDE HOSPITAL/PHYSICIAN BENEFITS OR |
| MEDICARE SUPPLEMENT/MEDIGAP COVERAGE TO EACH      |
| POLICYHOLDER NOT ALSO COVERED BY MEDICAID OR GOVT-|
| HOSPITAL/PHYSICIAN TO DETERMINE IF THAT PLAN IS AN|
| HMO. THIS LOOP CYCLES ON TRIPLES THAT MEET THE    |
| FOLLOWING CONDITIONS:                             |
| - ESTABLISHMENT IS PROVIDER OF HOSPITAL/PHYSICIAN|
| BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP COVERAGE]|
| AND                                              |
| - PERSON IS NOT LISTED AS A COVERED PERSON WITH   |
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN               |
| AND                                              |
| - INSURER IS THE SOURCE OF THE HOSPITAL AND      |
| PHYSICIAN BENEFITS PROVIDED TO PERSON THROUGH     |
| THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY    |
| OR SELF-INSURED COMPANY)                         |
| AND                                              |
| - INSURER IS NOT AN HMO                          |

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

BOX_41
PRESENT MANAGED CARE (MC) SECTION FOR THIS INSURER

AT COMPLETION OF THE MC SECTION, CONTINUE WITH END_LP17

END_LP17

CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE TRIPLES MEET THE STATED CONDITIONS, END LOOP_17 AND CONTINUE WITH BOX_42

BOX_42

IF ROUND 1 AND IF HX48 IS CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), CONTINUE WITH HX60

OTHERWISE, GO TO BOX_43

HX60

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT}

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

Many Medicare Supplemental or Medigap Plans are referred to by a Plan Letter. Do you know the Plan Letter for (PERSON)'s plan?

PROBE: What is it?

[Enter Plan Letter] .................
REF .............................. -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF PLAN LETTER.

BOX_43

IF ROUND 1
AND
(ESTABLISHMENT TYPE IS NOT ‘EMPLOYER’ OR ‘UNION’
(CHECK FLAGS SET IN EM AND HP))
OR
ESTABLISHMENT-POLICY HOLDER WAS CREATED AT HX03
OR
HX23 WAS CODED ‘8’ (FROM ANYONE’S PREVIOUS EMPLOYER (COBRA))
OR
HP14 WAS CODED ‘1’ (YES - COBRA), CONTINUE WITH HX61
Box 44

Omitted.

HX61

{Policyholder First Middle Last Name} {Name of Establishment} {Str-DT}

For the coverage through (Establishment), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES, PAY ALL OF PREMIUM/COST ........... 1
YES, PAY SOME OF PREMIUM/COST .......... 2
YES, BUT DON'T KNOW IF PAY ALL OR SOME OF PREMIUM/COST ......................... 3
NO, DO NOT PAY .......................... 4
REF ................................... -7
DK .................................... -8

[Code One

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

Note: The establishment name which should be displayed here for the insurance from a self-employed-firm-size-1 and insurance from directly purchased sources, should be the name of the source, not the name of the employer or directly purchased category.

HX62

{Policyholder First Middle Last Name} {Name of Establishment} {Str-DT}

How much (do/does/did) {Policyholder} pay for the (Establishment) coverage?

Probe: {Is/Was} that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF ................................... -7
DK .................................... -8

DISPLAY ‘(do/does)’ AND ‘Is’ IF INSURANCE BEING ASKED ABOUT IS CURRENT (I.E., HQ02 IS CODED ‘1’) (YES, COVERED NOW) FOR THE POLICYHOLDER.
OTHERWISE, DISPLAY ‘did’ AND ‘Was’.

Note: The establishment name which should be displayed here for the insurance from a self-employed-firm-size-1 and insurance from directly purchased sources, should be the name of the source, not the name of the employer or directly purchased category.

HX62OV1
ENTER UNIT OF COVERAGE:

PER YEAR ......................... 1 {BOX_44A}
QUARTERLY/EVERY 3 MONTHS ....... 2 {BOX_44A}
BIMONTHLY/EVERY 2 MONTHS ...... 3 {BOX_44A}
PER MONTH ....................... 4 {BOX_44A}
PER WEEK ........................ 5 {BOX_44A}
BIWEEKLY/EVERY 2 WEEKS ......... 6 {BOX_44A}
SEMI-ANNUALLY/2 TIMES PER YEAR 7 {BOX_44A}
SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {BOX_44A}
OTHER ............................ 91
REF ................................ -7 {BOX_44A}
DK .................................. -8 {BOX_44A}

[Code One]

HX62OV2

ENTER OTHER:

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

BOX_44A

-----------------------------------------------------
| IF HX61 IS CODED ‘1’ (YES, PAY ALL OF PREMIUM/ |
| COST), GO TO END_LP12                              |
-----------------------------------------------------

| OTHERWISE, CONTINUE WITH HX63                      |
-----------------------------------------------------

HX63

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF 
ESTABLISHMENT.........}  {STR-DT}

Who {else} pays {some of/for} the premium or cost of this insurance?

FEDERAL GOVERNMENT ............... 1
STATE GOVERNMENT .................. 2
LOCAL GOVERNMENT .................. 3
SOME GOVERNMENT ..................... 4
EMPLOYER ........................... 5
UNION ................................ 6
OTHER ............................... 91
REF ................................ -7
DK .................................. -8

[Code All That Apply]

DISPLAY ‘else’ IF HX61 IS CODED ‘2’ (YES, PAY SOME |
OF PREMIUM/COST) OR ‘3’ (YES, BUT DON’T KNOW IF |
PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, USE |
A NULL DISPLAY

DISPLAY ‘some of’ IF HX61 IS CODED ‘2’ (YES, PAY |
SOME OF PREMIUM/COST) OR ‘3’ (YES, BUT DON’T KNOW |
IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY ‘for’ |
IF HX61 IS CODED ‘4’ (NO, DO NOT PAY).

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

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION |
WITH ANY OTHER CODE, CONTINUE WITH HX63OV     |

-----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP12</th>
</tr>
</thead>
</table>

HX63OV

ENTER OTHER:

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

END_LP12

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

------------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_12 AND CONTINUE WITH BOX_45 |
------------------------------------------------------

BOX_45

------------------------------------------------------
| IF ROUND 1, CONTINUE WITH BOX_46 |
------------------------------------------------------

------------------------------------------------------
| OTHERWISE, GO TO BOX_50 |
------------------------------------------------------

BOX_46

------------------------------------------------------
| IF ALL PERSONS IN RU HAVE HEALTH INSURANCE (I.E., FLAGGED AS HAVING MEDICARE, MEDICAID, GOVT-HOSPITAL/PHYSICIAN, CHAMPUS/CHAMPVA, OTHER PUBLIC OR PRIVATE INSURANCE) COVERAGE ON JANUARY 1, 1998, GO TO BOX_48 |
------------------------------------------------------

------------------------------------------------------
| OTHERWISE (AT LEAST ONE RU MEMBER BORN BEFORE 12/31/1997 IS WITHOUT HEALTH INSURANCE ON JANUARY 1, 1998), CONTINUE WITH LOOP_18 |
------------------------------------------------------

LOOP_18

------------------------------------------------------
| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK HX64-END_LP18 |
------------------------------------------------------

LOOP DEFINITION: LOOP_18 COLLECTS INFORMATION ABOUT RU MEMBERS WITH NO HEALTH INSURANCE ON JANUARY 1, 1998. THIS LOOP CYCLES ON RU MEMBERS WHO ARE NOT A COVERED PERSON IN ANY ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-TRIPLE THAT MEETS THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICARE, MEDICAID, GOVT-HOSPITAL/PHYSICIAN, OTHER PUBLIC, CHAMPUS/CHAMPVA, OR PRIVATE INSURANCE
- PERSON IS A CURRENT RU MEMBER (PART OF THE RU ON 1/1/1998) WITH A BIRTH DATE PRIOR TO
DECEMBER 31, 1997 (OR AGE CATEGORY > 1) AND - PERIOD OF COVERAGE INCLUDES JANUARY 1, 1998

HX64

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

I have recorded that (PERSON) (were/was) without insurance on January 1, 1998. (Were/Was) (PERSON) covered by a health insurance plan or program at any time in the years 1996 or 1997?

YES .................................... 1
NO ...................................... 2 {HX67}
REF .................................... -7 {HX67}
DK ..................................... -8 {HX67}

HX65

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

When (were/was) (PERSON) most recently covered by health insurance? That is, in what month and year did that health insurance end for the last time in 1996 or 1997?

[Enter Month,Year-4] ...................
REF ................................... -7
DK .................................... -8

'7' (REFUSED) AND '8' (DON'T KNOW) ARE ALLOWED ON THE MONTH AND YEAR FIELDS.

HX66

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

Was (PERSON)'s health insurance that ended in {MONTH AND YEAR FROM HX65/in 1996 or 1997} obtained through an employer or a union, was it a government program such as Medicaid, or what?

CODE ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE EMPLOYER OR PUBLIC EMPLOYER (FEDERAL, STATE, OR LOCAL GOVT.) ........ 1
MEDICARE ........................................ 2
MEDICAID................................. 3
CHAMPUS/TRICARE/CHAMPVA ........... 4
VA OR MILITARY HEALTH CARE .......... 5
PURCHASED DIRECTLY FROM GROUP, ASSOC., OR INS. AGENT, INS. CO., OR HMO .... 6
OTHER TYPE OF GOVERNMENT SPONSORED PROGRAM ......................... 7
OTHER PUBLIC PROGRAM:
AFDC ...................................... 8
SSI ............................................ 9
{STATE PROGRAM 1} ............... 10
{STATE PROGRAM 2} ............... 11
{STATE PROGRAM 3} ............... 12
{STATE PROGRAM 4} ............... 13
{STATE PROGRAM 5} ............... 14
{STATE PROGRAM 6} ............... 15
OTHER .................................. 91
REF .................................... -7
DK ..................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.
IF HX65 IS NOT CODED '-7' (REFUSED) OR '-8' (DON’T KNOW), DISPLAY THE DATE ENTERED AT HX65 FOR ‘MONTH AND YEAR FROM HX65’. DISPLAY ‘in 1996 or 1997’ IF HX65 IS CODED '-7' (REFUSED) OR '-8' (DON’T KNOW).

FOR ‘STATE PROGRAM N’, DISPLAY AN ACTUAL NAME OF STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A STATE THAT HAS OTHER STATE PROGRAMS, THAT IS, A STATE OTHER THAN ONE OF THE FOLLOWING: ALASKA MISSISSIPPI SOUTH CAROLINA DELAWARE NEVADA SOUTH DAKOTA KANSAS NORTH DAKOTA VIRGINIA MINNESOTA OREGON WISCONSIN FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE, SEE BOX ON HX16. USE A NULL DISPLAY WHEN INTERVIEW IS BEING CONDUCTED IN ONE OF THE STATES LISTED ABOVE.

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX66OV

OTHERWISE, GO TO HX67

HX66OV

ENTER OTHER:

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

HX67

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

(Have/Has) (PERSON) ever been denied health insurance because of poor health?

YES ................................. 1
NO .................................... 2 {BOX_47}
REF ................................... -7 {BOX_47}
DK .................................... -8 {BOX_47}

HX68

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

SHOW CARD HX-9.

Looking at this card, which conditions caused (PERSON) to be denied health insurance?

CODE ALL THAT APPLY.

CANCER ......................... 1
HYPERTENSION ..................... 2
DIABETES ....................... 3
CORONARY ARTERY DISEASE ........... 4
OTHER .......................... 91
REF ................................. -7
DK ................................... -8

[Code All That Apply.]
IF CODED “91” (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX68OV

OTHERWISE, GO TO END_LP18

HX68OV
ENTER OTHER:

[Enter Other Specify] .................. {END_LP18}
REF ................................... -7 {END_LP18}
DK .................................... -8 {END_LP18}

BOX_47

IF PERSON LESS THAN 65 YEARS OF AGE (OR IN AGE CATEGORIES 1-7), CONTINUE WITH HX69

OTHERWISE, GO TO END_LP18

HX69

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

(Have/Has) (PERSON) ever tried to purchase health insurance?

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

END_LP18

BOX_48

IF NO CURRENT RU MEMBERS WHO WERE BORN BEFORE DECEMBER 31, 1997 HAVE ANY TYPE OF COMPREHENSIVE PUBLIC INSURANCE (I.E., MEDICARE, MEDICAID, GOVT-HOSPITAL/PHYSICIAN, OR CHAMPUS/CHAMPVA) AND NO CURRENT RU MEMBERS WHO WERE BORN BEFORE DECEMBER 31, 1997 HAVE ANY PRIVATE INSURANCE THAT INCLUDED HOSPITAL AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON 1/1/1998,

GO TO BOX_49

OTHERWISE, CONTINUE WITH LOOP_19
FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK

HX70-END_LP19

LOOP DEFINITION: LOOP_19 COLLECTS INFORMATION ON ALL RU MEMBERS WITH PUBLIC AND PRIVATE HEALTH INSURANCE PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON JANUARY 1, 1998 TO DETERMINE PERIODS OF COVERAGE IN 1997 AND POLICY LIMITATIONS DUE TO SPECIFIC PHYSICAL/MENTAL HEALTH CONDITIONS. THIS LOOP CYCLES ON PERSONS THAT MEET THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT RU MEMBER
AND
- PERSON WAS PART OF RU ON 1/1/1998
AND
- PERSON'S DATE OF BIRTH IS BEFORE 12/31/1997 OR IN AGE CATEGORIES 2-9
AND
- PERSON HAD COMPREHENSIVE HEALTH INSURANCE COVERAGE ON 1/1/1998. COMPREHENSIVE HEALTH INSURANCE REFERS TO THE PERSON BEING A COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING TRIPLES ON 1/1/1998:
  - ESTABLISHMENT IS MEDICARE
  - ESTABLISHMENT IS MEDICAID
  - ESTABLISHMENT IS CHAMPUS/CHAMPVA
  - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN
  - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP (I.E., HX48 = 1 OR 5)

HX70

{POLICYHOLDER FIRST MIDDLE LAST NAME} {STR-DT}
I have recorded that (PERSON) had health insurance coverage on January 1, 1998. (Were/Was) (PERSON) ever without health insurance coverage at any time in 1997?

YES ......................... 1
NO .........................  2 {HX72}
REF .........................-7 {HX72}
DK .........................-8 {HX72}

HX71

{POLICYHOLDER FIRST MIDDLE LAST NAME} {STR-DT}
Altogether, how many weeks or months (were/was) (PERSON) without health insurance coverage in the year 1997?

[Enter Small Number] ............... 
REF .........................-7 {HX72}
DK .........................-8 {HX72}

HX71OV

ENTER UNIT:

WEEKS .......................... 1
MONTHS ........................ 2
REF .........................-7
DK .........................-8
[Code One]

Hx72

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

Thinking about all the health insurance (PERSON) (are/is) covered under, are there any limits or restrictions on any of the plans due to any physical or mental health condition (PERSON) had before the insurance went into effect?

YES ......................... 1
NO ............................ 2  {HX74}
REF ........................... -7  {HX74}
DK ............................ -8  {HX74}

Hx73

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

What conditions caused (PERSON) to have limited or restricted insurance?

CODE ALL THAT APPLY.

ASTHMA .......................... 1
SPINE/BACK DISORDERS ........... 2
MIGRAINE HEADACHES ............. 3
CATARACTS ....................... 4
OTHER .......................... 91
REF ........................... -7
DK ............................ -8

[Code All That Apply.]

IF CODED "91" (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX73OV

OTHERWISE, GO TO HX74

Hx73OV

ENTER OTHER:

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

Hx74

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

(Have/Has) (PERSON) ever been denied health insurance because of poor health?

YES ............................. 1
NO ............................... 2  {END_LP19}
REF .............................. -7  {END_LP19}
DK ............................... -8  {END_LP19}

Hx75

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

SHOW CARD HX-9.
Looking at this card, which conditions caused (PERSON) to be denied health insurance?

CODE ALL THAT APPLY.

- CANCER ................................  1
- HYPERTENSION ..........................  2
- DIABETES ..............................  3
- CORONARY ARTERY DISEASE ...............  4
- OTHER .................................. 91
- REF .................................... -7
- DK ..................................... -8

[Code All That Apply.]

---------------
| IF CODED "91" (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX750V |
---------------

---------------
| OTHERWISE, GO TO END_LP19 |
---------------

HX750V

ENTER OTHER:

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

END_LP19

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

---------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_19 AND CONTINUE WITH BOX_49 |
---------------

BOX_49

---------------
| IF ALL CURRENT RU MEMBERS WHO WERE BORN BEFORE DECEMBER 31, 1997 HAVE ONLY PRIVATE INSURANCE THAT INCLUDES HOSPITAL AND PHYSICIAN BENEFITS AND/OR ALL CURRENT RU MEMBERS HAVE ONLY COMPREHENSIVE PUBLIC INSURANCE ON JANUARY 1, 1998, GO TO BOX_50 |
---------------

---------------
| OTHERWISE, CONTINUE WITH LOOP_20 |
---------------

LOOP_20

---------------
| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK HX76-END_LP20 |
---------------

LOOP DEFINITION: LOOP_20 COLLECTS INFORMATION FOR EACH RU MEMBER WHOSE DATE OF BIRTH IS PRIOR TO 12/31/1997 (OR AGE CATEGORY > 1), AND WHO IS
Covered by private insurance that does not include either hospital/physician benefits or Medicare supplement/Medigap benefits on January 1, 1998. This loop determines if these persons were ever covered by a more comprehensive plan that provided hospital/physician coverage during 1996 or 1997. The loop cycles on persons that meet the following conditions:

- Person is a current RU member
- Person was part of RU on 1/1/1998
- Person’s date of birth is before 12/31/1997 or in age categories 2-9
- Person did not have comprehensive health insurance coverage on 1/1/1998. Comprehensive health insurance refers to the person being a covered person on at least one of the following establishment-policy holder-covered person-triples on 1/1/1998:
  - Establishment is Medicare
  - Establishment is Medicaid
  - Establishment is CHAMPUS/CHAMPVA
  - Establishment is govt-hospital/physician
  - Establishment is private with hospital and physician benefits or Medicare supplement or Medigap (i.e., HX48 = 1 or 5)
- Person is covered person on at least one of the following establishment-policyholder-covered person-triples on 1/1/1998:
  - Establishment is group 1 or group 2 other public
  - Establishment is private without hospital and physician benefits or Medicare supplement or Medigap (i.e., HX48 1 or 5)

----------------------------------
HX76
----------------------------------

{PERSON’S FIRST MIDDLE AND LAST NAME}

I have recorded that (PERSON) had health insurance coverage for (read types of insurance below) coverage and was covered by a public program on January 1, 1998. (Were/Was) (PERSON) ever covered by a more comprehensive health insurance plan or program that paid for medical and doctor's bills at any time in the years 1996 or 1997?

{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}

YES ......................... 1
NO ......................... 2 {HX79}
REF ......................... -7 {HX79}
DK .......................... -8 {HX79}

----------------------------------
DISPLAY ‘had health...(BELOW)’ IF PERSON CONFIRMED AS POLICYHOLDER (HP09 IS CODED ‘1’) (YES)) OR SELECTED AS POLICYHOLDER (SELECTED AT HP11) OR SELECTED AS A DEPENDENT (SELECTED AT HP16) FOR ANY PRIVATE ESTABLISHMENT-POLICYHOLDER PAIR WHERE HX48 IS NOT CODED 1 (HOSPITAL AND PHYSICIAN BENEFITS) AND NOT CODED 5 (MEDICARE SUPPLEMENT/MEDIGAP) EITHER ALONE OR WITH ANY COMBINATION OF CODES FOR ALL OF THOSE PRIVATE ESTABLISHMENT-POLICYHOLDER PARIS. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘was....program’ IF PERSON SELECTED AT HX19 (FOR EITHER GROUP 1 OR GROUP 2 PROGRAM). OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘and’ IF PERSON CONFIRMED AS POLICYHOLDER (HP09 IS CODED ‘1’ (YES)) OR SELECTED AS
POLICYHOLDER (SELECTED AT HP11) OR SELECTED AS A DEPENDENT (SELECTED AT HP16) FOR ANY PRIVATE ESTABLISHMENT-POLICYHOLDER PAIR WHERE HX48 IS NOT CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS) AND NOT CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) EITHER ALONE OR WITH ANY COMBINATION OF CODES FOR ALL OF THOSE PRIVATE ESTABLISHMENT-POLICYHOLDER PAIRS AND PERSON SELECTED AT HX19 (FOR EITHER GROUP 1 OR GROUP 2 PROGRAM).

HX77

{PERSON’S FIRST MIDDLE AND LAST NAME}

When (were/was) (PERSON) most recently covered by this kind of health insurance? That is, in what month and year did the health insurance that paid for medical and doctor's bills end for the last time in 1996 or 1997?

[Enter Month,Year-4] ...................
REF ................................... -7
DK .................................... -8

'-7' (REFUSED) AND '-8' (DON’T KNOW) ARE ALLOWED ON THE MONTH AND YEAR FIELDS.

HX78

{PERSON’S FIRST MIDDLE AND LAST NAME}

Was (PERSON)'s health insurance that ended in {DATE FROM HX77/1996 or 1997} obtained through an employer or union, was it a government program such as Medicare or Medicaid, or what?

CODE ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE EMPLOYER OR PUBLIC EMPLOYER (FEDERAL, STATE, OR LOCAL GOVERNMENT) .......... 1
MEDICARE ................................ 2
MEDICAID .................................. 3
CHAMPUS/TRICARE/CHAMPVA .......... 4
VA OR MILITARY HEALTH CARE ....... 5
PURCHASED DIRECTLY FROM GROUP, ASSOCIATION, OR INSURANCE AGENT, INSURANCE COMPANY OR HMO ........... 6
OTHER TYPE OF GOVERNMENT SPONSORED PROGRAM .......................... 7
OTHER PUBLIC PROGRAM:
AFDC .................................... 8
SSI ........................................... 9
{STATE PROGRAM 1} ..................... 10
{STATE PROGRAM 2} ..................... 11
{STATE PROGRAM 3} ..................... 12
OTHER .................................... 91
REF ................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

IF HX77 IS NOT CODED ’-7’ (REFUSED) OR ’-8’ (DON’T KNOW), DISPLAY THE DATE ENTERED AT HX77 FOR ‘MONTH AND YEAR FROM HX77’. DISPLAY ‘in 1996 or 1997’ IF HX77 IS CODED ’-7’ (REFUSED) OR ’-8’ (DON’T KNOW).

FOR ‘STATE PROGRAM N’, DISPLAY AN ACTUAL NAME OF STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A
STATE THAT HAS OTHER STATE PROGRAMS, THAT IS, A STATE OTHER THAN ONE OF THE FOLLOWING:

ALASKA MISSISSIPPI SOUTH CAROLINA
DELAWARE NEVADA SOUTH DAKOTA
KANSAS NORTH DAKOTA VIRGINIA
MINNESOTA OREGON WISCONSIN

FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE, SEE BOX ON HX16.

USE A NULL DISPLAY WHEN INTERVIEW IS BEING CONDUCTED IN ONE OF THE STATES LISTED ABOVE.

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

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX78OV

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

OTHERWISE, GO TO HX79

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

HX78OV

ENTER OTHER:

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

HX79

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

(Have/Has) (PERSON) ever been denied health insurance because of poor health?

YES .............................. 1
NO .............................. 2 {END_LP20}
REF .................................. -7 {END_LP20}
DK .................................. -8 {END_LP20}

HX80

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

SHOW CARD HX-9.

Looking at this card, which conditions caused (PERSON) to be denied health insurance?

CODE ALL THAT APPLY.

CANCER .............................. 1
HYPERTENSION ........................ 2
DIABETES .............................. 3
CORONARY ARTERY DISEASE ............... 4
OTHER ................................. 91
REF .................................. -7
DK .................................. -8

[Code All That Apply.]

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

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX80OV

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

OTHERWISE, GO TO END_LP20

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

HX80OV
ENTER OTHER:

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

END_LP20

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

----------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_20 AND CONTINUE WITH BOX_50 |

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

BOX_50

----------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION. |

----------------------------------------------------
For the next questions, it might be useful to have out some of the family’s financial records, such as a copy of the family’s tax forms or materials used to complete the tax form, such as year end bank statements, financial summaries, pay stubs, W-2 forms, and the like.

---

| NOTE: FOR ALL DOLLAR AMOUNT RANGE CHECKS, ALLOW | THE ENTRY OF DOLLARS AND CENTS. |

---

LOOP 01

---

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX 00 - END_LP01

---

LOOP DEFINITION: LOOP 01 DETERMINES WHICH RU MEMBERS HAVE OR WILL FILE A 1999 FEDERAL INCOME TAX FORM. IF A JOINT RETURN WAS OR WILL BE FILED, IT DETERMINES WHO IS THE SECONDARY FILER. THIS LOOP CYCLES ON PERSONS WHO MEET THE FOLLOWING CONDITION:

- PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)

---

NOTE: IN ROUND 3, ALL YEAR REFERENCES WERE '1998'. IN ROUND 5, ALL YEAR REFERENCES WERE '1999'.

---

BOX 00

---

IF PERSON BEING LOOPED ON IS FLAGGED AS 'SECONDARY FILER ON JOINT FEDERAL TAX RETURN', GO TO END_LP01

---

OTHERWISE, CONTINUE WITH IN02

---

IN02

---

(PERSON'S FIRST MIDDLE AND LAST NAME)

Has (PERSON) filed a 1999 Federal income tax return?

YES ................................. 1 {IN04}
NO .................................... 2
REF ................................... -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF TAX RETURN.

---

IN03

---

(PERSON'S FIRST MIDDLE AND LAST NAME)
Will (PERSON) file a 1999 Federal income tax return?

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

PRESS F1 FOR DEFINITION OF TAX RETURN.

IN04
====

(PERSON’S FIRST MIDDLE AND LAST NAME)

What {was/will be} (PERSON)’s filing status ...

<table>
<thead>
<tr>
<th>filing status</th>
<th>code</th>
</tr>
</thead>
<tbody>
<tr>
<td>single</td>
<td>1</td>
</tr>
<tr>
<td>married filing joint return</td>
<td>2</td>
</tr>
<tr>
<td>married filing separately</td>
<td>3</td>
</tr>
<tr>
<td>head of household with qualifying person</td>
<td>4</td>
</tr>
<tr>
<td>head of household with qualifying widow(er) with dependent children</td>
<td>5</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

PRESS F1 FOR DEFINITION OF RESPONSE CATEGORIES.

<table>
<thead>
<tr>
<th>Display 'was' if IN02 is coded '1' (YES). Display 'will be' if IN03 is coded '1' (YES).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FLAG PERSON BEING LOOPED ON AS 'PRIMARY FILER ON FEDERAL TAX RETURN'.</th>
</tr>
</thead>
</table>

IN05
====

(PERSON’S FIRST MIDDLE AND LAST NAME)

Who is the other taxpayer that (PERSON) is filing jointly with?

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

| [1. First Name, [Middle Name], Last name-65] |
| [2. First Name, [Middle Name], Last name-65] |
| [3. First Name, [Middle Name], Last name-65] |

[Code One]

PRESS F1 FOR DEFINITION OF 'FILING JOINTLY'.

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)</td>
</tr>
<tr>
<td>- PERSON IS NOT ALREADY FLAGGED AS A 'PRIMARY FILER ON FEDERAL TAX RETURN'</td>
</tr>
<tr>
<td>- PERSON IS NOT ALREADY FLAGGED AS A 'SECONDARY FILER ON JOINT FEDERAL TAX RETURN'</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISPLAY 'PERSON NOT IN RU' AS THE LAST ENTRY ON THE ROSTER.</th>
</tr>
</thead>
</table>
FLAG PERSON SELECTED AT IN05 AS ‘SECONDARY FILER ON JOINT FEDERAL TAX RETURN’.

IN06

(PERSON'S FIRST MIDDLE AND LAST NAME)
(Did/Will) (PERSON) claim any dependents on (PERSON)’s Federal tax return?

YES .................................... 1
NO ...................................... 2 {IN09}
REF ................................... -7 {IN09}
DK .................................... -8 {IN09}

PRESS F1 FOR DEFINITION OF DEPENDENTS.

IN07

(PERSON'S FIRST MIDDLE AND LAST NAME)
Who {is/will be} listed as (PERSON)’s dependents?

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

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBER-ROSTER TO DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON IS NOT CURRENTLY BEING LOOPED ON

DISPLAY ‘PERSON(S) NOT IN RU’ AS THE LAST ENTRY ON THE ROSTER.

BOX_IN07

IF ‘PERSON(S) NOT IN RU’ SELECTED AT IN07, CONTINUE WITH IN08

OTHERWISE, GO TO IN09

IN08


How many of the dependents that are being claimed on (PERSON)’s Federal income tax return live outside of this household?

[Enter Number of Dependents] ....... 
REF .................................... -7 
DK ..................................... -8

PRESS F1 FOR DEFINITION OF HOUSEHOLD.

| SOFT RANGE CHECK: 1-10 |

(PERSON'S FIRST MIDDLE AND LAST NAME)

(Did/Will) (PERSON) file on the long form (1040), the short form 1040A, or the short form 1040EZ?

LONG FORM 1040 ........................................ 1 {IN16}
SHORT FORM 1040A ..................................... 2 {END_LP01}
SHORT FORM 1040EZ ................................... 3 {END_LP01}
OTHER .................................................. 91 
REF ....................................................... -7 {END_LP01}
DK ....................................................... -8 {END_LP01}

[Code One]

| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY| 'Will' IF IN03 IS CODED '1' (YES).|

(PERSON'S FIRST MIDDLE AND LAST NAME)

(Did/Will) (PERSON) itemize deductions or take the standard deduction?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 28 (ITEMIZED DEDUCTIONS) OR LINE 35 (SCHEDULE A IS NOT COMPLETED) (STANDARD DEDUCTION) TO DETERMINE THE TYPE OF DEDUCTION.

ITEMIZED DEDUCTIONS ................................ 1 
STANDARD DEDUCTION ................................ 2 {END_LP01}
REF ....................................................... -7 {END_LP01}
DK ....................................................... -8 {END_LP01}

[Code One]

PRESS F1 FOR DEFINITION OF ITEMIZED AND STANDARD DEDUCTIONS.

| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY| 'Will' IF IN03 IS CODED '1' (YES).|

(PERSON'S FIRST MIDDLE AND LAST NAME)

(Did/Will) (PERSON) itemize medical expenses?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 1 TO SEE IF THERE IS AN ENTRY.

YES .................................................. 1 
NO .................................................... 2 {IN14}
PRESS F1 FOR DEFINITION OF ITEMIZE MEDICAL EXPENSES.

| DISPLAY ‘Did’ IF IN02 IS CODED ‘1’ (YES). DISPLAY |
| ‘Will’ IF IN03 IS CODED ‘1’ (YES). |

IN12
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how much {was/will be} the total amount (PERSON) {claimed/claims} for medical expenses?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 1 FOR AMOUNT.

[Enter $ Amount] ........................
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

| SOFT RANGE CHECK: 0-100,000 |

| DISPLAY ‘was’ AND ‘claimed’ IF IN02 IS CODED ‘1’ (YES). DISPLAY ‘will be’ AND ‘claims’ IF IN03 IS CODED ‘1’ (YES). |

IN13
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how much {was/will be} (PERSON)'s net deduction for medical and dental expenses?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 4 FOR AMOUNT.

[Enter $ Amount] ........................
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF NET DEDUCTION.

| SOFT RANGE CHECK: 0-100,000 |

| DISPLAY ‘was’ IF IN02 IS CODED ‘1’ (YES). |
| ‘will be’ IF IN03 IS CODED ‘1’ (YES). |

IN14
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how much {was/will be} the total of all the itemized deduction expenses?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 28 FOR AMOUNT.

[Enter $ Amount] ........................
REF .................................... -7
IN15
====

(Person's First Middle and Last Name)

(Did/Will) (Person) claim a deduction for health insurance premiums?

If tax form is available, have respondent refer to Form 1040, Line 27

Yes ............................................. 1
No .................................................. 2
Not applicable .................................... 3
Ref .................................................. -7
DK ............................................... -8

[Code One]

Press F1 for definition of health insurance deduction.

| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY| | 'Will' IF IN03 IS CODED '1' (YES). |
|---------------------------------------------------|

IN16
====

(Person's First Middle and Last Name)

(Did/Will) (Person) receive credit for the elderly or disabled?

If tax form is available, have respondent refer to Form 1040, Line 42 Form 1040A, Line 27

Yes ............................................. 1
No .................................................. 2
Not applicable .................................... 3
Ref .................................................. -7
DK ............................................... -8

[Code One]

Press F1 for definition of elderly or disabled credit.

| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY| | 'Will' IF IN03 IS CODED '1' (YES). |
|---------------------------------------------------|

IN17
====

(Person's First Middle and Last Name)

(Did/Will) (Person) receive earned income credits?

If tax form is available, have respondent refer to Form 1040, Line 54 Form 1040A, Line 33

Yes ............................................. 1
No .................................................. 2
Not applicable .................................... 3
{People get money from many different sources, such as wages and salaries, social security, and interest on savings. The next few questions ask about different sources of income that (READ NAME(S)
ABOVE) received in 1999. It would be useful to have out any tax materials that you may have.)

During 1999, how much money did (READ NAME(S) ABOVE) receive from wages or salary, tips, commissions, or bonuses?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 7
FORM 1040A, LINE 7
FORM 1040EZ, LINE 1

[Enter $ Amount] .......................  
REF .................................... -7 (IN19)  
DK ..................................... -8 (IN18A)  

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

DISPLAY ‘People get money from many different sources, such as wages and salaries, social security, and interest on savings. The next few questions ask about different sources of income that (READ NAME(S) ABOVE) received in 1999. It would be useful to have out any tax materials that you may have.’ IF FIRST CYCLE THROUGH LOOP_02. OTHERWISE, USE NULL DISPLAY.

FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

SOFT RANGE CHECK: 0-300,000

BOX_IN18

IF AMOUNT OTHER THAN ZERO ENTERED AT IN18 AND IN04 IS CODED ‘2’ (MARRIED FILING JOINT RETURN), CONTINUE WITH IN18OV

OTHERWISE, GO TO IN19

IN18OV

What percentage of this amount was received by (PRIMARY FILER)?

[Enter Percent] ........................ [IN19]
REF .................................... -7 (IN19)  
DK ..................................... -8 (IN19)

RANGE CHECK: 0-100

IN18A

(PERSON’S FIRST MIDDLE AND LAST NAME)  (NAME OF SECONDARY FILER)

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from wages or salary, tips, commissions, or bonuses in 1999]?
During 1999, how much did (READ NAME(S) ABOVE) receive in interest from savings accounts, bonds, NOW accounts, money market accounts, or similar types of investments?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 8a
FORM 1040A, LINE 8a
FORM 1040EZ, LINE 2

[Enter $ Amount] .......................
REF ................................. -7 (BOX_02)
DK ................................. -8 (IN19A)

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

BOX_IN19

| IF AMOUNT OTHER THAN ZERO ENTERED AT IN19, |
| CONTINUE WITH IN19OV |
| O W I S E R W E, G O T O BOX_02 |

IN19OV

What percentage of this interest amount was taxable?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 8b
FORM 1040A, LINE 8b
FORM 1040EZ, NO LINE REFERENCE
IN19A
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)   (NAME OF SECONDARY FILER)

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [in interest from savings accounts, bonds, NOW accounts, money market accounts, or similar types of investments in 1999]?

1 - 2,500 .................................... 1
2,501 - 5,000 ............................... 2
5,001 - 10,000 ............................. 3
10,001 - 20,000 ............................ 4
20,001 - 30,000 ............................ 5
30,001 - 40,000 ............................ 6
40,001 - 50,000 ............................ 7
50,001 - 75,000 ............................ 8
75,001 - 100,000 ........................... 9
100,001 OR MORE .......................... 10
REF .................................... -7
DK ..................................... -8

[Code One]

IN19B
=====

OMITTED.

BOX_02
=====

IF IN09 IS CODED '1' (LONG FORM), '2' (SHORT FORM 1040A), OR '91' (OTHER), CONTINUE WITH IN20

OTHERWISE, GO TO IN30

IN20
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)   (NAME OF SECONDARY FILER)

During 1999, how much money did (READ NAME(S) ABOVE) receive from dividends?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 9
FORM 1040A, LINE 9

[Enter $ Amount] ............................. (BOX_02A)
REF ............................................ -7 (BOX_02A)
IN20A
=====

(Person’s First Middle and Last Name)  (Name of Secondary Filer)

Show card IN-1.

Looking at this card, which range best estimates how much money was received [from dividends in 1999]?

1 - 2,500 ................................ 1
2,501 - 5,000 ............................ 2
5,001 - 10,000 ......................... 3
10,001 - 20,000 ....................... 4
20,001 - 30,000 ....................... 5
30,001 - 40,000 ....................... 6
40,001 - 50,000 ....................... 7
50,001 - 75,000 ....................... 8
75,001 - 100,000 ..................... 9
100,001 OR MORE ..................... 10
REF ..................................... -7
DK ..................................... -8

[Code One]

BOX_02A
=====

IF IN09 IS CODED ‘2’ (SHORT FORM 1040A), GO TO IN25

OTHERWISE, CONTINUE WITH IN21

IN21
=====

(Person’s First Middle and Last Name)  (Name of Secondary Filer)

During 1999, how much money did (read name(s) above) receive from refunds of state or local income taxes?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 10

[Enter $ Amount] ...................... (IN22)
REF ..................................... -7 (IN22)
DK ..................................... -8
PRESS F1 FOR DEFINITION OF INCOME TAX REFUNDS.

----------------------------------------------------
<p>| FOR 'NAME OF SECONDARY FILER', DISPLAY THE        |
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |</p>
<table>
<thead>
<tr>
<th>A NULL DISPLAY.</th>
</tr>
</thead>
</table>

| SOFT RANGE CHECK:  0-100,000 |----------------------------------------------------|

IN21A
====

(PERSON'S FIRST MIDDLE AND LAST NAME) {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money
was received [from refunds of state or local taxes in 1999]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ........................ 9
100,001 OR MORE ........................ 10
REF .................................... -7
DK ..................................... -8

[Code One]

----------------------------------------------------
<p>| FOR 'NAME OF SECONDARY FILER', DISPLAY THE        |
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |</p>
<table>
<thead>
<tr>
<th>A NULL DISPLAY.</th>
</tr>
</thead>
</table>

IN22
====

(PERSON'S FIRST MIDDLE AND LAST NAME) {NAME OF SECONDARY FILER}

During 1999, how much money did (READ NAME(S) ABOVE) receive from
alimony?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 11

[Enter $ Amount] ....................... {IN23}
REF .................................... -7 {IN23}
DK ..................................... -8

PRESS F1 FOR DEFINITION OF ALIMONY.

----------------------------------------------------
<p>| FOR 'NAME OF SECONDARY FILER', DISPLAY THE        |
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |</p>
<table>
<thead>
<tr>
<th>A NULL DISPLAY.</th>
</tr>
</thead>
</table>

| SOFT RANGE CHECK:  0-100,000 |----------------------------------------------------|

PRESS F1 FOR DEFINITION OF ALIMONY.
SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from alimony in 1999]?

1 - 2,500 ........................................ 1
2,501 - 5,000 .................................... 2
5,001 - 10,000 .................................. 3
10,001 - 20,000 .................................. 4
20,001 - 30,000 .................................. 5
30,001 - 40,000 .................................. 6
40,001 - 50,000 .................................. 7
50,001 - 75,000 .................................. 8
75,001 - 100,000 ................................ 9
100,001 OR MORE ................................ 10

REF ....................................... -7
DK ......................................... -8

[Code One]

-------

FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

-------

IN23

(PERSON’S FIRST MIDDLE AND LAST NAME) (NAME OF SECONDARY FILER)

During 1999, how much money did (READ NAME(S) ABOVE) earn or lose from (his/her/their) own non-farm business or practice?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 12

[Enter $ Amount] ......................

REF ....................................... -7 (IN24)
DK ......................................... -8 (IN23A)

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

-------

FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

-------

SOFT RANGE CHECK: 0-300,000

-------

BOX_IN23

--------

IF AMOUNT OTHER THAN ZERO ENTERED AT IN23, CONTINUE WITH IN23OV1

--------

OTHERWISE, GO TO IN24

-------

IN23OV1

--------
INTERVIEWER: WAS THE AMOUNT ENTERED EARNINGS OR LOSS?

EARNINGS ............................... 1
LOSS ................................... 2

[Code One]

BOX_IN23OV1
==========

| IF IN04 IS CODED '2' (MARRIED FILING JOINT RETURN), CONTINUE WITH IN23OV2 |
| OTHERWISE, GO TO IN24 |

IN23OV2
=======

What percentage of this amount was {received/lost} by (PRIMARY FILER)?

[Enter Percent] ..................... {IN24}
REF .................................. -7 {IN24}
DK .................................. -8 {IN24}

| IF IN23OV1 IS CODED '1' (EARNINGS), DISPLAY 'received'. IF IN23OV1 IS CODED '2' (LOSS), DISPLAY 'lost'. |
| RANGE CHECK: 0-100 |

IN23A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was earned or lost [from (his/her/their) own non-farm business or practice in 1999]?

1 - 2,500 ............................... 1
2,501 - 5,000 ............................ 2
5,001 - 10,000 ........................... 3
10,001 - 20,000 .......................... 4
20,001 - 30,000 ........................... 5
30,001 - 40,000 ........................... 6
40,001 - 50,000 ........................... 7
50,001 - 75,000 ........................... 8
75,001 - 100,000 ........................... 9
100,001 OR MORE ........................ 10
REF .................................. -7 {IN24}
DK .................................. -8 {IN24}

[Code One]

| FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP 01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP 01 FOR THIS PERSON, USE A NULL DISPLAY. |
INTERVIEWER: DOES THE RANGE SELECTED REPRESENT EARNINGS OR LOSS?

EARNINGS ............................... 1
LOSS ................................... 2

[Code One]

IN24
====

(PERSON'S FIRST MIDDLE AND LAST NAME)   (NAME OF SECONDARY FILER)

During 1999, how much money was (READ NAME(S) ABOVE)’s net gain or net loss from the sale of property or other assets, including the sale of (his/her/their) home, if it was taxable?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINES 13 & 14

[Enter $ Amount] ....................... 7 (IN25)
DK ................................... 8 (IN24A)

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

------------------------------------------------------------------------
| FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE |  |
| PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR |  |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |  |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |  |
| A NULL DISPLAY. | |
------------------------------------------------------------------------

------------------------------------------------------------------------
| SOFT RANGE CHECK:  0-300,000 |
------------------------------------------------------------------------

BOX_IN24
=======

------------------------------------------------------------------------
| IF AMOUNT OTHER THAN ZERO ENTERED AT IN24, |
| CONTINUE WITH IN24OV |  |
------------------------------------------------------------------------

------------------------------------------------------------------------
| OTHERWISE, GO TO IN25 |  |
------------------------------------------------------------------------

IN24OV
=====

INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN ............................... 1 {IN25}
NET LOSS ............................... 2 {IN25}

[Code One]

IN24A
=====

(PERSON’S FIRST MIDDLE AND LAST NAME)   (NAME OF SECONDARY FILER)

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was earned or lost from the sale of property or other assets, including the sale of (his/her/their) home, if it was taxable, in 1999)?
INTERVIEWER: DOES THE RANGE SELECTED REPRESENT NET GAIN OR NET LOSS?

NET GAIN ................................ 1
NET LOSS ................................... 2

[Code One]

IN25

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

During 1999, how much money did (READ NAME(S) ABOVE) receive from payments from Individual Retirement Accounts (IRAs)?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 15a FORM 1040A, LINE 10a

[Enter $ Amount] ....................... 
REF .................................... -7 {IN26}
DK ..................................... -8 {IN25A}

PRESS F1 FOR DEFINITION OF IRA.

[Code One]

BOX_IN25

IF AMOUNT OTHER THAN ZERO ENTERED AT IN25, CONTINUE WITH IN25OV

OTHERWISE, GO TO IN26
What percentage of this IRA amount was taxable?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 15b
FORM 1040A, LINE 10b

[Enter Percent] ....................    {IN26}
REF .................................. -7 {IN26}
DK .................................. -8 {IN26}

| RANGE CHECK: 0-100 |

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from payments from IRAs in 1999]?

1 - 2,500 ......................... 1
2,501 - 5,000 ....................... 2
5,001 - 10,000 ..................... 3
10,001 - 20,000 .................... 4
20,001 - 30,000 ................... 5
30,001 - 40,000 ................... 6
40,001 - 50,000 ................... 7
50,001 - 75,000 ................... 8
75,001 - 100,000 .................. 9
100,001 OR MORE .................. 10
REF .................................. -7
DK .................................. -8

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

During 1999, how much money did (READ NAME(S) ABOVE) receive from private pensions, military retirement, other Federal government employee pensions, state or local government employee pensions, or annuities?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 16b
FORM 1040A, LINE 11b

[Enter $ Amount] .................... {BOX_02B}
REF .................................. -7 {BOX_02B}
DK .................................. -8

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.
SOFT RANGE CHECK: 0-300,000

IN27
====

(Person's First Middle and Last Name) (Name of Secondary Filer)

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from private pensions, military retirement, other Federal government employee pensions, state or local government employee pensions, or annuities in 1999]?

1 - 2,500 .................................. 1
2,501 - 5,000 ............................ 2
5,001 - 10,000 ........................... 3
10,001 - 20,000 .......................... 4
20,001 - 30,000 .......................... 5
30,001 - 40,000 .......................... 6
40,001 - 50,000 .......................... 7
50,001 - 75,000 .......................... 8
75,001 - 100,000 ......................... 9
100,001 OR MORE ........................ 10
REF .................................... -7
DK ..................................... -8

[Code One]

FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON'S NAME SELECTED AT IN05 DURING LOOP 01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP 01 FOR THIS PERSON, USE A NULL DISPLAY.

BOX_02B
=====

---

IF IN09 IS CODED '2' (SHORT FORM 1040A), GO TO IN30

OTHERWISE, CONTINUE WITH IN28

---

IN28
====

(Person's First Middle and Last Name) (Name of Secondary Filer)

During 1999, how much money did (READ NAME(S) ABOVE) receive as a net gain or loss from estates or trusts, partnerships, S corporations, royalties, or from rental income?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 17

[Enter $ Amount] ....................... REF ................................ -7 (IN29)
DK ..................................... -8 (IN28A)

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

---

FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON'S NAME SELECTED AT IN05 DURING LOOP 01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP 01 FOR THIS PERSON, USE A NULL DISPLAY.
| SOFT RANGE CHECK: 0-300,000 |
---

**BOX_IN28**

| IF AMOUNT OTHER THAN ZERO ENTERED AT IN28, CONTINUE WITH IN28OV |
---

| OTHERWISE, GO TO IN29 |
---

**IN28OV**

INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN ......................... 1 {IN29}
NET LOSS ......................... 2 {IN29}

[Code One]

**IN28A**

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was earned or lost [from estates or trusts, partnerships, S corporations, royalties, or from rental income in 1999]?

1 - 2,500 ......................... 1
2,501 - 5,000 ....................... 2
5,001 - 10,000 ..................... 3
10,001 - 20,000 ................... 4
20,001 - 30,000 ................... 5
30,001 - 40,000 ................... 6
40,001 - 50,000 ................... 7
50,001 - 75,000 ................... 8
75,001 - 100,000 .................. 9
100,001 OR MORE .................. 10
REF .............................. -7 {IN29}
DK .............................. -8 {IN29}

[Code One]

---

FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

**IN28AOV1**

INTERVIEWER: DOES THE RANGE SELECTED REPRESENT NET GAIN OR NET LOSS?

NET GAIN ............................... 1
NET LOSS ............................... 2

[Code One]
(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF SECONDARY FILER)

During 1999, how much money did (READ NAME(S) ABOVE) earn or lose from (his/her/their) own farm?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 18

[Enter $ Amount] .......................
REF .................................... -7 {IN30}
DK ..................................... -8 {IN29A}

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

| SOFT RANGE CHECK: 0-100,000 |

BOX_IN29

-----

| IF AMOUNT OTHER THAN ZERO ENTERED AT IN29, CONTINUE WITH IN29OV1 |
| OTHERWIZE, GO TO IN30 |

IN29OV1

=====

INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN ............................... 1
NET LOSS ............................... 2

[Code One]

BOX_IN29OV1

=======

| IF IN04 CODED '2' (MARRIED FILING JOINT RETURN), CONTINUE WITH IN29OV2 |
| OTHERWISE, GO TO IN30 |

IN29OV2

=======

What percentage of this amount was {received/lost} by (PRIMARY FILER)?

[Enter Percent] ........................ {IN30}
REF .................................... -7 {IN30}
DK ..................................... -8 {IN30}
IF IN29OV1 IS CODED '1' (NET GAIN), DISPLAY "received". IF IN29OV1 IS CODED '2' (NET LOSS), DISPLAY "lost".

--- RANGE CHECK: 0-100 ---

IN29A

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was earned or lost [from (his/her/their) own farm in 1999]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ....................... 9
100,001 OR MORE ...................... 10
REF .................................... -7 (IN30)
DK ..................................... -8 (IN30)

[Code One]

--- FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY. ---

IN29AOV

INTERVIEWER: DOES THE RANGE SELECTED REPRESENT NET GAIN OR NET LOSS?

NET GAIN ............................... 1
NET LOSS ............................... 2

[Code One]

IN30

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

During 1999, how much money did (READ NAME(S) ABOVE) receive from unemployment compensation?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 19
FORM 1040A, LINE 12
FORM 1040EZ, LINE 3

[Enter $ Amount] ..................... REF .................................... -7 (BOX_03)
DK ..................................... -8 (IN30A)

PRESS F1 FOR DEFINITION OF UNEMPLOYMENT COMPENSATION.

--- FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF ---
IN05 was not asked in Loop_01 for this person, use a null display.

- Soft range check: 0-100,000

---

**Box In30**

---

If amount other than zero entered at In30, continue with In30Ov

Otherwise, go to Box_03

---

**In30Ov**

---

What percentage of this amount was taxable?

[Enter Percent] .........................  (Box_03)
REF .................................. -7 (Box_03)
DK .................................. -8 (Box_03)

- Range check: 0-100

---

**In30A**

---

(Person's first middle and last name)  (Name of secondary filer)

Show card In-1.

Looking at this card, which range best estimates how much money was received [from unemployment compensation in 1999]?

1 - 2,500 ............................... 1
2,501 - 5,000 ......................... 2
5,001 - 10,000 ....................... 3
10,001 - 20,000 .................... 4
20,001 - 30,000 .................... 5
30,001 - 40,000 .................... 6
40,001 - 50,000 .................... 7
50,001 - 75,000 .................... 8
75,001 - 100,000 ................. 9
100,001 or more .................. 10
REF .................................. -7
DK .................................. -8

- Code one

---

For 'Name of secondary filer', display the person's name selected at In05 during Loop_01 for the primary filer currently being asked about. If In05 was not asked in Loop_01 for this person, use a null display.

---

**Box_03**

---

If In09 is coded '1' (long form), '2' (short form 1040A), or '91' (other), continue with In31

---
During 1999, how much money did (READ NAME(S) ABOVE) receive from Social Security and equivalent tier 1 Railroad Retirement benefits?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 20a
FORM 1040A, LINE 13a

[Enter $ Amount] ........................
REF .................................... -7 (IN33)
DK ..................................... -8 (IN32)

PRESS F1 FOR DEFINITION OF SOCIAL SECURITY.

| SOFT RANGE CHECK: 0-100,000 |

BOX_IN31

| IF AMOUNT OTHER THAN ZERO ENTERED AT IN31, |
| CONTINUE WITH IN31OV |

| OTHERWISE, GO TO IN33 |

IN31OV

What percentage of this amount was taxable?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 20b
FORM 1040A, LINE 13b

[Enter Percent] ........................ (IN33)
REF .................................... -7 (IN33)
DK ..................................... -8 (IN33)

| RANGE CHECK: 0-100 |

IN32

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from Social Security and equivalent tier 1 Railroad Retirement benefits in 1999]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

INTERVIEWER: WHAT RECORDS WERE USED IN COMPLETING THE TAXABLE INCOME QUESTIONS FOR THE PERSON(S) LISTED ABOVE?

CODE ALL THAT APPLY.

RESPONDENT’S/FAMILY MEMBER’S MEMORY ........ 1
W-2 FORMS .................................. 2
COMPLETED TAX RETURN FORM ..................... 3
BANK STATEMENTS ................................ 4
RESPONDENT’S/FAMILY MEMBER’S CHECK BOOK .... 5
YEAR END FINANCIAL STATEMENTS .................. 6
PAY STUBS ................................... 7
OTHER ...................................... 91

[Code All That Apply]

ENTER OTHER:

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

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH IN34
During 1999, did anyone in the family receive Worker’s Compensation?

YES ........................................ 1
NO ........................................... 2 {IN37}
REF ........................................ -7 {IN37}
DK ........................................... -8 {IN37}

PRESS F1 FOR DEFINITION OF WORKER’S COMPENSATION.

| IF CODED ‘1’ (YES) AND A SINGLE PERSON RU, AUTOMATICALLY CODE PERSON AS ‘RECEIVED WORKER’S COMPENSATION’ AT IN35 AND GO TO LOOP_03 |

Who received Worker’s Compensation in 1999?

PROBE: Anyone else receive Worker’s Compensation in 1999?

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

[1. First Name, [Middle Name], Last name-65]  
[2. First Name, [Middle Name], Last name-65]  
[3. First Name, [Middle Name], Last name-65]  

[Code All That Apply]

ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITION:

- PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK IN36 - END_LP03

LOOP DEFINITION: LOOP 03 DETERMINES HOW MUCH MONEY WAS RECEIVED FROM WORKER’S COMPENSATION FOR RU MEMBERS WHO RECEIVED WORKER’S COMPENSATION IN 1999. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON RECEIVED WORKER’S COMPENSATION IN 1999 (SELECTED AT IN35)

How much money did (PERSON) receive from Worker’s Compensation [in 1999]?
IN36A

(PERSON'S FIRST MIDDLE AND LAST NAME)
SHOW CARD IN-1.
Looking at this card, which range best estimates how much money was received [from Worker's Compensation in 1999]?

1 - 2,500 ........................................... 1
2,501 - 5,000 .................................... 2
5,001 - 10,000 .................................. 3
10,001 - 20,000 .................................. 4
20,001 - 30,000 .................................. 5
30,001 - 40,000 .................................. 6
40,001 - 50,000 .................................. 7
50,001 - 75,000 .................................. 8
75,001 - 100,000 ................................ 9
100,001 OR MORE ................................ 10
REF ............................................ -7
DK ............................................... -8

[Code One]

END_LP03

<p>| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP |</p>
<table>
<thead>
<tr>
<th>DEFINITION.</th>
</tr>
</thead>
</table>

<p>| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |</p>
<table>
<thead>
<tr>
<th>END LOOP_03 AND CONTINUE WITH IN37</th>
</tr>
</thead>
</table>

IN37

During 1999, did anyone in the family receive Supplemental Security Income, also known as S.S.I.?

YES ............................................. 1
NO .............................................. 2 {IN41}
REF ............................................ -7 {IN41}
DK ............................................... -8 {IN41}

PRESS F1 FOR DEFINITION OF S.S.I.

<p>| IF CODED '1' (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'RECEIVED S.S.I.' AT |</p>
<table>
<thead>
<tr>
<th>IN38 AND GO TO LOOP_04</th>
</tr>
</thead>
</table>

IN38

Who received Supplemental Security Income in 1999?

PROBE: Anyone else receive S.S.I. in 1999?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITION:

- PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)

LOOP_04

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX_03A - END_LP04

LOOP DEFINITION: LOOP_04 DETERMINES HOW MUCH MONEY WAS RECEIVED FROM SUPPLEMENTAL SECURITY INCOME (S.S.I) FOR RU MEMBERS WHO RECEIVED S.S.I IN 1999. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON RECEIVED SUPPLEMENTAL SECURITY INCOME IN 1999 (SELECTED AT IN38)

BOX_03A

IF PERSON IS LESS THAN 65 YEARS OLD OR IN AGE CATEGORIES 1-8, CONTINUE WITH IN39

OTHERWISE, GO TO IN40A

IN39

(PERSON'S FIRST MIDDLE AND LAST NAME)

Did (PERSON) receive money from Supplemental Security Income because of (PERSON)’s own disability or for some other reason?

DISABILITY .............................. 1
SOME OTHER REASON ....................... 2
REF .................................... -7
DK ..................................... -8

[Code One]

IN40A

(PERSON'S FIRST MIDDLE AND LAST NAME)

For how many months in 1999 did (PERSON) receive money from Supplemental Security Income?

[Enter Number of Months] .................
On average, how much money did (PERSON) get per month [from Supplemental Security Income in 1999]?

**IN40B**

(Person's First Middle and Last Name)

[Enter $ Amount] ........................   {END_LP04}

---

**IN40C**

(Person's First Middle and Last Name)

SHOW CARD IN-2.

Looking at this card, which range best estimates how much money was received per month [from Supplemental Security Income in 1999]?

1 - 250 ....................................... 1
251 - 500 .................................... 2
501 - 750 .................................... 3
751 - 1,000 .................................. 4
1,001 OR MORE ............................. 5

[Code One]
IN42

Whose name was on the checks?

PROBE: Does anyone else receive a check from public assistance in their name?

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

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

-----------------------
Rooster Definition: This item uses the RU-Members-Roster to display all persons who meet the following condition:
- Person is a current round RU member (includes deceased and institutionalized RU members)
-----------------------

LOOP_05

----

For each element in the RU-Members-Roster, ASK IN43 - END_LP05

-----------------------
Loop Definition: Loop_05 determines who was covered by public assistance, whether any of the checks included money from AFDC or ADC and how much was received per month. This loop cycles on each person on the RU-Members-Roster who meets the following conditions:
- Person is a current round RU member (includes deceased and institutionalized RU members)
- Person’s name was on the public assistance checks (selected at IN42)
-----------------------

IN43

----

{Person's first middle and last name}

Sometimes checks from public assistance cover more than one person in the family, even though only one person’s name is on the check.

Who is covered by (PERSON)’s checks from public assistance?

PROBE: Did (PERSON)’s checks cover anyone else?

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

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

-----------------------
Rooster Definition: This item uses the RU-Members-Roster to display all persons who meet the following conditions:
-----------------------
Did any of (PERSON)'s checks include money from Temporary Assistance for Needy Families, also known as TANF?

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

PRESS F1 FOR DEFINITION OF TANF.

For how many months in 1999 did (PERSON) receive checks from public assistance?

[Enter Number of Months] .................
REF ........................................ -7
DK ........................................... -8

RANGE CHECK: 1-12

On average, how much money did (PERSON) get per month [from public assistance in 1999]?

[Enter $ Amount] ......................... (END LP05)
REF ........................................ -7 (END_LP05)
DK ........................................... -8

SOFT RANGE CHECK: 0-50,000

Looking at this card, which range best estimates how much money was received per month [from public assistance in 1999]?

1 - 250 ................................. 1
During 1999, did anyone in the family receive any money from child support?

YES .................................... 1
NO ..................................... 2 {IN49}
REF ................................... -7 {IN49}
DK .................................... -8 {IN49}

PRESS F1 FOR DEFINITION OF CHILD SUPPORT.

IF CODED '1' (YES) AND A SINGLE PERSON RU, AUTOMATICALLY CODE PERSON AS 'RECEIVED CHILD SUPPORT' AT IN47 AND GO TO LOOP_06

Who received child support in 1999?

PROBE: Anyone else receive child support in 1999?

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

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

PRESS F1 FOR DESCRIPTION OF WHO TO INCLUDE.

ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITION:
- PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
LOOP DEFINITION: LOOP 06 DETERMINES HOW MUCH MONEY WAS RECEIVED FROM CHILD SUPPORT FOR RU MEMBERS WHO RECEIVED CHILD SUPPORT IN 1999. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON RECEIVED CHILD SUPPORT IN 1999 (SELECTED AT IN47)

IN48A

{PERSON'S FIRST MIDDLE AND LAST NAME}
For how many months in 1999 did (PERSON) receive money from child support?

[Enter Number of Months] ...............  
REF .................................... -7  
DK ..................................... -8

| RANGE CHECK:  1-12  
--------------------------------------|

IN48B

{PERSON'S FIRST MIDDLE AND LAST NAME}
On average, how much money did (PERSON) get per month [from child support in 1999]?

[Enter $ Amount] ....................... (END_LP06)  
REF .................................. -7 (END_LP06)  
DK ..................................... -8

| SOFT RANGE CHECK:  0-100,000  
---------------------------------|

IN48C

{PERSON'S FIRST MIDDLE AND LAST NAME}
SHOW CARD IN-2.
Looking at this card, which range best estimates how much money was received per month [from child support in 1999]?

1 - 250  .................................. 1  
251 - 500  ................................. 2  
501 - 750  ................................. 3  
751 - 1,000  ................................ 4  
1,001 OR MORE  ............................. 5  
REF .................................. -7  
DK ..................................... -8

[Code One]

END_LP06

| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER  
| THAT MEETS THE CONDITIONS STATED IN THE LOOP  
| DEFINITION.  
----------------------------------------
Not counting military retirement, during 1999, did anyone in the family receive any veteran’s payments such as education or disability benefits?

YES .................................... 1
NO ..................................... 2 {IN52}
REF ................................... -7 {IN52}
DK .................................... -8 {IN52}

PRESS F1 FOR DEFINITION OF VETERAN’S PAYMENTS.

Who received veteran’s payments such as education or disability benefits [in 1999]? 

PROBE: Anyone else receive veteran’s payments in 1999? 

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

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]
How much money did (PERSON) receive from veterans payments such as education or disability benefits in 1999? [Do not include military retirement.]

[Enter $ Amount]  .......................  {END_LP07}
REF  ................................. -7  {END_LP07}
DK  ................................. -8

| SOFT RANGE CHECK:  0-100,000 |

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from veteran’s payments such as education or disability benefits in 1999]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ........................ 9
100,001 OR MORE ........................ 10
REF  ................................. -7
DK  ................................. -8

[Code One]

Besides what we have already talked about, during 1999, did any one in the family receive any money from regular cash contributions from people who do not live in this household?

YES ................................. 1
NO  ................................. 2 {IN55}
REF  ................................. -7 {IN55}
DK  ................................. -8 {IN55}

PRESS F1 FOR DESCRIPTION OF REGULAR CASH CONTRIBUTIONS AND HOUSEHOLD.

| IF CODED '1' (YES) AND A SINGLE PERSON RU, | AUTOMATICALLY CODE PERSON AS ‘RECEIVED REGULAR CASH CONTRIBUTIONS FROM OUTSIDE HOUSEHOLD’ AT IN53 AND GO TO LOOP_08 |
Who received regular cash contributions from people who do not live in this household [in 1999]?

PROBE: Anyone else receive regular cash contributions, in 1999, from people who do not live here?

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

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITION:

- PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK IN54A - END_LP08

LOOP DEFINITION: LOOP 08 DETERMINES HOW MUCH MONEY WAS RECEIVED FROM REGULAR CASH CONTRIBUTIONS FROM OUTSIDE THE HOUSEHOLD FOR RU MEMBERS WHO RECEIVED THESE TYPES OF CONTRIBUTIONS IN 1999. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON RECEIVED REGULAR CASH CONTRIBUTIONS FROM SOMEONE OUTSIDE OF THE HOUSEHOLD IN 1999 (SELECTED AT IN53)

(Person's First Middle and Last Name)

For how many months in 1999 did (PERSON) receive money from regular cash contributions from people who do not live in this household?

[Enter Number of Months] .............
REF ..................................... -7
DK ..................................... -8

RANGE CHECK: 1-12

(Person's First Middle and Last Name)

On average, how much money did (PERSON) get per month [from regular cash contributions from people who do not live in this household, in 1999]?
Looking at this card, which range best estimates how much money was received per month [from regular cash contributions from people who do not live in this household, in 1999]?

1 - 250 ................................. 1
251 - 500 ............................... 2
501 - 750 ............................... 3
751 - 1,000 ............................. 4
1,001 OR MORE ........................... 5
REF .................................... 7
DK ..................................... 8

PRESS F1 FOR DEFINITION OF FOOD STAMPS.
What was the approximate monthly value of the stamps?

[Enter $ Amount] .......................... -7
DK ..................................... -8
| SOFT RANGE CHECK: 0-1,000 |

SHOW CARD IN-3.

This card lists some sources of income. Has anyone in the family received any income, other than income we have already talked about, such as income from sources listed on this card?

YES .................................... 1
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

PRESS F1 FOR DEFINITIONS OF SHOW CARD CATEGORIES.

------

LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION ABOUT OTHER SOURCES OF TAXABLE INCOME. THIS LOOP CYCLES ON SOURCES OF TAXABLE INCOME LISTED AT IN60. THE FIRST CYCLE OF THIS LOOP COLLECTS THE FIRST SOURCE OF TAXABLE INCOME. SUBSEQUENT CYCLES OF THE LOOP ARE DETERMINED BY THE RESPONSE AT IN63. IF IN63 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT SOURCE OF TAXABLE INCOME. IF IN63 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.

------

SHOW CARD IN-3.

From which of the sources on this card did anyone in the family receive income [that we have not yet talked about]?

WAGES AND SALARY ......................... 1 {BOX_03B}
FARM INCOME (OR LOSS) .................... 2 \{BOX_03B\}
BUSINESS INCOME (OR LOSS) ............ 3 \{BOX_03B\}
SOCIAL SECURITY/RAILROAD RETIREMENT ... 4 \{BOX_03B\}
PRIVATE, MILITARY, OR GOVERNMENT
PENSIONS .................................. 5 \{BOX_03B\}
INTEREST .................................. 6 \{BOX_03B\}
DIVIDENDS ................................. 7 \{BOX_03B\}
RENTAL INCOME (OR LOSS) ............... 8 \{BOX_03B\}
OTHER SOURCE ............................ 91
REF ...................................... -7 \{BOX_03B\}
DK ........................................ -8 \{BOX_03B\}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

IN600V
ENTER OTHER:

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

INCOME SOURCE: \{DISPLAY CATEGORY SELECTED AT IN60.........\}

Who received income from (INCOME SOURCE) in 1999?

PROBE: Anyone else receive income from (INCOME SOURCE) in 1999?

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

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

ROSTER DEFINITION: THIS ITEM USES THE
RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET
THE FOLLOWING CONDITION:
- PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES
  DECEASED AND INSTITUTIONALIZED RU MEMBERS)

FOR 'DISPLAY CATEGORY SELECTED AT IN60.....',
DISPLAY THE RESPONSE CATEGORY NAME SELECTED AT
IN60 DURING THE CURRENT LOOP.

What is the total amount received from (INCOME SOURCE), in 1999,
for all of the people just mentioned?

[Enter $ Amount] ...........................
REF ...................................... -7 \{IN63\}
DK .............................. -8 {IN62A}

----------------------------------------------------
| FOR 'DISPLAY CATEGORY SELECTED AT IN60.....',   |
| DISPLAY THE RESPONSE CATEGORY NAME SELECTED AT |
| IN60 DURING THE CURRENT LOOP.                   |
----------------------------------------------------

| SOFT RANGE CHECK: 0-100,000                        |
----------------------------------------------------

BOX_IN62
========

| IF AMOUNT OTHER THAN ZERO ENTERED AT IN62 AND |
| IN60 IS CODED '2' (FARM INCOME OR LOSS), '3' |
| (BUSINESS INCOME OR LOSS), '8' (RENTAL INCOME OR |
| LOSS), OR '91' (OTHER SOURCE), CONTINUE WITH |
| IN62OV                                           |
----------------------------------------------------

| OTHERWISE, GO TO IN63                            |
----------------------------------------------------

IN62OV
=====

INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

   NET GAIN .............................. 1 {IN63}
   NET LOSS .............................. 2 {IN63}

[Code One]

IN62A
=====

INCOME SOURCE: {DISPLAY CATEGORY SELECTED AT IN60...........}
SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from (INCOME SOURCE) in 1999]?

   1 - 2,500 .............................. 1
   2,501 - 5,000 ........................... 2
   5,001 - 10,000 .......................... 3
   10,001 - 20,000 ........................ 4
   20,001 - 30,000 ........................ 5
   30,001 - 40,000 ........................ 6
   40,001 - 50,000 ........................ 7
   50,001 - 75,000 ........................ 8
   75,001 - 100,000 ........................ 9
100,001 OR MORE .......................... 10
   REF ................................. -7
   DK ................................. -8

[Code One]

BOX_IN62A
========

| IF '7' (REFUSED) OR '-8' (DON'T KNOW) IS NOT CODED |
| AT IN62A AND IN60 IS CODED '2' (FARM INCOME OR |
| LOSS), '3' (BUSINESS INCOME OR LOSS), '8' (RENTAL |
| INCOME OR LOSS), OR '91' (OTHER SOURCE), CONTINUE |
| WITH IN62AOV                                    |

----------------------------------------------------
INTERVIEWER: DOES THE RANGE SELECTED REPRESENT Net Gain OR Net Loss?

   NET GAIN ............................... 1
   NET LOSS ............................... 2

   [Code One]

SHOW CARD IN-3.

Aside from what you already told me about, has anyone in the family received any other income, such as income from another source listed on this card?

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

   PRESS F1 FOR DEFINITIONS OF SHOW CARD CATEGORIES.

END LP09

| IF IN63 IS CODED '1' (YES), CYCLE TO COLLECT THE NEXT OTHER INCOME CATEGORY. |
| OTHERWISE END LOOP_09, AND CONTINUE WITH BOX_04 |

BOX_04

| GO TO NEXT QUESTIONNAIRE SECTION |
Now I will ask you a few questions about how (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {works/worked} for non-emergency care {on (END DATE)}. We are interested in knowing if (POLICYHOLDER)'s (ESTABLISHMENT) plan is an HMO, that is, a Health Maintenance Organization. With an HMO, you must generally receive care from HMO physicians. For other doctors, the expense is not covered unless you were referred by the HMO or there was a medical emergency.

(Is/Was) (POLICYHOLDER)'s (INSURER NAME) an HMO {on (END DATE)}?

YES .................................... 1 {MC05}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HMO.

(Do/Does)/As of (END DATE), did (POLICYHOLDER)'s insurance plan require (POLICYHOLDER) to sign up with a certain primary care doctor, group of doctors, or a certain clinic which (POLICYHOLDER) must go to for all of (POLICYHOLDER)'s routine care?

PROBE: Do not include emergency care or care from a specialist you were referred to.

YES .................................... 1 {MC04}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.
<table>
<thead>
<tr>
<th>DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'As of (END DATE), was' IF ROUND 5.</th>
</tr>
</thead>
</table>

<p>| DISPLAY 'Will' AND '(do/does)' IF NOT ROUND 5. |
| DISPLAY 'As of (END DATE), would' AND 'did' IF |</p>
<table>
<thead>
<tr>
<th>ROUND 5.</th>
</tr>
</thead>
</table>

<p>| DISPLAY 'Will' AND '(do/does)' IF NOT ROUND 5. |
| DISPLAY 'As of (END DATE), would' AND 'did' IF |</p>
<table>
<thead>
<tr>
<th>ROUND 5.</th>
</tr>
</thead>
</table>

<p>| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX OR |</p>
<table>
<thead>
<tr>
<th>OE.</th>
</tr>
</thead>
</table>
Medical Provider Visits (MV) Section

MV01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......)  (EVN-DT)

Did (PERSON) visit (PROVIDER) on (VISIT DATE) in person or was this a telephone call?

SAW PROVIDER ......................... 1
TELEPHONE CALL .......................... 2
REF ..................................... -7
DK ...................................... -8

[Code One]

<p>|  IF MV01 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS |</p>
<table>
<thead>
<tr>
<th>'MV-IN-PERSON.'</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF MV01 IS CODED '2' (TELEPHONE CALL), '-7',</td>
</tr>
<tr>
<td>(REFUSED), OR '-8' (DON'T KNOW), FLAG EVENT AS</td>
</tr>
<tr>
<td>'MV-TELEPHONE.'</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

MV02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......)  (EVN-DT)

(Were/Was) (PERSON) referred for this particular {visit/telephone call} by another physician or medical person?

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

PRESS F1 FOR DEFINITION OF REFERRED.

<p>|  DISPLAY 'visit' IF MV01 CODED '1' (SAW PROVIDER), |
|  '-7' (REFUSED), OR '-8' (DON'T KNOW). DISPLAY      |</p>
<table>
<thead>
<tr>
<th>'telephone call' IF MV01 CODED '2' (TELEPHONE CALL).</th>
</tr>
</thead>
</table>

MV03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......)  (EVN-DT)

{Did (PERSON) see a medical doctor during this particular visit?/Was this telephone call about (PERSON)’s health with a medical doctor?}

YES ................................. 1
NO .................................. 2  {MV04}
REF ................................ -7 {MV04}
DK .................................. -8 {MV04}

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

| DISPLAY 'Did (PERSON) see a medical doctor during |
| this particular visit?' IF MV01 IS CODED '1' (SAW|
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| FOR THIS EVENT.                                   |
DISPLAY 'Was this telephone call about (PERSON)’s health with a medical doctor?’ IF MV01 IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

----------------------------------------------------
IF CODED '1' (YES) AND MV01 IS CODED '1' (SAW PROVIDER), GO TO MV05
----------------------------------------------------

----------------------------------------------------
IF CODED '1' (YES) AND MV01 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX 01
----------------------------------------------------

MV04
====

(Person's first middle and last name) (Name of medical care provider......) (Evn-dt)

What type of medical person did (PERSON) talk to on (VISIT DATE)?

If talked to more than one medical person, probe for main provider.

ChiropraCTOR ......................... 1
DENTIST/DENTAL CARE PERSON ........ 2
MIDWIFE ............................... 3
NURSE/NURSE PRACTITIONER .......... 4
OPTOMETRIST ........................... 5
PODIATRIST ............................. 6
PHYSICIAN’S ASSISTANT ................ 7
PHYSICAL THERAPIST .................. 8
OCCUPATIONAL THERAPIST ............ 9
PSYCHOLOGIST ......................... 10
SOCIAL WORKER ....................... 11
TECHNICIAN ........................... 12
RECEPTIONIST, CLERK, SECRETARY .... 13
OTHER ................................ 91
REF ................................. -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE WITH MV05
----------------------------------------------------

----------------------------------------------------
IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX 01
----------------------------------------------------

MV05
====

(Person's first middle and last name) (Name of medical care provider......) (Evn-dt)

Approximately how much time did (PERSON) actually spend with (the doctor/that medical person)?

Would you say ...

5 minutes or less, ...................... 1
6 to 10 minutes, ....................... 2
11 - 15 minutes, ....................... 3
16 - 25 minutes, ....................... 4
26 - 40 minutes, or .................... 5
41 minutes or more? .................... 6
REF ................................ -7
[Code One]

DISPLAY 'the doctor' IF MV03 IS CODED '1' (YES).
DISPLAY 'that medical person' IF MV03 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW).

BOX_01
======

IF MV01 IS CODED '1' (SAW PROVIDER) AND MV03 IS CODED '1' (YES), GO TO MV07

IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND MV03 IS CODED '1' (YES), GO TO MV08

OTHERWISE, CONTINUE WITH MV06

MV06
=====

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

TYPE OF PERSON HAD CONTACT: {MEDICAL PERSON TYPE FROM MV04}

CODE WITHOUT ASKING IF OBVIOUS. OTHERWISE, ASK:

Do any medical doctors work at {the same location as (PROVIDER)/(PROVIDER)}?

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

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

DISPLAY 'the same location as (PROVIDER)' IF PROVIDER IS FLAGGED AS 'PERSON-TYPE PROVIDER'.
DISPLAY '(PROVIDER)' IF PROVIDER IS FLAGGED AS 'FACILITY PROVIDER'.

FOR 'MEDICAL PERSON TYPE FROM MV04', DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT MV04:

CODE '1' = CHIROPRACTOR
CODE '2' = DENTIST/DENTAL CARE PERSON
CODE '3' = MIDWIFE
CODE '4' = NURSE/NURSE PRACTITIONER
CODE '5' = OPTOMETRIST
CODE '6' = PODIATRIST
CODE '7' = PHYSICIAN'S ASSISTANT
CODE '8' = PHYSICAL THERAPIST
CODE '9' = OCCUPATIONAL THERAPIST
CODE '10' = PSYCHOLOGIST
CODE '11' = SOCIAL WORKER
CODE '12' = TECHNICIAN
CODE '13' = RECEPTIONIST/CLERK/SECRETARY
CODE '91' = OTHER
CODE '-7' = REFUSED PROVIDER TYPE
CODE '-8' = DON'T KNOW PROVIDER TYPE
IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO MV08

OTHERWISE, CONTINUE WITH MV07

MV07

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

SHOW CARD MV-1.

Please look at this card and tell me which category best describes the care (PERSON) received during the visit to (PROVIDER) on (VISIT DATE)?

GENERAL CHECKUP ...................... 1
DIAGNOSIS OR TREATMENT ............ 2
EMERGENCY (E.G., ACCIDENT OR INJURY) 3
PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING ...................... 4
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5
IMMUNIZATIONS OR SHOTS ............. 6
VISION EXAM .......................... 7
MATERNITY CARE (PRE/POSTNATAL) ........ 8
WELL CHILD EXAM ..................... 9
OTHER .................................. 91
REF .................................. -7
DK .................................... -8

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EDITS: IF MV07 IS CODED '8' (MATERNITY CARE (PRE/POSTNATAL)), CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.

IF MV07 IS CODED '9' (WELL CHILD EXAM), CHECK THAT PERSON IS < 7 YEARS OLD (OR AGE CATEGORIES 1 THROUGH 3). IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE UNAVAILABLE FOR PERSONS 7 AND OLDER. VERIFY AND RE-ENTER.

MV08

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

Was this {visit/telephone call} related to any specific health condition or were any conditions discovered during this {visit/telephone call}?

YES .................................... 1
NO ..................................... 2 {BOX 02}
REF .................................. -7 {BOX 02}
DK .................................... -8 {BOX 02}

DISPLAY ‘visit’ IF MV01 IS CODED ‘1’ (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS EVENT. DISPLAY ‘telephone call’ IF MV01 IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.

MV09

What conditions were discovered or led (PERSON) to make this (visit/telephone call)?

PROBE: Any other condition?

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

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

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

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

DISPLAY ‘visit’ IF MV01 IS CODED ‘1’ (SAW PROVIDER), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) FOR THIS EVENT. DISPLAY ‘telephone call’ IF MV01 IS CODED ‘2’ (TELEPHONE CALL) FOR THIS EVENT.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’
(RECEPTIONIST, CLERK, SECRETARY), GO TO MV11

OTHERWISE, CONTINUE WITH MV10

MV10

| (PERSON’S FIRST MIDDLE AND LAST NAME)  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT} |

SHOW CARD MV-2.

**Looking at this card, which of these treatments, if any, did (PERSON) receive during this visit?**

CODE ‘95’ IF NO TREATMENTS WERE RECEIVED.

CODE ALL THAT APPLY.

- PHYSICAL THERAPY ....................... 1
- OCCUPATIONAL THERAPY .................... 2
- SPEECH THERAPY .......................... 3
- CHEMOTHERAPY ............................ 4
- RADIATION THERAPY ........................ 5
- KIDNEY DIALYSIS .......................... 6
- IV THERAPY ............................... 7
- DRUG OR ALCOHOL TREATMENT .......... 8
- ALLERGY SHOT ............................ 9
- PSYCHOTHERAPY/COUNSELING ........... 10
- NO TREATMENTS RECEIVED ................ 95
- REF ................................... -7
- DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ALLOW CODE ‘95’ (NO TREATMENTS RECEIVED), ‘-7’ (REFUSED), AND ‘-8’ (DON’T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE ‘95’ WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.

EDIT: IF CODED ‘95’ (NO TREATMENTS RECEIVED), NO OTHER TREATMENT CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.’

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

- CODE ‘1’ = 'PHYS'
- CODE ‘2’ = 'OCCPT'
- CODE ‘3’ = 'SPCH'
- CODE ‘4’ = 'CHEMO'
- CODE ‘5’ = 'RADIA'
- CODE ‘6’ = 'KIDNY'
- CODE ‘7’ = 'IV'
- CODE ‘8’ = 'DRUG'
- CODE ‘9’ = 'ALRGY'
- CODE ‘10’ = 'PSYCH'
- CODE ‘95’ = 'NONE'

NOTE: ‘NO TREATMENT RECEIVED’ IS NOT DISPLAYED
Looking at this card, which of these services, if any, did (PERSON) have during this visit?

CODE ‘95’ IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.

LABORATORY TESTS ....................... 1
SONOGRAM OR ULTRASOUND ................. 2
X-RAYS ..................................... 3
MAMMOGRAM ............................... 4
MRI OR CATSCAN ......................... 5
EKG OR ECG ............................... 6
EEG ........................................ 7
VACCINATION ............................. 8
ANESTHESIA ................................ 9
OTHER DIAGNOSTIC TEST ................. 10
NO SERVICES RECEIVED .................. 95
REF ....................................... -7
DK ......................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ALLOW CODE ‘4’ (MAMMOGRAM) ONLY IF PERSON IS FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4 THROUGH 9).

ALLOW CODE ‘95’ (NO SERVICES RECEIVED), ‘-7’ (REFUSED), AND ‘-8’ (DON’T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE ‘95’ WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.

EDIT: IF CODED ‘95’ (NO SERVICES RECEIVED), NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.’

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

CODE ‘1’ = ‘LAB’
CODE ‘2’ = ‘ULTRA’
CODE ‘3’ = ‘X-RAYS’
CODE ‘4’ = ‘MAMMO’
CODE ‘5’ = ‘MRI’
CODE ‘6’ = ‘EKG’
CODE ‘7’ = ‘EEG’
CODE ‘8’ = ‘VACIN’
CODE ‘9’ = ‘ANEST’
CODE ‘10’ = ‘OTHER’
CODE ‘95’ = ‘NONE’
NOTE: ‘NO SERVICES RECEIVED’ IS NOT DISPLAYED ON SHOW CARD.

MV12

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

Was a surgical procedure performed on (PERSON) during this visit?

YES .................................... 1
NO ..................................... 2 {MV14}
REF ................................... -7 {MV14}
DK .................................... -8 {MV14}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

MV13

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

What was the name of the main surgical procedure?

ARTHROSCOPIC (VISUALIZATION OF JOINTS) SURGERY ...................... 1
CLEANING OR MEDICAL TREATMENT OF WOUND, INFECTION, OR BURN ............ 2
REMOVAL OF DISEASED TISSUE (EXCISION OF LESION) ........................... 3
STITCHES (WOUND SUTURE) .................... 4
EAR TUBES (TYMPANOSTOMY TUBES) ............ 5
OTHER ........................................... 91
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

MV14

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

During this {visit/telephone call}, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES .................................... 1
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

DISPLAY 'visit' IF MV01 IS CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS EVENT. DISPLAY 'telephone call' IF MV01 IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT.

MV15

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.....}  {EVN-DT}
Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescribed medicines from this visit that were filled?

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

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-PRESCRIBED-MEDICINES-ROSTER.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES).
3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.’

BOX_04

IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE WITH BOX_05

IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_07

BOX_05

IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO THIS PROVIDER FOR THIS PERSON, GO TO BOX_07

OTHERWISE, CONTINUE WITH BOX_06

BOX_06

IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS PERSON HAVE NOT COMPLETED THE MEDICAL PROVIDER VISITS UTILIZATION MODULE AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, CONTINUE WITH MV16

OTHERWISE, GO TO BOX_07
Earlier I recorded that (PERSON) had some other visits to (PROVIDER). Were any of these visits related to any condition associated with (PERSON)'s visit on (VISIT DATE)? That is, were any of the other visits for the (READ CONDITIONS BELOW) and did (PERSON) receive {(READ SERVICES BELOW)/the same services}?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PERSON'S MV MEDICAL CONDITION.)</td>
<td>(SERVICES RECEIVED..)</td>
</tr>
<tr>
<td>(PERSON'S MV MEDICAL CONDITION.)</td>
<td>(SERVICES RECEIVED..)</td>
</tr>
<tr>
<td>(PERSON'S MV MEDICAL CONDITION.)</td>
<td>(SERVICES RECEIVED..)</td>
</tr>
</tbody>
</table>

| YES .................................... | 1 |
| NO ..................................... | 2 {BOX_07} |
| REF ................................... | -7 {BOX_07} |
| DK .................................... | -8 {BOX_07} |

PRESS F1 FOR DEFINITION OF REPEAT VISITS.

Did any of these visits or calls cost the same amount as (PERSON)'s visit on (VISIT DATE)?

| YES .................................... | 1 |
| NO ..................................... | 2 {BOX_07} |
| REF ................................... | -7 {BOX_07} |
| DK .................................... | -8 {BOX_07} |

PRESS F1 FOR DEFINITION OF COST THE SAME AMOUNT.

NOTE: THE ISSUES OF COST WHEN THE PERSON HAS A COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE HANDLED IN THE F1 DEFINITION.
Which of the following visits were related to the (READ CONDITIONS BELOW) and ((READ SERVICES BELOW)/the same services) and cost the same amount as the (VISIT DATE) visit we’ve just talked about?

PROBE: Any other visits related to this condition and cost the same amount?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON’S MV MEDICAL CONDITION</td>
<td>SERVICES RECEIVED</td>
</tr>
<tr>
<td>PERSON’S MV MEDICAL CONDITION</td>
<td>SERVICES RECEIVED</td>
</tr>
<tr>
<td>PERSON’S MV MEDICAL CONDITION</td>
<td>SERVICES RECEIVED</td>
</tr>
</tbody>
</table>

To turn check mark on/off, use arrow keys, press enter. To leave, press ESC.

[1. Month, Day, Year-4]
[2. Month, Day, Year-4]
[3. Month, Day, Year-4]

Roster definition: This item displays all events (dates) in person’s medical-events-roster that were created this round, are not yet processed in utilization, have event type ‘MV’, and are associated with the same provider as the event being asked about.
(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE PROVIDER......)  (EVT-DT)

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS SELECTED IN PREVIOUS QUESTION:

[Enter Repeat Visit Group]

BOX_07

| IF THE CHARGE/PAYMENT (CP) SECTION IS NOT |
| COMPLETED FOR THIS MEDICAL PROVIDER VISIT (MV) |
| EVENT, GO TO THE CHARGE/PAYMENT (CP) SECTION |

| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION |
Over-the-Counter Medicines (OC) Section

OC01

{STR-DT}  {END-DT}

SHOW CARD OC-1.

Looking at this card, has anyone in the family purchased any of these types of over-the-counter medications {since (START DATE)/between (START DATE) and (END DATE)}?

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

PRESS F1 FOR DESCRIPTION OF OTC CATEGORIES LISTED ON CARD.

----------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5.                                      |
----------------------------------------------------

OC02

{STR-DT}   {END-DT}

SHOW CARD OC-1.

Which of the categories on this card best describe the types of over-the-counter medications anyone in the family has purchased {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE:  Any others?

CODE ALL THAT APPLY.

DIGESTIVE SYSTEM PROBLEMS .............. 1
RESPIRATORY PROBLEMS ................... 2
PAIN PROBLEMS ............................ 3
SKIN PROBLEMS ............................ 4
EYE/EAR/MOUTH PROBLEMS .................. 5
FEMININE PROBLEMS ........................ 6
GENERAL WELL-BEING PROBLEMS ............ 7
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

[Code All That Apply]

PRESS F1 FOR DESCRIPTION OF OTC CATEGORIES LISTED ON CARD.

----------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5.                                      |
----------------------------------------------------

OC03

{STR-DT}   {END-DT}

{OTC CATEGORIES: DIGESTIVE SYSTEM PROBLEMS} {RESPIRATORY PROBLEMS}
{PAIN PROBLEMS} {SKIN PROBLEMS} {EYE/EAR/MOUTH PROBLEMS}
{FEMININE PROBLEMS} {GENERAL WELL-BEING PROBLEMS}

Thinking about all purchases of over-the-counter medications (for (READ OTC CATEGORIES)), please give me your best estimate of how much the family has spent {since (START DATE)/between (START DATE) and (END DATE)}. 
PROBE: Is that \{since (START DATE)/between (START DATE) and (END DATE)\}, per month, per week, or what?

[Enter $ Amount] .............................. -7 \{OC04\}
DK ........................................ -8 \{OC04\}

DISPLAY 'OTC CATEGORIES:...' AND 'FOR (READ OTC CATEGORIES)' ONLY IF OC02 ≠ '-7' (REFUSED) OR '-8' (DON'T KNOW). IF OC02 = '-7' (REFUSED) OR '-8' (DON'T KNOW), USE A NULL DISPLAY.

DISPLAY 'DIGESTIVE SYSTEM PROBLEMS' IF OC02 IS CODED 1. DISPLAY 'RESPIRATORY PROBLEMS' IF OC02 IS CODED 2. DISPLAY 'PAIN PROBLEMS' IF OC02 IS CODED 3. DISPLAY 'SKIN PROBLEMS' IF OC02 IS CODED 4. DISPLAY 'EYE/EAR/MOUTH PROBLEMS' IF OC02 IS CODED 5. DISPLAY 'FEMININE PROBLEMS' IF OC02 IS CODED 6. DISPLAY 'GENERAL WELL-BEING PROBLEMS' IF OC02 IS CODED 7.

DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

OC03OV1
=======
Enter UNIT:

\{SINCE (START DATE)/BETWEEN (START DATE) AND (END DATE)\} .................. 1 \{BOX_01\}
PER MONTH .............................. 2 \{BOX_01\}
EVERY OTHER WEEK (2 TIMES PER MONTH) ... 3 \{BOX_01\}
PER WEEK ............................... 4 \{BOX_01\}
OTHER ................................. 91
REF ................................... -7 \{BOX_01\}
DK .................................... -8 \{BOX_01\}

[Code One]

DISPLAY 'SINCE (START DATE)' IF NOT ROUND 5. DISPLAY 'BETWEEN (START DATE) AND (END DATE)' IF ROUND 5.

OC03OV2
=======
Enter OTHER:

[Enter Other Specify] ........................ -7 \{BOX_01\}
REF ...................................... -7 \{BOX_01\}
DK ...................................... -8 \{BOX_01\}

OC04
====

(STR-DT) \{END-DT\}

[About how much has the family spent on all purchases of over-the-counter medications \{since (START DATE)/between (START DATE) and (END DATE)\} ?]

Would you say $5 to $10, $10 to $25, or what?
ENTER DOLLAR AMOUNT OF LOWER RANGE:

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

ENTER DOLLAR AMOUNT OF UPPER RANGE:

[Enter $ Amount] ........................
REF ...................................... -7
DK ....................................... -8

----------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5.     |
| DISPLAY 'between (START DATE) and (END DATE)' IF  |
| ROUND 5.                                          |
----------------------------------------------------

----------------------------------------------------
| EDIT: LOWER RANGE OF ESTIMATE MUST BE LESS         |
| THAN OR EQUAL TO UPPER RANGE OF ESTIMATE.         |
----------------------------------------------------

BOX_01

----------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION                   |
----------------------------------------------------
Old Employment and Private Related Insurance (OE) Section

BOX_01
-------

IF ONE OR MORE RU MEMBERS STILL HOLD A 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS ROUND THAT WAS REPORTED DURING THE PREVIOUS ROUND AS PROVIDING HEALTH INSURANCE ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW, THAT IS:

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE RU MEET THE FOLLOWING CONDITIONS:
- RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON IS A JOBOHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1,

CONTINUE WITH LOOP_01

---

OTHERWISE, GO TO BOX_10

---

NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND'S INTERVIEW DATE, THE FIFTH CONDITION IN THE ABOVE BOX CAN BE MET IF AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER’S INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE. THE LOOP WILL CYCLE ON THE POLICYHOLDER’S NAME.

---

NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED, INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT ROUND'S INTERVIEW DATE, BUT WHERE THE ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO ARE STILL RU MEMBERS MAY STILL QUALIFY FOR LOOP_01.

LOOP_01
-------

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK OE01 - END_LP01.

---

LOOP DEFINITION:
LOOP_01 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH A 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THAT WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS ROUND FOR THIS PAIR, AND
OE01
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT........}  {STR-DT}  {END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health insurance.  {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES ...................................  1 {BOX_02}
NO ....................................  2
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

---

DISPLAY ‘(Are/Is)’ IF NOT ROUND 5.  DISPLAY ‘(Was/Were)’ IF ROUND 5.

DISPLAY ‘today,’’ IF NOT ROUND 5.  OTHERWISE, USE A NULL DISPLAY.

OE02
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT........}  {STR-DT}  {END-DT}

On what date did (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-4] ...........

REF ................................... -7
DK .................................... -8

---


---

IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE02OV

---

otherwise, go to BOX_02

---

OE02OV
====
Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH ..........................  2
REF ................................. -7
DK ................................. -8

[Code One]

BOX_02
=====

----------------------------------------
| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT | |
| THE PREVIOUS ROUND'S INTERVIEW DATE BY THE | |
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, | |
| AUTOMATICALLY CODE OE03 AS ‘1’ (YES) AND GO TO | |
| BOX_03 |
----------------------------------------

----------------------------------------
| OTHERWISE, CONTINUE WITH OE03 |
----------------------------------------

OE03
=====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF
ESTABLISHMENT...........) (STR-DT)
(END-DT)

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT).

(Are/Were) they all covered by this health insurance (until
{(OE02 DATE)/it ended}/on (END-DT))?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

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

----------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB- |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND'S |
| INTERVIEW DATE BY THE INSURANCE FROM THIS |
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |
| POLICYHOLDER |
| - PERSON IS AN RU MEMBER |
----------------------------------------

----------------------------------------
| DISPLAY ‘Are’ IF OE01 IS CODED ‘1’ (YES). |
| DISPLAY ‘Were’ IF OE01 IS CODED ‘2’ (NO) OR IF |
| CURRENT ROUND IS ROUND 5. |
| DISPLAY ‘until {OE02 DATE}’ IF OE01 IS CODED ‘2’ |
| (NO). |
| DISPLAY ‘on (END-DT)’ IF OE01 IS CODED ‘1’ (YES). |
| DISPLAY THE DATE RECORDED AT OE02 FOR ‘OE02 DATE’. |
| IF THE MONTH AND DAY FIELD AT OE02 IS CODED ‘-7’ |
| (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ |
| FOR ‘OE02 DATE’. |
----------------------------------------
IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS:

IF OE01 IS CODED '1' (YES) AND OE03 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD END DATE AND

GO TO BOX_05

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS:

IF OE01 IS CODED '2' (NO) AND OE03 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE02 AND

GO TO BOX_05

OTHERWISE (I.E., OE03 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH OE04

OE04

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.........} {STR-DT} {END-DT}

Who {is/was} no longer covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {until {{OE02 DATE}/it ended}/on (END-DT)}?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND'S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
- PERSON IS AN RU MEMBER

DISPLAY 'is' IF OE01 IS CODED '1' (YES).
DISPLAY 'was' IF OE01 IS CODED '2' (NO) OR IF CURRENT ROUND IS ROUND 5.
DISPLAY 'until {OE02 DATE}' IF OE01 IS CODED '2' (NO).
DISPLAY 'on (END-DT)' IF OE01 IS CODED '1' (YES).
DISPLAY THE DATE RECORDED AT OE02 FOR 'OE02 DATE'. IF THE MONTH AND DAY FIELD AT OE02 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' FOR 'OE02 DATE'.
IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '1' (YES)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE04 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '2' (NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE04 AS 'CONTINUOUS COVERAGE' FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE02.

LOOP_02
=======

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE05 - END_LP02.

LOOP DEFINITION:  LOOP_02 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE02. THIS LOOP CYCLES ON PERSONS SELECTED AT OE04.

OE05
====

PERSON’S FIRST MIDDLE AND LAST NAME) (NAME OF ESTABLISHMENT........) (STR-DT) (END-DT)

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-4] ..........  
REF  ..................................... -7  
DK .......................................... -8

IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE05OV.

OTHERWISE, GO TO BOX_04

OE05OV
======

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH .................................. 1  
PART OF THE MONTH ............................ 2  
REF  ......................................... -7  
DK .......................................... -8

[Code One]
FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' THROUGH THE COMPLETE DATE RECORDED AT OE05 AND OEO50V.

CYCLE ON NEXT PERSON IN THE RU-ESTB-FLCYHDLR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH BOX_05

IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU MEMBERS NOT COVERED BY THIS INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU MEMBERS JUST MARKED AS NO LONGER COVERED IN OEO4), CONTINUE WITH OEO6

OTHERWISE, GO TO OEO8A

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT........}   {STR-DT}   {END-DT}

{Since (START DATE)/between (START DATE) and (END DATE)}, have any persons living here, we have not yet mentioned, been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ...................................  1
NO ....................................  2 {OEO8A}
REF ..................................... -7 {OEO8A}
DK ..................................... -8 {OEO8A}

PRESS F1 FOR DEFINITION OF DEPENDENT.

DISPLAY 'Since (START DATE)' IF NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT........}   {STR-DT}   {END-DT}

Who {has been/was} covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE.

DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON THIS ROSTER.

WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER.

IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS ‘COVERING PERSON NOT LISTED IN RU’.

DISPLAY ‘has been’ AND ‘since (START DATE)’ IF NOT ROUND 5. DISPLAY ‘was’ AND ‘between (START DATE) and (END DATE)’ IF ROUND 5.

LOOP_03
=======

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE08 - END_LP03.

LOOP DEFINITION: LOOP_03 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE07.

OE08
=====

(PERSON’S FIRST MIDDLE AND LAST NAME)   (NAME OF ESTABLISHMENT...........)   (STR-DT)
(END-DT)

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8

IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE08OV

OTHERWISE, GO TO BOX_06
Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

whole month ...........................  1
part of the month .....................  2
ref  .................................... -7
dk  .................................... -8

[Code One]

EDIT: COMPLETE DATE AT OE08 MUST BE < THAN COMPLETE DATE AT OE02 IF A DATE IS RECORDED AT OE02 OR < THAN REFERENCE PERIOD END DATE IF NO DATE IS RECORDED AT OE02.

----------
box_06
----------

if family still has insurance through this establishment-person-pair (oe01 is coded '1' yes), flag insurance for this person as 'continuous coverage' from date recorded at oe08 until the reference period end date.

if family does not still have insurance through establishment-person-pair (oe01 is coded '2' (no)) flag insurance for this person as 'continuous coverage' from date recorded at oe08 until date recorded at oe02.

end lp03

---

if no other persons meet the stated conditions, end loop_03 and go to box_07

---

oe08a

[policyholder first middle last name] (name of establishment........) (str-dt)
(end-dt)

(Does/between (start date) and (end date), did) (policyholder)'s health coverage through (establishment) cover as dependents any persons who do not live here?

yes  ....................................  1
no  .....................................  2
ref  .................................... -7
dk  .................................... -8

press f1 for definition of dependent.

---

display ‘does’ if not round 5. display ‘between |
(START DATE) and (END DATE), did’ IF ROUND 5.

IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT
LISTED IN RU' IN OE07

IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE
INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR
ON THE CURRENT ROUND’S INTERVIEW DATE, THAT IS,
OE01 IS CODED ‘1’ (YES), CONTINUE WITH OE09

OTHERWISE, GO TO END_LP01

OE09

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT...........}    {STR-DT}
(END-DT)

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME(S) BELOW).}

{Since (START DATE), has there been/Between (START DATE) and
(END DATE), was there} any change in the plan name of the health
insurance (POLICYHOLDER) {has/had} through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

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

ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL
INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-
ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND
PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE
SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED
WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-
PERSON-PAIR.

DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER
NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-
PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING
MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME
DURING THE PREVIOUS ROUND.

DISPLAY ‘Since (START DATE), has there been’ AND
‘has’ IF NOT ROUND 5.  DISPLAY ‘Between (START
DATE) and (END DATE), was there’ AND ‘had’ IF
ROUND 5.

IF CODED '2' (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T
KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT
ROUND'S INSURER FOR THIS ESTABLISHMENT-PERSON-PAIR.

SHOW CARD OE-1.

What type of health insurance (do/does/did) (POLICYHOLDER) (now) have through (ESTABLISHMENT)"s new plan (on (END DATE))? CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN HMO 1
DENTAL ........................................ 2
PRESCRIPTION DRUGS ........................................ 3
VISION ........................................ 4
MEDICARE SUPPLEMENT/MEDIGAP ............................... 5
LONG TERM CARE IN A NURSING HOME .............. 6
EXTRA CASH FOR HOSPITAL STAYS .............. 7
SERIOUS DISEASE OR DREAD DISEASE ........... 8
DISABILITY ....................................... 9
WORKER'S COMPENSATION .............................. 10
ACCIDENT .......................................... 11
OTHER ........................................... 91
REF ........................................ -7
DK ....................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]

----

DISPLAY '{do/does}' IF NOT ROUND 5. DISPLAY 'did'
DISPLAY '{now}' IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.
DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

--

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE10OV

--

OTHERWISE, GO TO BOX_08

OE10OV

ENTER OTHER:

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

BOX_08

--

IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP), ALONE OR WITH ANY OTHER COMBINATION OF CODES,
CONTINUE WITH OE11

OTHERWISE, GO TO END_LP01

NOTE: ALL ESTABLISHMENTS WHICH ARE BEING LOOPED ON HERE ARE EMPLOYERS. THEREFORE, IT IS NOT NECESSARY TO AUTOMATICALLY CODE OE11 IF THE ESTABLISHMENT IS AN INSURANCE CO. OR HMO (BECAUSE WE KNOW IT IS NOT).

OE11
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)  (NAME OF ESTABLISHMENT........)  (STR-DT)
(END-DT)

What is the new plan name for (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare Supplement or Medigap benefit}?

PROBE: Any other new plan names? RECORD NAMES OF ALL INSURERS THAT PROVIDE {HOSPITAL/MEDIGAP} BENEFITS FOR THIS PAIR.

1=INS CO  2=HMO  3=COMPANY IS SELF-INSURED

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>OE11_01. NAME OF INSURER</th>
<th>OE11_02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

DISPLAY 'hospital and physician benefits' AND 'HOSPITAL' IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP). DISPLAY 'Medicare supplement or Medigap benefits' AND 'MEDIGAP' IF OE10 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP).

WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.

FLAG INSURER(S) COLLECTED AT OE11 AS CURRENT ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF OE10 IS CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) FLAG INSURANCE CO./HMO AS ‘SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)’ FOR THE CURRENT ROUND.

IF OE10 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT ‘5’ (MEDICARE SUPPLEMENT/
INSURER ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER SHOULD BE BLANK. ALL PREVIOUS INSURERS PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR MEDIGAP ARE BEING REPLACED FOR THE CURRENT ROUND WITH ALL INSURERS COLLECTED HERE.
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'

LOOP_04

FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX_09 - END_LP04.

LOOP DEFINITION: LOOP_04 COLLECTS MANAGED CARE INFORMATION FOR INSURERS COLLECTED AT OE11 THAT ARE NOT ALREADY FLAGGED AS 'HMO'. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT
- INSURER IS ENTERED AT OE11 AND INSURER IS CODED '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT NOT '2' (HMO)

BOX_09

ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER AT COMPLETION OF MANAGED CARE (MC) SECTION, CONTINUE WITH END_LP04

END_LP04

CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER INSURERS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH END_LP01

END_LP01
Cycle on next pair in the RU-establishment-person-pairs-roster that meets the conditions stated in the loop definition.

If no other pairs meet the stated conditions, end loop_01 and continue with box_10

Box_10

If one or more RU members does not still hold a 'current main' or 'current miscellaneous' job this round that was reported during the previous round as providing health insurance on the date of the previous round's interview, that is:

If one or more establishment-person-pairs in the RU meet the following conditions:
- RJ01 or RJ06 was coded '2' (No), '-7' (Refused), '-8' (Don't know) during this round for this pair, and
- Person was a jobholder at establishment, and
- Person is flagged as the policyholder of this insurance, and
- Establishment is an employer flagged during the previous round as 'provides health insurance' and,
- The health insurance provided by establishment covered person on the date of the previous round's interview (HQ01 was coded '1' (Whole time) or HQ02 was coded '1' (Yes) in the previous round), and
- Job at establishment is not flagged as 'self-employed' with a firm-size-1,

continue with loop_05

Otherwise, go to box 19

Note: If policyholder was not physically present in the RU on the previous round's interview date, the fifth condition in the above box can be met if at least one dependent was covered by policyholder's insurance on the previous round's interview date. Coverage for the policyholder is assumed in that case and the loop will cycle on the policyholder's name.

Note: Establishment-person-pairs where the policyholder is out-of-scope (e.g., deceased, institutionalized, out of country) on the current round's interview date, but where the establishment-person-pair covered dependents who are still RU members may still qualify for loop_05.

Loop_05

For each element in the RU-establishment-person-pairs-roster, ask OE12-END_LP05.

Loop definition:
LOOP 05 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH A NO LONGER HELD 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THAT WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED '2' (NO), '-7' (REFUSED), '-8' (DON'T KNOW) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1.

OE12
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT.........}  {STR-DT}  {END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health insurance. (Are/is)/(Were/was) (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES ................................... 1 {OE16}
NO .................................... 2
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

DISPLAY '(Are/is)' IF NOT ROUND 5. DISPLAY '(Was/were)' IF ROUND 5.
DISPLAY 'today,' IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.

OE13
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT.........}  {STR-DT}  {END-DT}

Did the health insurance (POLICYHOLDER) had through (ESTABLISHMENT) continue for any period of time after (POLICYHOLDER) stopped working at (ESTABLISHMENT)?

YES ................................... 1 {OE16}
NO .................................... 2 {OE15}
REF ................................... -7 {OE15}
DK .................................... -8 {OE15}

OE14
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT.........}  {STR-DT}  {END-DT}

Did that health insurance continue through COBRA?
On what date did (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-4] ..........  
REF ................................... -7  
DK .................................... -8


| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE15OV |

| OTHERWISE, GO TO BOX_11 |

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1 {BOX_11}  
PART OF THE MONTH ..........................  2 {BOX_11}  
REF ................................... -7 {BOX_11}  
DK .................................... -8 {BOX_11}

[Code One]
OE17

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)  (NAME OF ESTABLISHMENT ........)  (STR-DT)
(END-DT)

During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT).

(Are/Were) they all covered by this health insurance (until (OE15 DATE)/it ended)/on (END-DT))?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

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

| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
| - PERSON IS AN RU MEMBER

DISPLAY ’Are’ IF OE12 IS CODED ’1’ (YES).
DISPLAY ’Were’ IF OE12 IS CODED ’2’ (NO) OR IF CURRENT ROUND IS ROUND 5.

DISPLAY ’until (OE15 DATE)’ IF OE12 IS CODED ’2’ (NO). DISPLAY ’on (END-DT)’ IF OE12 IS CODED ’1’ (YES).

DISPLAY THE DATE RECORDED AT OE15 FOR ’OE15 DATE’. IF THE MONTH AND DAY FIELD AT OE15 IS CODED ’-7’ (REFUSED) OR ’-8’ (DON’T KNOW), DISPLAY ’it ended’ FOR ’OE15 DATE’.

BOX_12

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS:
IF OE12 IS CODED ’1’ (YES) AND OE17 IS CODED ’1’ (YES),
FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS ’CONTINUOUS COVERAGE’ THROUGH THE REFERENCE PERIOD END DATE AND
IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS:

IF OE12 IS CODED '2' (NO) AND OE17 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE15 AND

GO TO BOX_14

OTHERWISE (I.E., OE17 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH OE18

OE18

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT........}   {STR-DT}  
{END-DT}

Who {is/was} no longer covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {until {{OE15 DATE}/it ended}/
on (END-DT)}?

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

[1. First Name, [Middle Name], Last Name-65]  
[2. First Name, [Middle Name], Last Name-65]  
[3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: - PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER - PERSON IS AN RU MEMBER

DISPLAY 'is' IF OE12 IS CODED '1' (YES).  
DISPLAY 'was' IF OE12 IS CODED '2' (NO) OR IF CURRENT ROUND IS ROUND 5.

DISPLAY 'until {OE15 DATE}' IF OE12 IS CODED '2' (NO).  DISPLAY 'on (END-DT)' IF OE12 IS CODED '1' (YES).

DISPLAY THE DATE RECORDED AT OE15 FOR 'OE15 DATE'. IF THE MONTH AND DAY FIELD AT OE15 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ FOR ‘OE15 DATE’.

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '1' (YES)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE18 AS 'CONTINUOUS COVERAGE' FROM THE REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '2', (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED
LOOP_06
=======

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE19 - END_LP06.

LOOP DEFINITION: LOOP_06 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE15. THIS LOOP CYCLES ON PERSONS SELECTED AT OE18.

OE19 ==
{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT.........} {STR-DT} {END-DT}

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8

IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE19OV

OTHERWISE, GO TO BOX_13

OE19OV ==

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ........................ 2
REF ................................... -7
DK .................................... -8

[Code One]

BOX_13 ==

FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' THROUGH THE COMPLETE DATE RECORDED AT OE19 AND OE19OV.

END_LP06 =====

CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.
Box_14

---

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_14

---

Box_14

---

IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU MEMBERS NOT COVERED BY THIS INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE, EXCLUDES RU MEMBERS JUST MARKED AS NO LONGER COVERED IN OE18), CONTINUE WITH OE20

---

OTHERWISE, GO TO OE22A

---

OE20

---

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT..........}  {STR-DT}  {END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, have any persons living here, that we have not yet mentioned, been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ...................................  1
NO ....................................  2 {OE22A}
REF ..................................... -7 {OE22A}
DK ..................................... -8 {OE22A}

PRESS F1 FOR DEFINITION OF DEPENDENT.

---

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

---

OE21

---

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT..........}  {STR-DT}  {END-DT}

Who {has been/was} covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

---

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.
DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON THIS ROSTER.

WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER.

IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU'.

DISPLAY 'has been' AND 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'was' AND 'between (START DATE) and (END DATE)' IF ROUND 5.

LOOP_07
======

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE22 - END_LP07.

LOOP DEFINITION: LOOP_07 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE21.

OE22
====

(PERSON’S FIRST MIDDLE AND LAST NAME) (NAME OF ESTABLISHMENT........) (STR-DT) (END-DT)

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8

IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE22OV

OTHERWISE, GO TO BOX_15

OE22OV
=====

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ..................... 2
REF ................................... -7
DK .................................... -8

[Code One]
EDIT: COMPLETE DATE AT OE22 MUST BE < THAN COMPLETE DATE AT OE15 IF A DATE IS RECORDED AT OE15 OR < THAN REFERENCE PERIOD END DATE IF NO DATE IS RECORDED AT OE15.

BOX_15 ======

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '1' (YES)), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE22 UNTIL THE REFERENCE PERIOD END DATE.

END_LP07 =======

CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_07 AND GO TO BOX_16

OE22A =====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

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

PRESS F1 FOR DEFINITION OF DEPENDENT.

DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5.

IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU' IN OE21

BOX_16 ======

IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ON THE CURRENT ROUND'S INTERVIEW DATE, THAT IS,
OE12 is coded ‘1’ (YES), continue with OE23

Otherwise, go to END_LP05

OE23

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT........}  {STR-DT}  {END-DT}

{Last time we recorded that (POLICYHOLDER) (were/was) covered by (READ INSURER NAME(S) BELOW).}

{Since (START DATE), has there been/Between (START DATE) and (END DATE), was there any change in the plan name of the health insurance (POLICYHOLDER) {has/had} through (ESTABLISHMENT)?

To scroll, use arrow keys.
To leave box and go to entry field, press ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ...................................  1
NO ....................................  2 {END_LP05}
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

Roster definition: This item displays all insurers in the RU-ESTB-PERSON-INSURER-TRIPLES roster that are flagged as ‘supplying hospital and physician benefits’ and/or ‘supplying medicare supplement/medigap benefits’ and are associated with the insurance through this establishment-person-pair.

Display first paragraph and the roster of insurer names if the insurance through this establishment-person-pair had any insurers flagged as providing medigap or hospital/physician benefits at any time during the previous round.

Display ‘Since (START DATE), has there been’ and ‘has’ if not round 5. Display ‘Between (START DATE) and (END DATE), was there’ and ‘had’ if round 5.

If coded ‘2’ (NO), ‘-7’ (REFUSED), or ‘-8’ (DON’T KNOW), flag previous round’s insurer as current round’s insurer for this establishment-person-pair.

OE24

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT........}  {STR-DT}  {END-DT}

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER) (now) have through (ESTABLISHMENT)’s new plan {on (END DATE)}?
CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS,  
INCLUDING COVERAGE THROUGH AN HMO ... 1
DENTAL ........................................ 2
PRESCRIPTION DRUGS .......................... 3
VISION .......................................... 4
MEDICARE SUPPLEMENT/MEDIGAP ............. 5
LONG TERM CARE IN A NURSING HOME ....... 6
EXTRA CASH FOR HOSPITAL STAYS .......... 7
SERIOUS DISEASE OR DREAD DISEASE ...... 8
DISABILITY ................................. 9
WORKER'S COMPENSATION ........................ 10
ACCIDENT ...................................... 11
OTHER ......................................... 91
REF ...................................... -7
DK ......................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]

---------------------------------------------------------------------
| DISPLAY 'do/does)' IF NOT ROUND 5. DISPLAY 'did' IF ROUND 5. |
| DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE24OV |
---------------------------------------------------------------------

| OTHERWISE, GO TO BOX_17 |
---------------------------------------------------------------------

OE24OV ======

ENTER OTHER:

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

BOX_17 ======

---------------------------------------------------------------------
| IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP), ALONE OR WITH ANY OTHER COMBINATION OF CODES, CONTINUE WITH OE25 |
---------------------------------------------------------------------

| OTHERWISE, GO TO END_LP05 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| NOTE: ALL ESTABLISHMENTS WHICH ARE BEING LOOPED ON HERE ARE EMPLOYERS. THEREFORE, IT IS NOT NECESSARY TO AUTOMATICALLY CODE OE25 IF THE ESTABLISHMENT IS AN INSURANCE CO. OR HMO (BECAUSE WE KNOW IT IS NOT). |
---------------------------------------------------------------------

OE25
What is the new plan name for (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare supplement or Medigap benefit}?

PROBE: Any other new plan names? RECORD NAMES OF ALL INSURERS THAT PROVIDE (HOSPITAL/MEDIGAP) BENEFITS FOR THIS PAIR.

1=INS CO  2=HMO  3=COMPANY IS SELF-INSURED

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>OE25_01. NAME OF INSURER</th>
<th>OE25_02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

DISPLAY 'hospital and physician benefits' AND 'HOSPITAL' IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP). DISPLAY 'Medicare supplement or Medigap benefits' AND 'MEDIGAP' IF OE24 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP).

WRITE INSURER(S) TO THE RU-ESTB-PERSON-INSURER-TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.

FLAG INSURER(S) COLLECTED AT OE25 AS CURRENT ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF OE24 IS CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)’ FOR THE CURRENT ROUND.

IF OE24 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT ROUND.

INSURER ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER SHOULD BE BLANK. ALL PREVIOUS INSURERS PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR MEDIGAP ARE BEING REPLACED FOR THE CURRENT ROUND WITH ALL INSURERS COLLECTED HERE.
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN
INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'

LOOP_08

FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX_18 - END_LP08.

LOOP DEFINITION: LOOP_08 COLLECTS MANAGED CARE INFORMATION FOR INSURERS COLLECTED AT OE25 THAT ARE NOT ALREADY FLAGGED AS 'HMO'. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISH-PERSON PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT
- INSURER IS ENTERED AT OE25 AND INSURER IS CODED '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT NOT '2' (HMO)

BOX_18

ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER AT COMPLETION OF MANAGED CARE (MC) SECTION, CONTINUE WITH END_LP08

END_LP08

CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER INSURERS MEET THE STATED CONDITIONS, END LOOP_08 AND CONTINUE WITH END_LP05

END_LP05

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_19

BOX_19
IF ONE OR MORE OR RU MEMBERS WAS COVERED BY INSURANCE THROUGH A NON-CURRENT EMPLOYER FROM THE PREVIOUS ROUND, AN EMPLOYER FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE-1, OR A DIRECT PURCHASE SOURCE ON THE PREVIOUS ROUND’S INTERVIEW DATE, THAT IS:

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE RU MEETS THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES:
  - FLAGGED AS A DIRECT PURCHASE SOURCE
  - FLAGGED AS AN ‘EMPLOYER’ WITH FIRM-SIZE-1, FLAGGED DURING THE PREVIOUS ROUND AS ‘PROVIDES HEALTH INSURANCE’, OR
  - FLAGGED AS AN ‘EMPLOYER’ WITH FIRM-SIZE-GREATER-THAN-1, FLAGGED DURING THE PREVIOUS ROUND AS ‘PROVIDES HEALTH INSURANCE’, AND HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING THE PREVIOUS ROUND:
    - ‘FORMER MAIN WITHIN REFERENCE PERIOD’
    - ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’
    - ‘LAST JOB OUTSIDE REFERENCE PERIOD’
    - ‘RETIREMENT JOB’
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ WAS CODED ‘1’ (WHOLE TIME) OR HQ02 WAS CODED ‘1’ (YES) IN THE PREVIOUS ROUND);

CONTINUE WITH LOOP_09

OTHERWISE, GO TO BOX_29

NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND’S INTERVIEW DATE, THE LAST CONDITION IN THE ABOVE BOX CAN BE MET IF AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER’S INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE. THE LOOP WILL CYCLE ON THE POLICYHOLDER’S NAME.


LOOP_09

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-
LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH A NON-CURRENT EMPLOYER FROM THE PREVIOUS ROUND. AN EMPLOYER FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, OR A DIRECT PURCHASE SOURCE THAT WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES:
  - FLAGGED AS A DIRECT PURCHASE SOURCE
  - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1, FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', OR
  - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-GREATER-THE-1, FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', AND HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING THE PREVIOUS ROUND:
    - 'FORMER MAIN WITHIN REFERENCE PERIOD'
    - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'
    - 'LAST JOB OUTSIDE REFERENCE PERIOD'
    - 'RETIREMENT JOB'
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ WAS CODED ‘1’ (WHOLE TIME) OR HQ02 WAS CODED ‘1’ (YES) IN THE PREVIOUS ROUND)

IF THE POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN RU (DU)' OR 'POLICYHOLDER DECEASED', CONTINUE WITH OE25A.

OTHERWISE, GO TO OE26.

OE25A

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.......} {STR-DT} {END-DT}

INTERVIEWER: IF (POLICYHOLDER)’S NAME IS LISTED ON THE ROSTER BELOW, SELECT IT. IF NOT, SELECT 'NAME NOT ON ROSTER' AND CONTINUE.

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

[1. First Name,[Middle Name],Last Name-35] .
[2. First Name,[Middle Name],Last Name-35] .
[3. First Name,[Middle Name],Last Name-35] .
REF ................................. -7
DK ................................. -8

[Code One]
ON THE DU-MEMBERS-ROSTER.
---------------------------------------------------
DISPLAY 'NAME NOT ON ROSTER' AS LAST ENTRY ON THIS
ROSTER.
---------------------------------------------------

IF A DU MEMBER’S NAME IS SELECTED FROM THE
ROSTER, REPLACE THIS NAME AS THE CURRENT
POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR.
IF 'NAME NOT ON ROSTER' SELECTED LEAVE THE
POLICYHOLDER NAME OF THIS ESTABLISHMENT-PERSON-
PAIR AS IS.
---------------------------------------------------

OE26
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT........}    {STR-DT}
(END-DT)

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health insurance. {Are/Is}/(Were/Was) (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES .................................... 1
NO ..................................... 2 {OE28}
REF ................................... -7 {END_LP09}
DK .................................... -8 {END_LP09}

DISPLAY '{Are/Is}' IF NOT ROUND 5. DISPLAY
'Was/Were' IF ROUND 5.
DISPLAY 'today,' IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.

IF CODED '1' (YES) AND THIS ESTABLISHMENT-PERSON-
PAIR IS AN ESTABLISHMENT FLAGGED AS 'SELF-
EMPLOYED' WITH FIRM-SIZE-1, CONTINUE WITH OE27

IF CODED '1' (YES) AND ESTABLISHMENT-PERSON-PAIR
IS NOT AN ESTABLISHMENT WITH FIRM-SIZE-1, GO TO
BOX_20

OE27
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT........}    {STR-DT}
(END-DT)

Is this insurance still through (POLICYHOLDER)’s self-employed business?

YES .................................... 1 {BOX_20}
NO ..................................... 2 {BOX_20}
REF ................................... -7 {BOX_20}
DK .................................... -8 {BOX_20}

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

OE28
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT........}    {STR-DT}
(END-DT)

On what date did (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-4] ........
REF ................................. -7
DK ................................. -8

EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED
CANNOT BE AFTER 12/31/1999. IF A DATE AFTER
12/31/1999 IS ENTERED, DISPLAY THE FOLLOWING
MESSAGE: 'DATE CANNOT BE AFTER 12/31/1999. IF
INSURANCE ENDED AFTER 12/31/1999, USE CTRL/B TO
BACK-UP AND CHANGE RESPONSE TO OE26.

| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED)
| OR '-8' (DON'T KNOW), CONTINUE WITH OE28OV
|otherwise, go to BOX_20

OE28OV

Can you just tell me if (POLICYHOLDER) was covered under that
insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH ........................  2
REF ................................. -7
DK ................................. -8

[Code One]

BOX_20

| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT
| THE PREVIOUS ROUND'S INTERVIEW DATE BY THE
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,
| AUTOMATICALLY CODE OE29 AS ‘1’ (YES) AND GO TO
| BOX_21
| otherwise, continue with OE29

OE29

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT............)    {STR-DT}
(END-DT)

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT).

{Are/Were} they all covered by this health insurance {until
{{OE28 DATE}/it ended}/on (END-DT)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT)
(PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT)

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

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND'S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
- PERSON IS AN RU MEMBER

DISPLAY 'Are' IF OE26 IS CODED '1' (YES).
DISPLAY 'Were' IF OE26 IS CODED '2' (NO) OR IF CURRENT ROUND IS ROUND 5.
DISPLAY 'until {OE28 DATE}' IF OE26 IS CODED '2' (NO). DISPLAY 'on (END-DT)' IF OE26 IS CODED '1' (YES).
DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'. IF THE MONTH AND DAY FIELD AT OE28 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' FOR 'OE28 DATE'.

BOX_21
=====

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS:
IF OE26 IS CODED '1' (YES) AND OE29 IS CODED '1' (YES),
FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD END DATE AND
GO TO BOX_23

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS:
IF OE26 IS CODED '2' (NO) AND OE29 IS CODED '1' (YES).
FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE28 AND
GO TO BOX_23

OTHERWISE (I.E., OE29 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH OE30

OE30
=====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT...........) (STR-DT) (END-DT)

Who {is/was} no longer covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {until (OE28 DATE)/it ended}/
on (END-DT))? 

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND'S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
- PERSON IS AN RU MEMBER

DISPLAY 'is' IF OE26 IS CODED '1' (YES).  
DISPLAY 'was' IF OE26 IS CODED '2' (NO) OR IF CURRENT ROUND IS ROUND 5.  

DISPLAY 'until (OE28 DATE)' IF OE26 IS CODED '2' (NO).  
DISPLAY 'on (END-DT)' IF OE26 IS CODED '1' (YES).

DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'.  
IF THE MONTH AND DAY FIELD AT OE28 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' FOR 'OE28 DATE'.

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '1' (YES)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE30 AS 'CONTINUOUS COVERAGE' FROM THE REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '2' (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE30 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE28

LOOP_10


LOOP DEFINITION: LOOP_10 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE28. THIS LOOP CYCLES ON PERSONS SELECTED AT OE30.

OE31

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT}  
(END-DT)

On what date did the health insurance through (ESTABLISHMENT)
end for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ..................................... -7
DK ....................................... -8

----------------------------------------------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
| OR '-8' (DON'T KNOW), CONTINUE WITH OE31OV         |

----------------------------------------------------
| OTHERWISE, GO TO BOX_22                          |
----------------------------------------------------

OE31OV =====

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ........................ 2
REF ..................................... -7
DK ....................................... -8

[Code One]

BOX_22 =====

----------------------------------------------------
| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE'|
| THROUGH THE COMPLETE DATE RECORDED AT OE31 AND |
| OE31OV.                                          |
----------------------------------------------------

END_LP10 =====

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS|
| STATED IN THE LOOP DEFINITION.                  |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_10 AND CONTINUE WITH BOX_23           |
----------------------------------------------------

BOX_23 =====

----------------------------------------------------
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY |
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,|
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE     |
| PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU |
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE30),|
| CONTINUE WITH OE32                               |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO OE34A                           |
----------------------------------------------------

OE32 ====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT...........}    {STR-DT}
(Since (START DATE)/Between (START DATE) and (END DATE)), have any persons living here, we have not yet mentioned, been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ................................... 1
NO .................................... 2 {OE34A}
REF ................................... -7 {OE34A}
DK .................................... -8 {OE34A}

PRESS F1 FOR DEFINITION OF DEPENDENT.

| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
| ROUND 5. |

OE33

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} (STR-DT)

Who {has been/was} covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

Roster Definition: This item displays all persons on the RU-MEMBERS-ROSTER who were not covered by the insurance through this establishment-person-pair on the previous round’s interview date.

DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON THIS ROSTER.

WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER.

IF ‘PERSON NOT LISTED IN RU’ IS SELECTED, FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS ‘COVERING PERSON NOT LISTED IN RU’.

DISPLAY ‘has been’ AND ‘since (START DATE)’ IF NOT ROUND 5. DISPLAY ‘was’ AND ‘between (START DATE) and (END DATE)’ IF ROUND 5.

LOOP_11

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE34 - END LP11.
LOOP DEFINITION: LOOP 11 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE33.

OE34

(PERSON’S FIRST MIDDLE AND LAST NAME)    (NAME OF ESTABLISHMENT........)    (STR-DT)
(END-DT)

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ....................................... -7
DK .........................................-8

| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE34OV

| OTHERWISE, GO TO BOX_24

OE34OV

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH .................................... 1
PART OF THE MONTH ............................ 2
REF ........................................... -7
DK ............................................ -8

[Code One]


BOX_24

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '1' (YES)), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE34 UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '2' (NO)), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE34 UNTIL DATE RECORDED AT OE28.

END_LP11

---------------------------------------------------------------------
CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

----------------------------------------------------
IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_11 AND GO TO BOX_25
----------------------------------------------------

OE34A
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} (NAME OF ESTABLISHMENT.........) {STR-DT} (END-DT)

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

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

PRESS F1 FOR DEFINITION OF DEPENDENT.

----------------------------------------------------
DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5.
----------------------------------------------------

----------------------------------------------------
IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU' IN OE33
----------------------------------------------------

BOX_25
======

----------------------------------------------------
IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR ON THE CURRENT ROUND'S INTERVIEW DATE, THAT IS, OE26 IS CODED '1'(YES), CONTINUE WITH OE35
----------------------------------------------------

----------------------------------------------------
OTHERWISE, GO TO END_LP09
----------------------------------------------------

OE35
=====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} (NAME OF ESTABLISHMENT.........) {STR-DT} (END-DT)

{Last time we recorded that (POLICYHOLDER) (were/was) covered by (READ INSURER NAME(S) BELOW).}

{Since (START DATE), has there been/Between (START DATE) and (END DATE), was there} any change in the plan name of the health insurance (POLICYHOLDER) {has/had} through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES .......................... 1
NO .......................... 2 {END_LP09}
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.

DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME DURING THE PREVIOUS ROUND.

DISPLAY 'Since (START DATE), has there been' AND 'has' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), was there' AND 'had' IF ROUND 5.

IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG PREVIOUS ROUND'S INSURER AS CURRENT ROUND'S INSURER FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF CODED '1' (YES) AND ESTABLISHMENT IS FLAGGED AS AN INSURANCE CO. OR HMO, CONTINUE WITH OE36

IF CODED '1' (YES) AND ESTABLISHMENT IS NOT FLAGGED AS AN INSURANCE CO. OR HMO, GO TO OE37

OE36

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF ESTABLISHMENT........}    {STR-DT}    {END-DT}

What is the new plan name of (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

[Enter Plan Name/Establishment Name] .............

WRITE ESTABLISHMENT NAME CORRECTION TO THE RU-ESTABLISHMENT-PERSONS-PAIRS-ROSTER. THIS IS THE CORRECTED ESTABLISHMENT NAME.

FLAG INSURER ENTERED ABOVE AS CURRENT ROUND’S INSURER FOR THIS POLICYHOLDER-ESTABLISHMENT PAIR.

NOTE: IF A SOURCE OF INSURANCE WAS DIRECTLY PURCHASED FROM AN HMO OR INSURANCE COMPANY, THE ESTABLISHMENT NAME IS THE SAME AS THE INSURER NAME. THEREFORE, ANY CHANGE IN PLAN NAME AUTOMATICALLY DICTATES A CHANGE IN THE ESTABLISHMENT NAME.
SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER) (now) have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN HMO ........ 1
DENTAL ........................................ 2
PRESCRIPTION DRUGS .......................... 3
VISION .......................................... 4
MEDICARE SUPPLEMENT/MEDIGAP ............. 5
LONG TERM CARE IN A NURSING HOME ....... 6
EXTRA CASH FOR HOSPITAL STAYS .............. 7
SERIOUS DISEASE OR DREAD DISEASE .......... 8
DISABILITY .................................... 9
WORKER'S COMPENSATION ..................... 10
ACCIDENT .................................... 11
OTHER ........................................ 91
REF ........................................ -7
DK ........................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]

---

DISPLAY '{do/does}' IF NOT ROUND 5. DISPLAY 'did'
| IF ROUND 5.
| DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.
| DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
---

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE37OV
| OTHERWISE, GO TO BOX_26
---

OE37OV
=====

ENTER OTHER:

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

BOX_26
=====

---

| IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP), ALONE OR WITH ANY OTHER COMBINATION OF CODES, CONTINUE WITH BOX_27
| OTHERWISE, GO TO END_LP09
---
<table>
<thead>
<tr>
<th>IF ESTABLISHMENT ALREADY FLAGGED AS ‘INSURANCE CO.’ OR ‘HMO’, AUTOMATICALLY CODE OE38 WITH APPROPRIATE RESPONSES AND GO TO LOOP_12</th>
</tr>
</thead>
</table>

| OTHERWISE, CONTINUE WITH OE38 |

**OE38**

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT...........) (STR-DT)
(END-DT)

What is the new plan name for (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare supplement or Medigap benefits}?

PROBE: Any other new plan names? RECORD NAMES OF ALL INSURERS THAT PROVIDE (HOSPITAL/MEDIGAP) BENEFITS FOR THIS PAIR.

1=INS CO  2=HMO  3=COMPANY IS SELF-INSURED

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>OE38_01. NAME OF INSURER</th>
<th>OE38_02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

DISPLAY 'hospital and physician benefits' AND 'HOSPITAL', IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP). DISPLAY 'Medicare supplement or Medigap benefits' AND 'MEDIGAP' IF OE37 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP).

WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR

FLAG INSURER(S) COLLECTED AT OE38 AS CURRENT ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF OE37 IS CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) FLAG INSURANCE CO./HMO AS ‘SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)’ FOR THE CURRENT ROUND.

IF OE37 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN
BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/ MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT ROUND.

---

**INSURER COMPANY ROSTER BEHAVIOR SPECIFICATIONS:**

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER SHOULD BE BLANK. ALL PREVIOUS INSURERS PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR MEDIGAP ARE BEING REPLACED FOR THE CURRENT ROUND WITH ALL INSURERS COLLECTED HERE.
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'

---

**LOOP 12**

---

FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX 28 - END_LP12.

---

**LOOP DEFINITION:** LOOP 12 COLLECTS MANAGED CARE INFORMATION FOR INSURERS COLLECTED AT OE38 THAT ARE NOT ALREADY FLAGGED AT 'HMO'. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT
- INSURER IS ENTERED AT OE38 AND INSURER IS CODED '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT NOT '2' (HMO)

---

**BOX 28**

---

ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER

AT COMPLETION OF MANAGED CARE (MC) SECTION, CONTINUE WITH END_LP12

---

**END_LP12**

---

CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

---

IF NO OTHER INSURERS MEET THE STATED CONDITIONS, END LOOP 12 AND CONTINUE WITH END_LP09
Cycle on next pair in the Ru-establishment-person-pairs-roster that meets the conditions stated in the loop definition.

If no other pairs meet the stated conditions, end loop 09 and continue with box 29.

Box 29

If one or more Ru members was a covered person by an establishment-person-pair on the previous round’s interview date where the establishment is a private source of insurance and the policyholder is flagged as ‘policyholder/dependent in different RUs’ at the current round’s interview date, continue with loop 13.

Otherwise, go to box 33.

Note: When a policyholder leaves an Ru, we will never ask RJ and that policyholder will never qualify for loops 01, 05, or 09. We created a new loop, loop 13 that will handle the situations where the policyholder has left the Ru and left dependents behind, or the situation where the dependents have left the Ru (without the policyholder). This situation will be flagged as ‘policyholder/dependent in different RUs’. This flag can be associated with an establishment-person-pair in a particular Ru where they are covered persons, but the policyholder is in another Ru. This flag should never exist on a pair in an Ru where the policyholder of the pair is in the same Ru as all of the dependents or where the policyholder of the pair was originally created as ‘policyholder not in Ru/DU’ or ‘policyholder deceased’.

Loop 13


Loop definition:

Loop 13 collects information about the continuation of insurance coverage through an establishment-person-pair where the policyholder or the eligible dependent(s) have moved from the Ru. This loop cycles on establishment-person-pairs that meet the following conditions:

- The establishment is a private source of insurance.
- The establishment-person-pair is flagged as ‘policyholder/dependent moved’ at the current round’s interview date for this Ru.
- At least one Ru member was a covered person for this establishment-person-pair on the previous round’s interview date.
- Policyholder is not a current Ru member.
During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. (Is/Was) anyone in the family, living here( now), covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) as of (today,) (END DATE)?

IF RESPONDENT VOLUNTEERS THAT THIS INSURANCE HAS ALREADY BEEN DISCUSSED, CODE '3'.

YES ................................... 1 {OE41}
NO .................................... 2
INSURANCE ALREADY DISCUSSED .......... 3 {END LP13}
REF ................................... -7 {END_LP13}
DK .................................... -8 {END_LP13}

[Code One]

| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF ROUND 5. |
| DISPLAY 'today,' AND ' now' IF NOT ROUND 5. |
| OTHERWISE, USE A NULL DISPLAY. |

| IF CODED '3' (INSURANCE ALREADY DISCUSSED), FLAG |
| ITEM FOR SOURCE CLEAN-UP. |

On what date did this health insurance through (ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-4] ..........
REF ................................... -7
DK .................................... -8

| EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED |

| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE40OV |

| IF ONLY ONE PERSON COVERED AT END OF PREVIOUS ROUND, GO TO OE43 |

| OTHERWISE, GO TO OE43 |

OE40OV
Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ..................... 2
REF ................................... -7
DK .................................... -8

[Code One]

----------------------------------------------------
| IF ONLY ONE PERSON COVERED AT END OF PREVIOUS     |
| ROUND, GO TO OE43                                |
----------------------------------------------------

OE41
====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT........}    {STR-DT}
(END-DT)

During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT).

(Are/Were) they all covered by this health insurance (until ((OE40 DATE)/it ended)/on (END-DT))? 

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

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

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-|
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY|
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:|
| - PERSON WAS COVERED AT THE PREVIOUS ROUND'S    |
|    INTERVIEW DATE BY THE INSURANCE FROM THIS    |
|    ESTABLISHMENT-PERSON-PAIR,                    |
| - PERSON IS AN RU MEMBER                         |
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'Are' IF OE39 IS CODED '1' (YES).        |
| DISPLAY 'Were' IF OE39 IS CODED '2' (NO) OR IF   |
| CURRENT ROUND IS ROUND 5.                        |
| DISPLAY 'until (OE40 DATE)' IF OE39 IS CODED '2'|
| (NO).                                           |
| DISPLAY 'on (END-DT)' IF OE39 IS CODED '1' (YES).|
| DISPLAY THE DATE RECORDED AT OE40 FOR 'OE40 DATE'.|
| IF THE MONTH AND DAY FIELD AT OE40 IS CODED '-7'|
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended'|
| FOR 'OE40 DATE'.                                 |
----------------------------------------------------

----------------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND|
| TO THE END DATE OF THE CURRENT ROUND, THAT IS:   |
| IF OE39 IS CODED '1' (YES) AND OE41 IS CODED '1'  |
| (YES),                                           |
| FLAG INSURANCE FOR ALL COVERED PERSONS AS        |
| 'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD|
| END DATE AND                                     |
| GO TO BOX_31                                     |
IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS:

IF OE39 IS CODED '2' (NO) AND OE41 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE40 AND

GO TO BOX 31

OTHERWISE (I.E., OE41 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH OE42

OE42

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF ESTABLISHMENT ...........)   (STR-DT)
(END-DT)

Who (is/was) no longer covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {until {{OE40 DATE}/it ended}/on (END-DT)}?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND'S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,
- PERSON IS AN RU MEMBER

DISPLAY 'is' IF OE39 IS CODED '1' (YES).
DISPLAY 'was' IF OE39 IS CODED '2' (NO) OR IF CURRENT ROUND IS ROUND 5.
DISPLAY 'until {OE40 DATE}' IF OE39 IS CODED '2' (NO).
DISPLAY 'on (END-DT)' IF OE39 IS CODED '1' (YES).
DISPLAY THE DATE RECORDED AT OE40 FOR 'OE40 DATE'. IF THE MONTH AND DAY FIELD AT OE40 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), DISPLAY ‘it ended’ FOR ‘OE40 DATE’.

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '1' (YES)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE42 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '2' (NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED
Loop 14

Loop definition: Loop 14 collects the date on which the insurance coverage through this establishment-person-pair ended for each RU member whose coverage ended either prior to the reference period end date or the date reported in OE40. This loop cycles on persons selected at OE42.

OE43

(Person’s first middle and last name)  (Name of establishment........)  (Str-Dt)  (End-Dt)

On what date did the health insurance through (establishment) end for (person)?

[Enter Month-2, Day-2, Year-4] ........
REF ....................................... -7
DK .......................................... -8

If day field is coded ‘-7’ (refused) or ‘-8’ (don’t know) and month field is not coded ‘-7’ (refused) or ‘-8’ (don’t know), continue with OE43OV

Otherwise, go to Box 30

OE43OV

Can you just tell me if (person) was covered under that insurance the whole month or part of the month?

Whole month .................................. 1
Part of the month ............................. 2
REF .......................................... -7
DK .......................................... -8

[Code One]

Box 30

Flag insurance for person as ‘continuous coverage’ through the complete date recorded at OE43 and OE43OV.

End LP14

Cycle on next person in the RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER who meets the conditions.
STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_14 AND CONTINUE WITH BOX_31

BOX_31

IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY
THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,
(THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU
MEMBERS NOT COVERED BY THIS INSURANCE ON THE
PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU
MEMBERS JUST MARKED AS NO LONGER COVERED IN OE42),
CONTINUE WITH OE44

OTHERWISE, GO TO OE47

OE44

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT.........)  (STR-DT)
(END-DT)

{Since (START DATE)/Between (START DATE) and (END DATE)}, have
any persons living here, we have not yet mentioned, been covered
by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ...................................  1
NO ....................................  2 {OE47}
REF ................................... -7 {OE47}
DK .................................... -8 {OE47}

PRESS F1 FOR DEFINITION OF DEPENDENT.

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF
ROUND 5.

OE45

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT.........)  (STR-DT)
(END-DT)

Who {has been/was} covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)
and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {since (START DATE)/between
(START DATE) and (END DATE)} that we have not yet mentioned?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS
ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY
THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-
PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE.
DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON THIS ROSTER.

WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER.

IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU'.

DISPLAY 'has been' AND 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'was' AND 'between (START DATE) and (END DATE)' IF ROUND 5.

LOOP_15
-------


LOOP DEFINITION: LOOP 15 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE45.

OE46
====

(PERSON’S FIRST MIDDLE AND LAST NAME)   (NAME OF ESTABLISHMENT........)   (STR-DT)
(END-DT)

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK ..................................... -8

IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DONT KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DONT KNOW), CONTINUE WITH OE460V

OTHERWISE, GO TO BOX_32

OE460V
=====

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ........................ 2
REF ................................... -7
DK ..................................... -8

[Code One]
EDIT: COMPLETE DATE AT OE46 MUST BE < THAN COMPLETE DATE AT OE40 IF A DATE IS RECORDED AT OE40 OR < THAN REFERENCE PERIOD END DATE IF NO DATE IS RECORDED AT OE40.

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '1') (YES)), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE08 UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '2' (NO)) FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE46 UNTIL DATE RECORDED AT OE40.

END_LP15

CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_15 AND GO TO END_LP13

OE47

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT............} {STR-DT} (END-DT)

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

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

PRESS F1 FOR DEFINITION OF DEPENDENT.

DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5.

IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU' IN OE45

END_LP13

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_13 AND CONTINUE WITH BOX_33

BOX_33
======

RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX.
Other Medical Expenses (OM) Section

BOX_01
======
----------------------------------------------------
| IF THE OM ITEM TYPE IS NOT INSULIN OR OTHER       |
| DIABETIC EQUIPMENT OR SUPPLIES, CONTINUE WITH OM01|
----------------------------------------------------
----------------------------------------------------
| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC  |
| EQUIPMENT OR SUPPLIES, GO TO OM02                 |
----------------------------------------------------

OM01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

NOTE:

NO UTILIZATION SECTION IS REQUIRED FOR {GLASSES OR CONTACT LENSES/AMBULANCE SERVICES/ORTHOPEDIC ITEMS/HEARING DEVICES/PROSTHESES/BATHROOM AIDS/MEDICAL EQUIPMENT/DISPOSABLE SUPPLIES/ALTERATIONS OR MODIFICATIONS/TEXT FROM OTHER SPECIFY}.

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT TYPE |
| IS OM AND ITEM TYPE IS CODED '1' (GLASSES OR     |
| CONTACT LENSES.). DISPLAY 'AMBULANCE SERVICES'    |
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '4'   |
| (AMBULANCE SERVICES). DISPLAY 'ORTHOPEDIC ITEMS' |
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '5'   |
| (ORTHOPEDIC ITEMS). DISPLAY 'HEARING DEVICES'    |
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '6'   |
| (HEARING DEVICES). DISPLAY 'PROSTHESES' IF EVENT |
| TYPE IS OM AND ITEM TYPE IS CODED '7' (PROSTHESES).|
| DISPLAY 'BATHROOM AIDS' IF EVENT TYPE IS OM AND |
| ITEM TYPE IS CODED '8' (BATHROOM AIDS). DISPLAY  |
| 'MEDICAL EQUIPMENT' IF EVENT TYPE IS OM AND ITEM|
| TYPE IS CODED '9' (MEDICAL EQUIPMENT). DISPLAY   |
| 'DISPOSABLE SUPPLIES' IF EVENT TYPE IS OM AND    |
| ITEM TYPE IS CODED '10' (DISPOSABLE SUPPLIES).   |
| DISPLAY 'ALTERATIONS OR MODIFICATIONS' IF EVENT  |
| TYPE IS OM AND ITEM TYPE IS CODED '11' (ALTERATIONS/MODIFICATIONS). FOR |
| 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT      |
| ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS |
| WHEN OM ITEM TYPE IS CODED '91' (OTHER).         |
----------------------------------------------------

----------------------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN   |
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE |
| CP SECTION                                        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION    |
----------------------------------------------------

OM02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

NOTE:

{INSULIN/OTHER DIABETIC EQUIPMENT OR SUPPLIES} WILL BE PROCESSED LIKE A PRESCRIBED MEDICINE.

AT THIS TIME, NO UTILIZATION OR CHARGE/PAYMENT SECTION WILL BE
ASKED.

PRESCRIBED MEDICINE QUESTIONS AND CHARGE/PAYMENT DATA WILL BE COLLECTED LATER.

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| DISPLAY 'INSULIN' IF OM ITEM TYPE BEING ASKED ABOUT IS INSULIN. DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES' IF OM TYPE BEING ASKED ABOUT IS OTHER DIABETIC EQUIPMENT OR SUPPLIES. |
----------------------------------------------------

----------------------------------------------------
| FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS 'PROCESSED'. INSULIN AND OTHER DIABETIC EQUIPMENT AND SUPPLIES WILL BE PROCESSED THROUGH CP AS PRESCRIBED MEDICINES. |
----------------------------------------------------

BOX_02

------

| GO TO THE EVENT DRIVER (ED) SECTION |
---------------------------------------
Outpatient Department (OP) Section

OP01
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

What is the name of the outpatient department?

[Enter Department Name]

OP02
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

OUTPATIENT DEPT. NAME:  (OUTPATIENT DEPT NAME FROM OP01)

Did (PERSON) visit the (OUTPATIENT DEPARTMENT) at (PROVIDER) on (VISIT DATE) in person or was this a telephone call?

SAW PROVIDER ........................... 1
TELEPHONE CALL ........................ 2
REF ................................... -7
DK ................................... -8

[Code One]

DISPLAY THE TEXT ENTRY FROM OP01 FOR 'OUTPATIENT DEPT NAME FROM OP01'.

IF OP02 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS 'OP-IN-PERSON'.

IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW) FLAG EVENT AS 'OP-TELEPHONE'.

OP03
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

(Were/Was) (PERSON) referred for this particular (visit/telephone call) by another physician or medical person?

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

PRESS F1 FOR DEFINITION OF REFERRED.

DISPLAY 'visit' IF OP02 CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW). DISPLAY 'telephone call' IF OP02 CODED '2' (TELEPHONE CALL).

OP04
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)
Did (PERSON) see a medical doctor during this particular visit? Was this telephone call about (PERSON)’s health with a medical doctor?

YES .................................... 1
NO ..................................... 2 {OP05}
REF ................................... -7 {OP05}
 DK .................................... -8 {OP05}

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

DISPLAY ‘Did (PERSON) see a medical doctor during this particular visit?’ IF OP02 IS CODED ‘1’ (SAW PROVIDER), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) FOR THIS EVENT.

DISPLAY ‘Was this telephone call about (PERSON)’s health with a medical doctor?’ IF OP02 IS CODED ‘2’ (TELEPHONE CALL) FOR THIS EVENT.

| IF CODED ‘1’ (YES) AND OP02 IS CODED ‘1’ (SAW PROVIDER), GO TO OP06 |

| IF CODED ‘1’ (YES) AND OP02 IS CODED ‘2’, ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO BOX_01 |

OP05

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.....} {EVN-DT}

What type of medical person did (PERSON) talk to on (VISIT DATE)?

IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN PROVIDER.

CHIROPRACTOR ......................... 1
DENTIST/DENTAL CARE PERSON .......... 2
MIDWIFE ............................... 3
NURSE/NURSE PRACTITIONER .......... 4
OPTOMETRIST ........................... 5
PODIATRIST ............................ 6
PHYSICIAN’S ASSISTANT ............... 7
PHYSICAL THERAPIST ................... 8
OCCUPATIONAL THERAPIST ............. 9
PSYCHOLOGIST .......................... 10
SOCIAL WORKER ....................... 11
TECHNICIAN ............................ 12
OTHER .................................. 91
REF ................................... -7
 DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| IF OP02 IS CODED ‘1’ (SAW PROVIDER), CONTINUE WITH OP06 |

| IF OP02 IS CODED ‘2’ (TELEPHONE CALL), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO BOX_01 |
Approximately how much time did (PERSON) actually spend with {the doctor/that medical person}?

Would you say ...

5 minutes or less, .................. 1
6 - 10 minutes, ...................... 2
11 - 15 minutes, ..................... 3
16 - 25 minutes, .................... 4
26 - 40 minutes, or .................. 5
41 minutes or more? ............... 6
REF .................................. -7
DK .................................... -8

[Code One]

| DISPLAY 'the doctor' IF OP04 IS CODED '1' (YES). |
| DISPLAY 'that medical person' IF OP04 IS CODED '2' | (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW).

BOX_01

| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' | (REFUSED), OR '-8' (DON'T KNOW), GO TO OP08 |

| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH | OP07 |

OP07

PLEASE LOOK AT THIS CARD AND TELL ME WHICH CATEGORY BEST DESCRIBES THE CARE (PERSON) received during the visit to (OUTPATIENT DEPARTMENT) at (PROVIDER) on (VISIT DATE)?

GENERAL CHECKUP .................. 1
DIAGNOSIS OR TREATMENT ............. 2
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 3
PSYCHOTHERAPY OR MENTAL HEALTH
COUNSELING .......................... 4
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5
IMMUNIZATIONS OR SHOTS .............. 6
VISION EXAM .......................... 7
MATERNITY CARE (PRE/POSTNATAL) ........ 8
WELL CHILD EXAM ...................... 9
OTHER .................................. 91
REF .................................. -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| DISPLAY THE TEXT ENTRY FROM OP01 FOR 'OUTPATIENT DEPT NAME FROM OP01'. |
IF CODED '8' (MATERNITY CARE (PRE/POSTNATAL)),
CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE
FOLLOWING MESSAGE: 'CODE UNAVAILABLE FOR MALES.
VERIFY AND RE-ENTER.'
----------------------------------------------------

IF CODED '9' (WELL CHILD EXAM), CHECK THAT PERSON
IS <7 YEARS OLD (OR AGE CATEGORIES 1 TO 3). IF
NOT, DISPLAY THE FOLLOWING MESSAGE: 'CODE
UNAVAILABLE FOR PERSONS 7 AND OLDER. VERIFY AND
RE-ENTER.'
----------------------------------------------------

OP08
====

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

Was this {visit/telephone call} related to any specific health
condition or were any conditions discovered during this {visit/
telephone call}?

YES .................................... 1  
NO ..................................... 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

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

DISPLAY 'visit' IF OP02 IS CODED '1' (SAW
PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW)
FOR THIS EVENT. DISPLAY 'telephone call' IF OP02
IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT.
----------------------------------------------------

OP09
====

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

What conditions were discovered or led (PERSON) to make this
{visit/telephone call}?

PROBE: Any other condition?

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

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

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

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

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

DISPLAY 'visit' IF OP02 IS CODED '1' (SAW
PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW)
FOR THIS EVENT. DISPLAY 'telephone call' IF OP02
IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT.

ROSTER BEHAVIOR SPECIFICATIONS:

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

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

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

---

BOX_02
======
---

IF OP02 IS CODED ‘2’ (TELEPHONE CALL), ‘-7’ (REFUSED), OR ‘-8’ (DON'T KNOW), GO TO OP14
---

IF OP02 IS CODED ‘1’ (SAW PROVIDER), CONTINUE WITH BOX_03
---

BOX_03
======
---

IF OP05 IS CODED ‘2’ (DENTIST/DENTAL CARE PERSON), ‘3’ (MIDWIFE), OR ‘5’ (OPTOMETRIST), GO TO OP11
---

OTHERWISE, CONTINUE WITH OP10
---

OP10
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

SHOW CARD OP-2.

Looking at this card, which of these treatments, if any, did (PERSON) receive during this visit?

CODE ‘95’ IF NO TREATMENTS WERE RECEIVED.
CODE ALL THAT APPLY.

PHYSICAL THERAPY ....................... 1
OCCUPATIONAL THERAPY .................. 2
SPEECH THERAPY ......................... 3
CHEMOTHERAPY ............................ 4
RADIATION THERAPY .................... 5
KIDNEY DIALYSIS ........................ 6
IV THERAPY ............................ 7
DRUG OR ALCOHOL TREATMENT ............ 8
ALLERGY SHOT .......................... 9
PSYCHOTHERAPY/COUNSELING ............ 10
NO TREATMENTS RECEIVED ............... 95
REF .................................... -7
DK ..................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
ALLOW CODE '95' (NO TREATMENTS RECEIVED), '-7' (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.

EDIT: IF CODED '95' (NO TREATMENTS RECEIVED), NO OTHER TREATMENT CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.’

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

CODE '1' = 'PHYS'
CODE '2' = 'OCCPT'
CODE '3' = 'SPCH'
CODE '4' = 'CHEMO'
CODE '5' = 'RADIA'
CODE '6' = 'KIDNY'
CODE '7' = 'IV'
CODE '8' = 'DRUG'
CODE '9' = 'ALRGY'
CODE '10' = 'PSYCH'
CODE '95' = 'NONE'

NOTE: ‘NO TREATMENTS RECEIVED’ IS NOT DISPLAYED ON SHOW CARD.

Looking at this card, which of these services, if any, did (PERSON) have during this visit? CODE '95' IF NO SERVICES WERE RECEIVED. CODE ALL THAT APPLY.

LABORATORY TESTS .......................... 1
SONOGRAM OR ULTRASOUND ................... 2
X-RAYS ..................................... 3
MAMMOGRAM ................................. 4
MRI OR CATSCAN ............................. 5
EKG OR ECG ................................. 6
EEG ......................................... 7
VACCINATION ................................ 8
ANESTHESIA .................................. 9
OTHER DIAGNOSTIC TEST ..................... 10
NO SERVICES RECEIVED ...................... 95
REF ......................................... -7
DK ........................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4 THROUGH 9).
ALLOW CODE '95' (NO SERVICES RECEIVED), '-7' (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.

EDIT: IF CODED '95' (NO SERVICES RECEIVED), NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.'

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

- CODE '1' = 'LAB'
- CODE '2' = 'ULTRA'
- CODE '3' = 'X-RAYS'
- CODE '4' = 'MAMMO'
- CODE '5' = 'MRI'
- CODE '6' = 'EKG'
- CODE '7' = 'EEG'
- CODE '8' = 'VACIN'
- CODE '9' = 'ANEST'
- CODE '10' = 'OTHER'
- CODE '95' = 'NONE'

NOTE: 'OTHER DIAGNOSTIC TEST' AND 'NO SERVICES RECEIVED' ARE NOT DISPLAYED ON SHOW CARD.

OP12
====

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

Was a surgical procedure performed on (PERSON) during this visit?

YES .................................... 1
NO ..................................... 2 {OP14}
REF ................................... -7 {OP14}
DK .................................... -8 {OP14}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

OP13
====

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

What was the name of the main surgical procedure?

ARTHROSCOPIC (VISUALIZATION OF JOINTS) SURGERY ...................... 1
CATARACT SURGERY ......................... 2
CLEANING OR MEDICAL TREATMENT OF WOUND, INFECTION, OR BURN ............ 3
D & C (DILATATION AND CURETTAGE) .................. 4
STITCHES (WOUND SUTURE) .................... 5
TISSUE BIOPSY .......................... 6
OP14

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

During this {visit/telephone call}, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES .................................... 1
NO ...................................... 2 {BOX_04}
REF ..................................... 7 {BOX_04}
DK ........................................ 8 {BOX_04}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

OP15

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescribed medicines from this visit that were filled?

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

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-PRESCRIBED-MEDICINES-ROSTER.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES).
3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.’

---

IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX 10

---

IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH OP16

---

OP16

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} (EVN-DT)

OUTPATIENT DEPT. NAME: {OUTPATIENT DEPT NAME FROM OP01}

Now I would like to ask about the physicians and surgeons who treated (PERSON) during this visit to (OUTPATIENT DEPARTMENT). (Have/Has) (PERSON) seen any of these doctors or surgeons at a place of practice outside of (PROVIDER)?

YES .................................... 1
NO ..................................... 2 {BOX 07}
REF .................................... -7 {BOX 07}
DK .................................... -8 {BOX 07}

DISPLAY THE TEXT ENTRY FROM OP01 FOR ‘OUTPATIENT DEPT NAME FROM OP01’.

NOTE: IN ROUNDS 1 AND 2, THE SECOND SENTENCE OF THE QUESTION WAS WORDED, “Do any of these doctors or surgeons have a place of practice outside of (PROVIDER) where (PERSON) (was/were) seen as a patient?”

---

OP17

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} (EVN-DT)

Please give me the names of the medical places or private doctor’s office where (PERSON) saw each of these doctors or surgeons outside of (PROVIDER).

PRESS ENTER TO CONTINUE.

---

FOR EACH OF THE FOLLOWING:

PROVIDER 1
PROVIDER 2
LOOP DEFINITION: LOOP_01 COLLECTS NAMES AND INFORMATION ABOUT EACH SEPARATELY BILLING PROVIDER ASSOCIATED WITH THIS EVENT. THE RESPONSE TO OP18 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF OP18 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT SEPARATELY BILLING PROVIDER. IF OP18 IS CODED ‘2’ (NO), ‘7’ (REFUSED), OR ‘8’ (DON’T KNOW), THE LOOP ENDS.

ASK THE PROVIDER ROSTER (PV) SECTION

AT COMPLETION OF THE PROVIDER ROSTER (PV) SECTION, CONTINUE WITH BOX_06

FOR EACH PROVIDER ADDED OR SELECTED, ADD A PAIR TO THE PERSON’S-EVENT-PROVIDER-PAIRS-ROSTER.

FLAG EACH PROVIDER ADDED OR SELECTED AS A ‘SEPARATELY BILLING DOCTOR’ RELATED TO THE OUTPATIENT DEPARTMENT EVENT BEING ASKED ABOUT.

OP18

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

OUTPATIENT DEPT. NAME: {OUTPATIENT DEPT NAME FROM OP01}

Was there anyone else?

PROBE: Were there any other doctors or surgeons who treated (PERSON) during the visit to (OUTPATIENT DEPARTMENT) and who (PERSON) (have/has) seen at a place of practice outside of (PROVIDER)?

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

DISPLAY THE TEXT ENTRY FROM OP01 FOR ‘OUTPATIENT DEPT NAME FROM OP01’.

NOTE: IN ROUNDS 1 AND 2 THE PROBE PART OF THE QUESTION WAS Worded, “...and who have a place of practice outside of (PROVIDER) where (PERSON) (was/were) seen as a patient?”
IF OP18 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT PROVIDER.

IF OP18 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_01 AND CONTINUE WITH BOX_07.

IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO THIS PROVIDER FOR THIS PERSON, GO TO BOX_10.

OTHERWISE, CONTINUE WITH BOX_08.

IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS PERSON HAVE NOT COMPLETED THE OUTPATIENT DEPARTMENT (OP) UTILIZATION SECTION, CONTINUE WITH BOX_09.

OTHERWISE, GO TO BOX_10.

IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, CONTINUE WITH OP19.

OTHERWISE, GO TO BOX_10.

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

Earlier I recorded that (PERSON) had some other visits to an outpatient department at (PROVIDER). Were any of these visits related to any condition associated with (PERSON)'s visit on (VISIT DATE)? That is, were any of the other visits for the (READ CONDITIONS BELOW) and did (PERSON) receive ((READ SERVICES BELOW)/the same services)?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>{PERSON'S OP MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
<tr>
<td>{PERSON'S OP MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
<tr>
<td>{PERSON'S OP MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
</tbody>
</table>

YES .................................... 1
NO ..................................... 2 {BOX 10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

PRESS F1 FOR DEFINITION OF REPEAT VISITS.
DISPLAY '(READ SERVICES BELOW)' IF OP11 IS NOT CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW). IF OP11 IS CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW), DISPLAY 'the same services'.

FOR 'PERSON'S OP MEDICAL CONDITION.', DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL-CONDITIONS-ROSTER AT OP09.

FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT OP11:

CODE '1' = LABORATORY TESTS
CODE '2' = SONOGRAM/ULTRASOUND
CODE '3' = X-RAYS
CODE '4' = MAMMOGRAM
CODE '5' = MRI/CATSCAN
CODE '6' = EKG/ECG
CODE '7' = EEG
CODE '8' = VACCINATION
CODE '9' = ANESTHESIA
CODE '10' = OTHER SERVICES

OP20
====

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

Did any of these visits or calls cost the same amount as (PERSON)'s visit on (VISIT DATE)?

YES .................................... 1
NO ..................................... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

PRESS F1 FOR DEFINITION OF COST THE SAME AMOUNT.

------------------------------------------
| NOTE: THE ISSUE OF COST WHEN THE PERSON HAS A |
| COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE |
| HANDLED IN THE F1 DEFINITION.                |
------------------------------------------

OP21
====

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

Which of the following visits were related to the (READ CONDITIONS BELOW) and {READ SERVICES BELOW}/the same services} and cost the same amount as the (VISIT DATE) visit we've just talked about?

PROBE: Any other visits related to this condition and cost the same amount?

CONDITIONS SERVICES
{PERSON'S OP MEDICAL CONDITION.}  {SERVICES RECEIVED..}
{PERSON'S OP MEDICAL CONDITION.}  {SERVICES RECEIVED..}
{PERSON'S OP MEDICAL CONDITION.}  {SERVICES RECEIVED..}

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

[1. Month,Day,Year-4]
[2. Month,Day,Year-4]
[3. Month,Day,Year-4]
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EVENTS (DATES) IN PERSON’S MEDICAL EVENTS ROSTER THAT WERE CREATED THIS ROUND, ARE NOT YET PROCESSED IN UTILIZATION, HAVE EVENT TYPE ‘OP’, AND ARE ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT BEING ASKED ABOUT.

DISPLAY ‘(READ SERVICES BELOW)’ IF OP11 IS NOT CODED ‘95’ (NO SERVICES), ‘7’ (REFUSED), OR ‘8’ (DON’T KNOW). IF OP11 IS CODED ‘95’ (NO SERVICES), ‘7’ (REFUSED), OR ‘8’ (DON’T KNOW), DISPLAY ‘the same services’.

FOR ‘PERSON’S OP MEDICAL CONDITIONS.’, DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON’S MEDICAL CONDITIONS ROSTER AT OP09.

FOR ‘SERVICES RECEIVED..’, DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT OP11:

- CODE ‘1’ = LABORATORY TESTS
- CODE ‘2’ = SONOGRAM/ULTRASOUND
- CODE ‘3’ = X-RAY
- CODE ‘4’ = MAMMOGRAM
- CODE ‘5’ = MRI/CATSCAN
- CODE ‘6’ = EKG/ECG
- CODE ‘7’ = EEG
- CODE ‘8’ = VACCINATION
- CODE ‘9’ = ANESTHESIA
- CODE ‘10’ = OTHER SERVICES

FLAG EACH VISIT SELECTED AT OP21 AS A REPEAT VISIT RELATED TO THE EVENT BEING ASKED ABOUT.

FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT VISIT AS ‘PROCESSED’.

LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH THE EVENT BEING ASKED ABOUT WITH EACH REPEAT VISIT.

THE EVENT DRIVER WILL NOT SERVE THESE REPEAT VISITS FOR THE OP SECTION.

OP22
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.......} {EVN-DT}

INTERVIEWER: RECORD ‘NAME OF REPEAT VISIT GROUP’ FOR EVENTS SELECTED IN PREVIOUS QUESTION:

[Enter Repeat Visit Group]

BOX_10
=====

IF CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS OUTPATIENT EVENT, ASK THE CHARGE/PAYMENT (CP) SECTION

OTHERWISE, GO TO EVENT DRIVER (ED) SECTION
Provider Directory (PD) Section

NOTE: THERE ARE THREE BASIC TYPES OF PROVIDERS:
1. PERSON-TYPE-PROVIDERS
2. PERSON-IN-FACILITY-PROVIDERS
3. FACILITY PROVIDERS


LOOP_01

FOR EACH ELEMENT IN RU-MEDICAL-PROVIDERS-ROSTER, ASK BOX_01 - END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS PROVIDER IN PLAN AND ADDRESS INFORMATION FOR PROVIDERS. THIS LOOP CYCLES ON PROVIDERS THAT MEET THE FOLLOWING CONDITIONS:
- CREATED THIS ROUND
OR
- CREATED IN A ROUND 1 AND WAS ASSOCIATED WITH AN IC EVENT (I.E., DID NOT COMPLETE LOOP_01)
AND
- FLAGGED AS A ‘SEPARATELY BILLING DOCTOR’
OR
- ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT
OR
- ASSOCIATED WITH AN MV EVENT AND MV03 IS CODED ‘1’ (YES - TALKED TO A MEDICAL DOCTOR) OR MV03 IS CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MV06 IS CODED ‘1’ (YES - MEDICAL DOCTORS WORK AT LOCATION)
OR
- ASSOCIATED WITH A HH EVENT AND FLAGGED AS ‘AGENCY’

BOX_01

IF PROVIDER IS:
- ASSOCIATED WITH A HH EVENT AND FLAGGED AS ‘AGENCY’,
OR
- ASSOCIATED WITH AN IC EVENT,
GO TO BOX_04

OTHERWISE, CONTINUE WITH BOX_02

BOX_02

IF AT LEAST ONE PRIVATE INSURANCE PLAN IN RU MEETS THE FOLLOWING CONDITIONS:
- FLAGGED AS ‘PROVIDING HOSPITAL/PHYSICIAN BENEFITS’ (EXCLUDE INSURERS WHERE HOSPITAL/PHYSICIAN BENEFITS ARE PROVIDED SOLELY THROUGH MEDIGAP)
- ESTABLISHMENT OR INSURER IS FLAGGED AS AN ‘HMO’ OR INSURER IS AN HMO (MC01 IS CODED ‘1’ (YES)) OR INSURER requires persons to sign up with PRIMARY PHYSICIAN (MC02 IS CODED ‘1’ (YES))
  CONTINUE WITH PD01
----------------------------------------------------
IF AT LEAST ONE PRIVATE INSURANCE PLAN IN RU MEETS THE FOLLOWING CONDITIONS:
- FLAGGED AS ‘PROVIDING HOSPITAL/PHYSICIAN BENEFITS’ (EXCLUDE INSURERS WHERE HOSPITAL/PHYSICIAN BENEFITS ARE PROVIDED SOLELY THROUGH MEDIGAP)
- INSURER HAS A LIST OF DOCTORS ASSOCIATED WITH IT (MC03 IS CODED ‘1’ (YES))
  GO TO PD02
----------------------------------------------------

PD01
====

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

Think about all of the health insurance plans for anyone in the family. Is (PROVIDER) part of any plan, referred by a health care provider who is part of any plan, or is (PROVIDER) not part of any plan?

PART OF PLAN ........................... 1 {BOX_03}
REFERRED BY PLAN .......................... 2 {BOX_03}
NOT PART OF/NOT REFERRED BY PLAN ...... 3 {BOX_03}
REF .......................... 7 {BOX_03}
DK .......................... 8 {BOX_03}

[Code One]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

----------------------------------------------------
| DISPLAY NAME OF PROVIDER BEING LOOPED ON FOR |  
| ‘NAME OF MEDICAL CARE PROVIDER’. |

PD02
====

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

Is (PROVIDER) in the book or list of doctors or medical places associated with any of the family's health insurance plans?

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

PRESS F1 FOR DEFINITION OF BOOK OR LIST.

----------------------------------------------------
| DISPLAY NAME OF PROVIDER BEING LOOPED ON FOR |  
| ‘NAME OF MEDICAL CARE PROVIDER’. |

BOX_03
====
| IF LOOPING ON PROVIDER ASSOCIATED ONLY WITH AN MV EVENT AND RU IS NOT SELECTED FOR MPS, GO TO END_LP01 |
| Otherwise, continue with BOX_04 |

BOX_04 =====

| IF FIRST TIME THROUGH LOOP_01, CONTINUE WITH PD03 |
| Otherwise, go to PD04 |

PD03 ====

Now I would like to make sure I have complete information for the medical providers you mentioned. I will use a directory to look up the names, addresses, and telephone numbers of the sources of medical care you mentioned.

PRESS ENTER TO CONTINUE.

PD04 ====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

ENTER PROVIDER'S STATE ABBREVIATION.
PRESS ENTER FOR {STATE ABBREVIATION FOR RESPONDENT}.

[Enter State Code] ............
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| Allow code "FC" (FOREIGN COUNTRY). |

| Display name of provider as recorded on the provider roster from section PV for the provider being looped on for 'name of medical provider from PV'. If person-type-provider, display person name. If facility-provider, display facility name. |

| Display the first street address as recorded on the provider roster from section PV for the provider being looped on for 'street address from PV'. |

| Display two character state abbreviation associated with this RU’s address for 'state abbreviation for respondent'. |

| NOTE: If enter is pressed without any entry, PD05 should be the same as state abbreviation used in the PD04 display. |
For each search attempt, ask PD05-END_LP02

Provider name: {Name of medical care provider from PV}
Street address: {Street address from PV}

State: {State abbreviation}

Select a search strategy.

Search on provider name shown above ........ 1 {Box_05}
Change name before search .................. 2 {PD10}
Search on core street name .................. 3 {PD11}
Search on telephone number .................. 4 {PD11}
Change state for search ..................... 5

Do not search – go directly to provider information form ............... 6 {PD18}

[Code One]

Display name of provider as recorded on the provider roster from section PV for the provider being looped on for 'name of medical provider from PV'. If person-type-provider, display person name. If facility-provider, display facility name.

Display the first street address as recorded on the provider roster from section PV for the provider being looped on for 'street address from PV'.

Display two character state abbreviation entered in PD04 for 'state abbreviation'.

If coded '2' (change name before search) and provider flagged as 'person-type-provider', go to PD08.

If coded '2' (change name before search) and provider flagged as 'facility-provider', go to PD09.

Edit: Codes '1' (search on provider name shown above), '2' (change name before search), '3' (search on core street name), and '4' (search on telephone number) are not allowed when the provider's state is coded 'FC' (foreign country). If state is coded 'FC' and code '1', '2', '3', or '4' is entered, display the following message: 'Invalid entry. If state is 'FC', codes 1-4 are unavailable. Verify and re-enter.'
STREET ADDRESS: {STREET ADDRESS FROM PV}

CURRENT STATE CODE: {STATE ABBREVIATION}

ENTER NEW STATE CODE FOR PROVIDER.

[Enter State Code] .....................

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| DISALLOW CODE “FC” (FOREIGN COUNTRY). |

| IF CODE “FC” (FOREIGN COUNTRY) IS ENTERED, |
| DISPLAY THE FOLLOWING MESSAGE: ‘INVALID RESPONSE. |
| PLEASE RE-ENTER.’ |

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOped ON FOR ‘NAME OF MEDICAL PROVIDER |
| FROM PV’. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME. |

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOped ON FOR ‘STREET ADDRESS FROM |
| PV’.

| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR ‘STATE ABBREVIATION’.

PD07

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

SELECT A SEARCH STRATEGY.

SEARCH ON PROVIDER NAME SHOWN ABOVE .... 1 {BOX .05}
CHANGE NAME BEFORE SEARCH .............. 2
SEARCH ON CORE STREET NAME ............. 3 {PD10}
SEARCH ON TELEPHONE NUMBER ............. 4 {PD11}
DO NOT SEARCH - GO DIRECTLY TO |
PROVIDER INFORMATION FORM ............ 5 {PD18}

[Code One]

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOped ON FOR ‘NAME OF MEDICAL PROVIDER |
| FROM PV’. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME. |

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOped ON FOR ‘STREET ADDRESS FROM |
| PV’.

| IF CODED ‘2’ (CHANGE NAME BEFORE SEARCH) AND |
| PROVIDER FLAGGED AS ‘PERSON-TYPE-PROVIDER’,

|
CONTINUE WITH PD08

IF CODED ‘2’ (CHANGE NAME BEFORE SEARCH) AND PROVIDER FLAGGED AS ‘FACILITY-PROVIDER’, GO TO PD09

PD08

PROVIDER NAME: (NAME OF MEDICAL CARE PROVIDER FROM PV)
STREET ADDRESS: (STREET ADDRESS FROM PV)
CURRENT STATE CODE: (STATE ABBREVIATION)

ENTER CORRECTED NAME INFORMATION IN APPROPRIATE FIELD(S).
PRESS ENTER TO PASS THROUGH FIELDS WHERE NO CORRECTION IS REQUIRED.

{Display FIRST NAME}       {Display LAST NAME}
[Enter First Name]         [Enter Last Name]

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOVED ON FOR ‘NAME OF MEDICAL PROVIDER FROM PV’.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOVED ON FOR ‘STREET ADDRESS FROM PV’.

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, FROM PD04) FOR ‘STATE ABBREVIATION’.

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOVED ON FOR ‘DISPLAY FIRST NAME’ AND ‘DISPLAY LAST NAME’.

GO TO BOX_05

PD09

PROVIDER NAME: (NAME OF MEDICAL CARE PROVIDER FROM PV)
STREET ADDRESS: (STREET ADDRESS FROM PV)
STATE: (STATE ABBREVIATION)

ENTER CORRECTED FACILITY, GROUP PRACTICE, OR HMO NAME.

{Display FACILITY NAME}
[Enter Facility Name]

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOVED ON FOR ‘NAME OF MEDICAL PROVIDER FROM PV’.
DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM PV'.

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, FROM PD04) FOR 'STATE ABBREVIATION'.

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'DISPLAY FACILITY NAME'.

GO TO BOX_05

PD10

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

STATE:  {STATE ABBREVIATION}

ENTER CORE STREET NAME.
(I.E., DO NOT ENTER STREET NUMBER OR DIRECTION)

[Enter Core Street Name] ............... PRESS F1 FOR DEFINITION OF CORE STREET NAME.

GO TO BOX_05

PD11

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

STATE:  {STATE ABBREVIATION}

ENTER COMPLETE TELEPHONE NUMBER:

[Enter Area Code-3, Exchange-3, Local Number-4] .................
DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM PV'.

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, FROM PD04) FOR 'STATE ABBREVIATION'.

IF INTERVIEWER TRIES TO LEAVE SCREEN WITHOUT FILLING ALL ENTRY FIELDS, DISPLAY THE FOLLOWING MESSAGE AT THE BOTTOM OF THE SCREEN: 'YOU MUST ENTER INFORMATION IN ALL FIELDS FOR THIS SEARCH.'

CAPI WILL AUTOMATICALLY CONDUCT THE APPROPRIATE SERIES OF SEARCHES FOR THE SELECTED SEARCH CATEGORY AS FOLLOWS:

1) SEARCH ON PROVIDER NAME AS SHOWN ABOVE - PERSON-TYPE-PROVIDER - FIRST AND LAST NAME; FIRST NAME INITIAL AND LAST NAME; LAST NAME ONLY; FIRST THREE LETTERS OF LAST NAME ONLY
   FACILITY-PROVIDER - FULL NAME; FIRST WORD OF FACILITY NAME; FIRST THREE CHARACTERS OF FIRST WORD OF NAME.

2) SEARCH ON CORRECTED PROVIDER NAME - SAME AS #1

3) SEARCH ON CORE STREET NAME - FULL SPELLING OF CORE STREET NAME; FIRST THREE LETTERS OF CORE STREET NAME

4) SEARCH ON TELEPHONE NUMBER - EXCHANGE AND LOCAL NUMBER; LOCAL ONLY; EXCHANGE ONLY

IF NO MATCHES OR MORE THAN 75 MATCHES, GO TO PD17

OTHERWISE, CONTINUE WITH PD12

PD12

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}
STATE:  (STATE)
SEARCH STRATEGY:  {PROVIDER NAME SHOWN ABOVE/CORRECTED (PERSON/FACILITY) NAME/CORE STREET NAME/ TELEPHONE NUMBER}
NUMBER OF POTENTIAL MATCHES FOUND:  {NUMBER OF MATCHES}
PRESS ENTER TO CONTINUE.

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOSED ON FOR 'STREET ADDRESS FROM PV'.

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, FROM PD04) FOR 'STATE ABBREVIATION'.

SEARCH STRATEGY:
- DISPLAY 'PROVIDER NAME SHOWN ABOVE' IF PD05=1 OR IF PD07=1.
- DISPLAY 'CORRECTED {PERSON/FACILITY} NAME' IF PD05=2 OR IF PD07=2.
  - DISPLAY 'PERSON' IF PERSON-TYPE-PROVIDER AND PD08 WAS ANSWERED.
  - DISPLAY 'FACILITY' IF FACILITY-PROVIDER AND PD09 WAS ANSWERED.
  - DISPLAY 'CORE STREET NAME' IF PD05=3 OR IF PD07=3.
  - DISPLAY 'TELEPHONE NUMBER' IF PD05=4 OR IF PD07=4.

DISPLAY THE NUMBER OF POTENTIAL MATCHES FOUND IN DIRECTORY FOR 'NUMBER OF MATCHES'.

PD13
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

SELECT CORRECT PROVIDER.
IF CORRECT PROVIDER NOT FOUND, PRESS ESC TO LEAVE SCREEN.

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

<table>
<thead>
<tr>
<th>PROVIDER NAME</th>
<th>STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>Provider Street Address</td>
</tr>
<tr>
<td>Provider Name</td>
<td>Provider Street Address</td>
</tr>
<tr>
<td>Provider Name</td>
<td>Provider Street Address</td>
</tr>
</tbody>
</table>

{Display Provider Name}
{Display Provider Street Address}
{Display Provider City, State, Zip}
{Display Provider Telephone Number}
{Display Provider Specialty}

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOODED ON FOR 'NAME OF MEDICAL PROVIDER FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME.
DISPLAY STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM PV'.

DISPLAY FULL INFORMATION (I.E., NAME ADDRESS, CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) BELOW ROSTER FOR PROVIDER CURSOR IS ON (I.E., HIGHLIGHTED).

IF NO PROVIDER SELECTED FROM ROSTER, GO TO PD17

OTHERWISE, CONTINUE WITH PD14

PD14

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

YOU HAVE SELECTED:

{Display Provider Name}
{Display Provider Street Address}
{Display Provider City, State, Zip}
{Display Provider Telephone Number}
{Display Provider Specialty}

YOUR OPTIONS:

ACCEPT PROVIDER AS SHOWN ............... 1
ACCEPT PROVIDER BUT MAKE CHANGES ....... 2
WRONG PROVIDER, GO BACK TO PREVIOUS
SCREEN ............................... 3

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM PV'.

DISPLAY FULL INFORMATION (I.E., NAME ADDRESS, CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) FOR PROVIDER SELECTED (I.E., CHECKED) IN PD13 FOR 'DISPLAY PROVIDER...'.

IF CODED ‘1’ (ACCEPT PROVIDER AS SHOWN) OR ‘2’ (ACCEPT PROVIDER BUT MAKE CHANGES), STORE THIS PROVIDER DIRECTORY ID.

NOTE:  INFORMATION OBTAINED FROM THE PROVIDER DIRECTORY SEARCH IS NOT USED TO REPLACE DATA REPORTED BY THE RESPONDENT DURING THE INTERVIEW OR INCORPORATED INTO PROVIDER ROSTER DISPLAYS.
IF CODED ‘3’ (WRONG PROVIDER, GO BACK TO PREVIOUS SCREEN), CAPI AUTOMATICALLY RETURNS TO PD13

IF CODED ‘1’ (ACCEPT PROVIDER AS SHOWN), GO TO END_LP02

IF CODED ‘2’ (ACCEPT PROVIDER BUT MAKE CHANGES), CONTINUE WITH PD15

PD15

PROVIDER NAME:  (NAME OF MEDICAL CARE PROVIDER FROM PV)
STREET ADDRESS:  (STREET ADDRESS FROM PV)

ENTER CORRECTIONS, AS APPROPRIATE.
RETYPE ENTIRE FIELD TO MAKE CORRECTION.
PRESS ENTER TO PASS THROUGH FIELDS THAT REQUIRE NO CORRECTION.

NAME (PD15_01):  
1ST_STR_ ADDRESS (PD15_02): 
CITY (PD15_03):  
STATE (PD15_04):  
ZIP CODE (PD15_05): 
TELEPHONE (PD15_06):  

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER FROM PV’. IF PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM PV’.

DISPLAY NAME, ADDRESS, CITY, STATE, ZIP, AND TELEPHONE FOR PROVIDER SELECTED (I.E., CHECKED) IN PD13 FOR ‘DISPLAY PROV...’ EACH PIECE OF THE INFORMATION SHOULD BE DISPLAYED ABOVE THE APPROPRIATE LINE.

ENTRY FIELD SPECIFICATIONS:

IF PERSON-TYPE-PROVIDER, DISPLAY FIRST NAME AND LAST NAME FIELDS.
IF FACILITY-PROVIDER, DISPLAY FACILITY NAME FIELD.

FLAG THIS RECORD AS ‘UPDATED. NEEDS HOME OFFICE’
PD16

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER}
STREET ADDRESS: {STREET ADDRESS}

DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?

YES .................................... 1
NO ..................................... 2  {END_LP02}

PD16OV

[ENTER TEXT].........................{END_LP02}

-- ALLOW MULTIPLE LINES FOR ENTRY. --

PD17

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
STATE:  {STATE}

SEARCH STRATEGY: {PROVIDER NAME SHOWN ABOVE/CORRECTED
{PERSON/FACILITY} NAME/CORE STREET NAME/TELEPHONE NUMBER}
(NO MATCHES/MORE THAN 75 MATCHES/YOU DID NOT SELECT ANY MATCHES WHICH) WERE LOCATED IN THE DIRECTORY DURING THE LAST SEARCH.
DO YOU WANT TO SEARCH AGAIN?

YES, SEARCH AGAIN ...................... 1 {END_LP02}
NO, GO TO PROVIDER FORM ............. 2

[Code One]

-- DISPLAY NAME OF PROVIDER AS RECORDED ON THE --
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER' |
| IF PERSON-TYPE PROVIDER, DISPLAY PERSON NAME. IF |
| FACILITY-PROVIDER, DISPLAY FACILITY NAME. |

-- DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON --
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS'. |

PD17OV

[ENTER TEXT].........................{END_LP02}

-- ALLOW MULTIPLE LINES FOR ENTRY. --
SEARCH STRATEGY:
- Display 'Provider name shown above' if PD05=1 or if PD07=1.
- Display 'Corrected {person/facility} name' if PD05=2 or if PD07=2.
- Display 'Person' if person-type-provider and PD08 was answered.
- Display 'Facility' if facility-provider and PD09 was answered.
- Display 'Core street name' if PD05=3 or if PD07=3.
- Display 'Telephone number' if PD05=4 or if PD07=4.

Display 'No matches' if no potential matches were found in the directory.

Display 'More than 75 matches' if more than 75 potential matches were found in the directory.

Display 'You did not select any matches which' if potential matches were found in the directory but the interviewer did not select any (i.e., used ESC at PD13 and no provider had been checked).

PD18

****

To verify info, press enter. To correct or add info, re-type entire field.

{Provider Name from PV}
{NAME (PD18_01): [______________________________]}

{IST_STR_Provider Address from PV}
{1ST_STR_ADDRESS (PD18_02): [______________________________]}

{2ND_STR_Provider Address from PV}
{2ND_STR_ADDRESS (PD18_03): [______________________________]}

{Provider Name from PV}

{CITY (PD18_04): [______________________________]}

{STATE (PD18_05): [______________________________]}

{ZIP_Code (PD18_06): [______________________________]}

{TELEPHONE (PD18_07): [______________________________]}

{SPECIALTY (PD18_08): [______________________________]}

Press F1 for list of state abbreviations.

Entry field specifications:

If person-type-provider, display 'first' and
'LAST NAME' FIELDS. ALSO DISPLAY PD18_08, 'SPECIALTY' FIELD, FOR COLLECTION.
IF FACILITY-PROVIDER, DISPLAY 'FACILITY NAME' FIELD. DO NOT DISPLAY 'SPECIALTY' FIELD.

FLAG THIS RECORD AS 'NEW NAME/ADDRESS INFORMATION. NEEDS HOME OFFICE REVIEW.'

REFUSED AND DON'T KNOW ALLOWED IN ALL FIELDS, EXCEPT THE 'NAME' FIELD.

PD19
====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER}
STREET ADDRESS: {STREET ADDRESS}

DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?
YES .................................... 1
NO ..................................... 2 {END_LP02}

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON THE PREVIOUS SCREEN (PD18) FOR THE PROVIDER BEING LOOPED ON FOR 'NAME OF MEDICAL CARE PROVIDER'. IF PERSON-TYPE PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON THE PREVIOUS SCREEN (PD18) FOR THE PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS'.

PD19OV
======

[ENTER TEXT]..................

ALLOW MULTIPLE LINES FOR ENTRY.

END_LP02
========

IF PD17 IS CODED '1' (YES), CYCLE FOR NEXT SEARCH.

IF NO MORE SEARCHES TO BE MADE, THAT IS, IF PD17 IS CODED '2' (NO) OR PD14 IS CODED '1' (ACCEPT PROVIDER AS SHOWN), CONTINUE WITH END_LP01

END_LP01
========

CYCLE ON NEXT PROVIDER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.
BOX_06
======

| IF NO OTHER PROVIDER MEETS THE STATED CONDITIONS, |
| END LOOP_01 AND CONTINUE WITH BOX_06             |

BOX_06
======

| GO TO NEXT QUESTIONNAIRE SECTION.                 |

-----------------------------
|                             |

-----------------------------
Pregnancy Detail (PG) Section

BOX_01
-----

<p>| IF LOOPING ON 'PREVIOUS ROUND PREGNANCY' OR |
| 'PREGNANCY 1' (FROM CURRENT ROUND), CONTINUE WITH |</p>
<table>
<thead>
<tr>
<th>PG01</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

PG01
====

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

(We recorded that (PERSON) (were/was) pregnant at the time of our last interview on {PREV RD INTV DATE}).

{(Are/Is)/(Were/Was)} (PERSON) {currently} pregnant {with that pregnancy} {on December 31, 1999}?

(CODE 3 IF RESPONDENT SAYS PERSON WAS NOT PREGNANT AT LAST INTERVIEW.)

YES .................................... 1 {PG03}
NO ..................................... 2
(NOT PREGNANT AT LAST INTERVIEW ...... 3 {BOX_02})
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

| DISPLAY 'We recorded that (PERSON) (were/was) pregnant at the time of our last interview on |
| (PRÉV RD INTV DATE).'; 'with that pregnancy'; |
| 'CODE 3 IF RESPONDENT SAYS PERSON WAS NOT PREGNANT AT LAST INTERVIEW.'; AND 'NOT PREGNANT AT LAST |
| INTERVIEW ...... 3 {BOX_02}' IF PERSON CODED AS |
| 'STILL PREGNANT' AT LAST INTERVIEW AND LOOPING ON |
| 'PREVIOUS ROUND PREGNANCY' FOR THIS PERSON. |
| OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY |
| '(Were/Was)' IF ROUND 5. |
| DISPLAY 'currently' IF NOT ROUND 5. OTHERWISE, |
| USE A NULL DISPLAY. |
| DISPLAY 'on December 31, 1999' IF ROUND 5. |
| OTHERWISE, USE A NULL DISPLAY. |

| IF CODED '3' (NOT PREGNANT AT LAST INTERVIEW), |
| FLAG ITEM FOR EVENT CLEANUP. |

PG02
====

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

Did (PERSON)'s {most recent pregnancy/next most recent pregnancy/pregnancy that we talked about last time} end in a live birth?

(IF MORE THAN ONE PREGNANCY SINCE (START DATE), PROBE FOR OUTCOME OF (NEXT) MOST RECENT PREGNANCY.)
IF RESPONDENT VOLUNTEERS STILLBIRTH, MISCARRIAGE, OR ABORTION, CODE AS APPROPRIATE.

DO NOT PROBE A 'NO' RESPONSE. CODE 5, 'NO, OUTCOME NOT VOLUNTEERED.'

YES, ENDED IN A LIVE BIRTH ............. 1
NO, ENDED IN MISCARRIAGE ............... 2 {BOX_02}
NO, ENDED IN STILLBIRTH ................ 3 {BOX_02}
NO, ENDED IN ABORTION .................. 4 {BOX_02}
NO, OUTCOME NOT VOLUNTEERED ............ 5 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

DISPLAY 'most recent pregnancy' IF LOOPING ON FIRST PREGNANCY OF CURRENT REFERENCE PERIOD.

DISPLAY 'next most recent pregnancy' IF LOOPING ON ANY PREGNANCY, AFTER THE FIRST PREGNANCY, OF CURRENT REFERENCE PERIOD.

DISPLAY 'pregnancy that we talked about last time' IF LOOPING ON PREGNANCY FROM PREVIOUS ROUND.

DISPLAY 'IF MORE THAN ONE PREGNANCY SINCE (START DATE), PROBE FOR OUTCOME OF (NEXT) MOST RECENT PREGNANCY.' IF NOT LOOPING ON FIRST PREGNANCY OF CURRENT ROUND OR PREGNANCY FROM PREVIOUS ROUND.

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

SHOW CARD PG-1.

Looking at this card, which of these complications, if any, did (PERSON) experience during this pregnancy?

CODE ALL THAT APPLY.

HIGH BLOOD PRESSURE, TOXEMIA,
PRE-ECLAMPSIA, OR ECLAMPSIA ........ 1
ANEMIA ................................ 2
DIABETES, GESTATIONAL DIABETES, OR
HIGH BLOOD SUGAR .................... 3
LOW LYING PLACENTA (PLACENTA PREVIA) .. 4
VAGINAL BLEEDING ...................... 5
PREMATURE LABOR ....................... 6
NONE OF THESE COMPLICATIONS ........... 95
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code All That Apply]

PRESS F1 FOR DEFINITION OF SELECTED CONDITIONS.

---

NOTE: CODE '95' (NONE OF THESE COMPLICATIONS) WILL NOT APPEAR ON THE SHOW CARD.

---

IF PG01 IS CODED '1' (YES), GO TO PG11

---

OTHERWISE, CONTINUE WITH PG04

PG04
How many babies did (PERSON) deliver?

[Enter Small Number] ......................
REF .................................... -7
DK ...................................... -8

---
NOTE: IF PG04 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), ASK ITEMS LOOP_01 TO END_LP01 ONCE.

---
SOFT RANGE CHECK: 1 TO 6 BABIES.

PG05

Where was the delivery - in a hospital, a birthing center separate from a hospital, at home, or some other place?

HOSPITAL ............................... 1 {PG06}
BIRTHING CENTER ........................ 2 {LOOP_01}
HOME ................................... 3 {LOOP_01}
SOME OTHER PLACE ...................... 91
REF .................................... -7 {LOOP_01}
DK ...................................... -8 {LOOP_01}

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

PG05OV

ENTER OTHER:

[Enter Other Specify] ..................   {LOOP_01}
REF .................................... -7 {LOOP_01}
DK ...................................... -8 {LOOP_01}

PG06

What kind of delivery did (PERSON) have? Was it a vaginal delivery or a caesarean section?

VAGINAL DELIVERY ....................... 1
CAESAREAN SECTION ..................... 2 {LOOP_01}
REF .................................... -7 {LOOP_01}
DK ...................................... -8 {LOOP_01}

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

PG07

Were forceps used for the delivery?

YES ................................. 1
Did (PERSON) receive an epidural or a 'spinal' for pain?

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

PRESS F1 FOR DEFINITION OF EPIDURAL/SPINAL.

FOR EACH OF THE FOLLOWING:

BABY #1
BABY #2
BABY #3
BABY #4
BABY #5

ASK PG09-END_LP01

LOOP DEFINITION: LOOP 01 COLLECTS INFORMATION ABOUT EACH BABY BORN AS A RESULT OF THE PREGNANCY BEING ASKED ABOUT. THE NUMBER OF LOOP CYCLES IS DETERMINED BY THE RESPONSE TO PG04. LOOP 01 CYCLES THE NUMBER OF TIMES AS THE NUMBER CODED IN PG04. IF PG04 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), TREAT AS A '1' RESPONSE TO PG04; THAT IS, CYCLE THROUGH LOOP_01 ONCE.

How much did the (first/next) baby weigh at birth?

POUNDS AND OUNCES .......................... 1 {PG09OV1}
GRAMS ................................. 2 {PG09OV3}
REF .................................. -7 {PG10}
DK ................................. -8 {PG10}

[Code One]

DISPLAY 'BABY #{n}' IF PG04 IS NOT CODED '1', '-7' (REFUSED), OR '-8' (DON'T KNOW). DISPLAY THE NUMBER OF THE CURRENT LOOP CYCLE (FOR LOOP_01) FOR 'n'.

RANGE CHECK: 2-15 FOR POUNDS; 0-15 FOR OUNCES; 500-6800 FOR GRAMS.
PG09OV1

ENTER POUNDS:

[Enter Pounds] ........................
REF ................................... -7 \{PG10\}
DK ..................................... -8 \{PG10\}

PG09OV2

PROBE FOR OUNCES IF NOT REPORTED.

ENTER OUNCES:

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

----------------------------------------------------
|  IF THE RESPONSE TO PG09OV1 IS '5' FOR THE NUMBER |
|  OF POUNDS AND PG09OV2 IS CODED '-7' (REFUSED) OR  |
|  '-8' (DON'T KNOW), GO TO PG10                     |
----------------------------------------------------
|  OTHERWISE, GO TO END_LP01                        |
----------------------------------------------------

PG09OV3

ENTER GRAMS:

[Enter Grams] .......................... \{END_LP01\}
REF ................................... -7
DK ..................................... -8

PG10

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

{BABY #(n)}

Did the (first/next) baby weigh less than five and a half
pounds (2500 grams), five and a half to nine pounds (2500
to 4100 grams), or more than 9 pounds (4100 grams)?

LESS THAN 5-1/2 POUNDS/2500 GRAMS ... 1
5-1/2 TO 9 POUNDS/2500 TO 4100 GRAMS ... 2
MORE THAN 9 POUNDS/4100 GRAMS ........ 3
REF ................................... -7
DK ..................................... -8

[Code One]

----------------------------------------------------
|  DISPLAY ‘BABY #(n)’ IF PG04 IS NOT CODED ‘1’,     |
|  ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW). DISPLAY     |
|  THE NUMBER OF THE CURRENT LOOP CYCLE (FOR LOOP_01)|
|  FOR ‘n’.                                         |
----------------------------------------------------

-----------------------------------------------------
|  EDIT: IF CODED ‘3’ (MORE THAN 9 POUNDS/4100 GRAMS) |
|  AND THE RESPONSE TO PG09OV1 IS ‘5’ FOR THE NUMBER  |
|  OF POUNDS, DISPLAY THE FOLLOWING MESSAGE:          |
|  ‘CODE NOT AVAILABLE. R REPORTED BABY WEIGHED     |
|  5 LBS. VERIFY AND RE-ENTER.’                     |
-----------------------------------------------------
IF NUMBER OF BABIES DELIVERED (PG04) < NUMBER OF LOOP CYCLES COMPLETED, THEN CYCLE ON NEXT BABY.

OTHERWISE, END LOOP_01 AND GO TO BOX_02

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

{How/As of December 31, 1999, how} many weeks or months pregnant {are/is)/(were/was}) (PERSON)

[Enter Number of Weeks/Months] ...........

REF ................................... -7 {PG12}
DK .................................... -8 {PG12}

DISPLAY 'How' AND '(are/is)' IF NOT ROUND 5.
DISPLAY 'As of December 31, 1999, how' AND '(were/was)' IF ROUND 5.

ENTER UNIT:

WEEKS .................................. 1 {BOX_02}
MONTHS ................................. 2 {BOX_02}
REF ................................... -7
DK .................................... -8

CODE ONE

EDIT CHECK: 1-42 FOR WEEKS; 1-10 FOR MONTHS.

{(Are/Is)/As of December 31, 1999, (were/was}) (PERSON) less than 3 months pregnant, 3-6 months pregnant, or more than 6 months pregnant?

LESS THAN 3 MONTHS ..................... 1
3 TO 6 MONTHS .......................... 2
MORE THAN 6 MONTHS ........................ 3
REF ................................... -7
DK .................................... -8

CODE ONE

DISPLAY '{Are/Is}' IF NOT ROUND 5. DISPLAY 'As of December 31, 1999, (were/was)' IF ROUND 5.

RETURN TO THE CE SECTION.
Prescribed Medicines (PM) Section

PM01

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)
(END-DT)

The next questions are about prescription medicines (PERSON) purchased or received (since (START DATE)/between (START DATE) and (END DATE)).

[It would be very helpful for the following questions if we could look at the bottles, containers, tubes, or bags for each of the medicines we will be talking about.]

PRESS ENTER TO CONTINUE.

PM02

(PERSON'S FIRST MIDDLE AND LAST NAME) (STR-DT)
(END-DT)

While we were talking about (PERSON)'s medical care, we listed the following prescription(s) as purchased or received (since (START DATE)/between (START DATE) and (END DATE)). (READ MEDICINES BELOW.)

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{NAME OF PRESCRIPTION MEDICINE.}
{NAME OF PRESCRIPTION MEDICINE.}
{NAME OF PRESCRIPTION MEDICINE.}

INFORMATION OKAY ....................... 1 {PM04}
AT LEAST ONE MEDICINE INCORRECT ........ 2

[Code One]
PM03
====

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

SELECT MEDICINE(S) THAT WERE RECORDED INCORRECTLY.

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

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL
MEDICINES IN THE PERSON'S-PRESCRIBED-MEDICINES-
ROSTER THAT ARE FLAGGED AS EITHER 'CREATED' OR
'SELECTED' DURING THE CURRENT ROUND.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY
LISTED ON THE ROSTER.
2. DO NOT ALLOW MEDICINES TO BE ADDED, EDITED OR
DELETED.

FLAG SELECTED MEDICINES AS 'INCORRECT'. THESE
MEDICINES WILL NOT BE ELIGIBLE FOR LOOP_01 (I.E.,
NOT 'CREATED' OR 'SELECTED' THIS ROUND).

PM04
====

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

{Since (START DATE)/Between (START DATE) and (END DATE)},
(have/has) (PERSON) obtained any medicines [we have not yet
talked about]? For example, (have/has) (PERSON) had any new
prescriptions or a refill of a prescription?

YES ......................... 1 {PM06}
NO ............................ 2 {PM06}
REF .......................... -7 {PM06}
DK ............................ -8 {PM06}

PRESS F1 FOR DEFINITION OF PRESCRIPTIONS AND REFILLS.

DISPLAY 'Since (START DATE)' IF NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE)' IF
ROUND 5.
What were the names of these medicines?

PROBE: Any other medicines?

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

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-PRESCRIBED-MEDICINES-ROSTER.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES). 
3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.’ 
4. ANY MEDICINE ADDED TO THE ROSTER SHOULD BE FLAGGED AS ‘CREATED’ THIS ROUND (WITH THE ROUND STATUS). ANY MEDICINE SELECTED AT THE ROSTER SHOULD BE FLAGGED AS ‘SELECTED’ THIS ROUND (WITH THE ROUND STATUS). THIS FLAGGING SHOULD OCCUR, AT EACH PERSON’S-PRESCRIBED-MEDICINES-ROSTER THROUGHOUT THE INSTRUMENT (UNLESS OTHERWISE SPECIFIED), THE FIRST TIME THE MEDICINE IS ADDED OR SELECTED DURING THE ROUND. FOR EXAMPLE, IF IT IS ROUND 1, ALL MEDICINES ON THE ROSTER WOULD HAVE THE FLAG ‘CREATED - ROUND 1’. IF A MEDICINE IS CREATED IN HS, BUT SELECTED IN MV, ALL DURING ROUND 1, IT WOULD ONLY HAVE THE FLAG ‘CREATED - ROUND 1’. THUS, FOR ANY ONE ROUND, A MEDICINE CAN ONLY BE FLAGGED AS ‘CREATED’ OR ‘SELECTED’. IF IT IS ROUND 2 AND A MEDICINE THAT WAS CREATED IN ROUND 1 IS SELECTED, IT SHOULD BE FLAGGED AS ‘SELECTED - ROUND 2’. THIS FLAG IS IN ADDITION TO THE ORIGINAL ‘CREATED - ROUND 1’ FLAG.

THE PERSON’S-PRESCRIBED-MEDICINES-ROSTER WILL CONTAIN ALL PREVIOUSLY CREATED PRESCRIBED MEDICINES FROM ALL PREVIOUS ROUNDS, AS WELL AS MEDICINES FROM THE CURRENT ROUND. WHEN A MEDICINE FROM A PREVIOUS ROUND IS SELECTED, A NEW EVENT IS CREATED SINCE IT INVOLVES A NEW PURCHASE. A NEW PURCHASE REQUIRES ASKING CP AND WHAT PHARMACY. THE REASON FOR INCLUDING ALL OF THE PRESCRIBED MEDICINES ON THE ROSTER IS SIMPLY TO AVOID THE INTERVIEWER HAVING TO TYPE THEM IN AGAIN (IF THE PERSON IS GETTING REFILLS OF THE SAME MEDICINE EVERY ROUND).
(Since (START DATE)/Between (START DATE) and (END DATE)), did (PERSON) get any free samples of prescribed medicines from a medical or dental provider that we have not yet talked about?

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

PRESS F1 FOR DEFINITION OF FREE SAMPLES.

----------------------------------------------------
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5.      |
| DISPLAY 'Between (START DATE) and (END DATE)' IF  |
| ROUND 5.                                          |
----------------------------------------------------

PM07

What are the names of the medicines (PERSON) got as free samples?

PROBE: Any other free samples?

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

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

---
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| PRESCRIBED-MEDICINES-ROSTER.                    |
---

---
| SEE PM05 FOR PRESCRIBED MEDICINE ROSTER BEHAVIOR |
| SPECIFICATIONS.                                   |
---

---
| ONLY MEDICINES CREATED AT PM07 DURING THE CURRENT |
| ROUND SHOULD BE FLAGGED AS 'FREE SAMPLE'.         |
---

BOX_01

---
| IF NO MEDICINES FLAGGED AS 'CREATED' OR 'SELECTED' |
| DURING THE CURRENT ROUND, GO TO BOX_06            |
---

---
| OTHERWISE, CONTINUE WITH LOOP_01                  |
---

LOOP_01

---
| FOR EACH ELEMENT IN PERSON’S-PRESCRIBED-MEDICINES-|
| ROSTER, ASK BOX_01A-END_LP01                      |
---
LOOP DEFINITION: LOOP 01 COLLECTS INFORMATION ABOUT EACH PRESCRIBED MEDICINE CREATED OR SELECTED DURING THE CURRENT ROUND. THIS LOOP CYCLES ON PRESCRIBED MEDICINES THAT MEET ONE OF THE FOLLOWING CONDITIONS:

- PRESCRIBED MEDICINE IS FLAGGED AS 'CREATED' DURING THE CURRENT ROUND.
- OR
- PRESCRIBED MEDICINE IS FLAGGED AS 'SELECTED' DURING THE CURRENT ROUND.

---

BOX_01A

---

IF ROUND 5, CONTINUE WITH PM07A

---

OTHERWISE, GO TO PM08

---

PM07A

{PERSON'S FIRST MIDDLE AND LAST NAME} (NAME OF PRESCRIPTION MEDICINE.) (STR-DT) (END-DT)

Now, let's talk about (MEDICINE).

Was (MEDICINE) purchased or obtained sometime between (START DATE) and (END DATE)?

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

---

IF CODED '2' (NO), FLAG MEDICINE AS 'INCORRECT'.
THIS MEDICINE SHOULD NOT BE FLAGGED AS 'CREATED'
OR 'SELECTED' FOR ROUND 5.

---

PM08

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF PRESCRIPTION MEDICINE.} {STR-DT} (END-DT)

(Now, let's talk about (MEDICINE).)

Is (MEDICINE) used for a specific health problem?

YES .................................... 1
NO ..................................... 2 {PM10}
REF ................................... -7 {PM10}
DK .................................... -8 {PM10}

---

DISPLAY 'Now let's talk about (MEDICINE)'. IF NOT ROUND 5. IF ROUND 5, USE A NULL DISPLAY.

---

PM09

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF PRESCRIPTION MEDICINE.} {STR-DT} (END-DT)

What health problem is (MEDICINE) prescribed for?
PROBE: Any other health problems?

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

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

1. Medical Condition
2. Medical Condition
3. Medical Condition

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

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

PM10

(PERSON’S FIRST MIDDLE AND LAST NAME) (NAME OF PRESCRIPTION MEDICINE.) (STR-DT)
(END-DT)

How many times was (MEDICINE) obtained or purchased for (PERSON) [since (START DATE)/between (START DATE) and (END DATE)]?

[Enter Number of Times] ............... 
REF ..................................... -7
DK ..................................... -8

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

IF MEDICINE BEING ASKED ABOUT IS FLAGGED AS ‘SELECTED’ DURING THE CURRENT ROUND, GO TO BOX_02.

IF MEDICINE BEING ASKED ABOUT IS FLAGGED AS ‘CREATED’ DURING THE CURRENT ROUND, CONTINUE WITH PM11.
In what year did (PERSON) first use (MEDICINE)?

[Enter Year-4] ........................
HAS NOT YET TAKEN/USED .............. XX
REF .................................... -7
DK ..................................... -8

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH PM11OV1 |
----------------------------------------------------
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO PM11OV2 |
----------------------------------------------------
| OTHERWISE, GO TO BOX_02                           |
----------------------------------------------------

PM11OV1
=======

[Enter Month, Day-2] ...................... {BOX_02}
REF .................................... -7 {BOX_02}
DK ..................................... -8 {BOX_02}

PM11OV2
=======

[Enter Month-2] ........................
REF .................................... -7
DK ..................................... -8

----------------------------------------------------
EDIT/RANGE CHECK:
ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
  - IF DAY:
    - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED
      '01', '03', '05', '07', '08', '10', '12';
    - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED
      '04', '06', '09', '11';
    - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED
      '02' AND YEAR IS 1996 (LEAP YEAR);
    - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED
      '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).
MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

----------------------------------------------------
THE COMPLETE DATE CANNOT BE BEFORE THE PERSON’S DATE OF BIRTH OR AFTER THE REFERENCE PERIOD END DATE FOR THIS PERSON.

BOX_02
======

----------------------------------------------------
IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN ASKED FOR THIS MEDICINE, ASK THE CHARGE/PAYMENT (CP) SECTION
Otherwise, continue with END_LP01

END_LP01
=====

Cycle on next medicine in person’s-prescribed-medicines-roster that meets the conditions stated in the loop definition.

If no other medicines meet the stated conditions, end loop_01 and continue with box_03

BOX_03
=====

If all prescribed medicines for this person are flagged as ‘free samples’ (in both FM and CP) during the current round, go to box_06

Otherwise, continue with loop_02

LOOP_02
=====

For each of the following:

- Pharmacy 1
- Pharmacy 2
- Pharmacy 3
- Pharmacy 4

Ask box_04a-END_LP02

Loop definition: Loop_02 enumerates pharmacies used by person for prescribed medicines that were created or selected during the current round. The response to PM17 determines if the loop cycles again. If PM17 is coded ‘1’ (yes), the loop cycles to collect the next pharmacy used by person. If PM17 is coded ‘2’ (no), ‘-7’ (refused), or ‘-8’ (don’t know), the loop ends.

BOX_04A
=====

As a pharmacy is entered or selected, flag the pharmacy with the current round (i.e., the most recent round it was entered/selected). This round flag is used to determine whether the pharmacy is eligible for pharmacy permission form collection for this ru member.

BOX_04
=====

If there are no pharmacies on the ru-pharmacies-roster, go to PM14
PM12

(Person's First Middle and Last Name) (STR-DT)

(End-DT)

What is the name of the (next) pharmacy that filled the prescription(s) for (Person)?

To turn check mark on/off, use arrow keys, press enter. To leave, press ESC.

<table>
<thead>
<tr>
<th>Roster. Pharmacy</th>
<th>PM12_02. Street</th>
<th>PM12_03. City</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pharmacy</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Pharmacy</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Pharmacy</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

-------------------
| Roster Definition: This item displays the RU-Pharmacies-Roster. |
-------------------

-------------------
<table>
<thead>
<tr>
<th>Roster Behavior Specifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interviewer may select any pharmacy already listed or select 'none of the above.'</td>
</tr>
<tr>
<td>2. Only one selection may be made.</td>
</tr>
<tr>
<td>3. Interviewer can not add at this screen.</td>
</tr>
<tr>
<td>Pharmacies are 'added' by using the 'none of the above' selection.</td>
</tr>
<tr>
<td>4. Interviewer can not delete at this screen (i.e., Ctrl/D).</td>
</tr>
</tbody>
</table>
-------------------

-------------------
| Display 'none of the above' as the last entry. |
-------------------

-------------------
| If 'none of the above' is selected, go to PM14 |
-------------------

-------------------
| Otherwise, continue with PM13 |
-------------------

PM13

(Person's First Middle and Last Name) (STR-DT)

(End-DT)

Is the address of (Read name and address of pharmacy below)...

{Pharmacy Name Selected At PM12}
{Pharmacy Street Address Line1.}
{Pharmacy Street Address Line2.}
{Pharmacy City...st,zipcode...}
{Phrm Phone}

Address and Telephone Correct ........ 1 {box_05}
Add New Address for Pharmacy .......... 2
Above Address/Telephone Needs Correction .......................... 3 {pm15}
Selected Wrong Pharmacy/Address ....... 4
What is the name and address of the (next) pharmacy that filled the prescription(s) for (PERSON)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF PHARMACY HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON HAD PRESCRIPTION FILLED.

PHARMACY_NAME (PM14_01): [_____________
PHARMACY_STR1 (PM14_02): [_____________
PHARMACY_STR2 (PM14_03): [_____________
PHARMACY_CITY (PM14_04): [_____________
PHARMACY_STATE (PM14_05): [_____________
PHARMACY_ZIPCODE (PM14_06): [_____________
PHARMACY_PHONE (PM14_07): [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON EACH FORM ITEM EXCEPT FOR PHARMACY NAME (PM14_01).

EDIT: CHECK THAT STATE ABBREVIATION IS VALID.

IF PM13 IS CODED '2' (ADD NEW ADDRESS FOR PHARMACY), PM14 WILL NOT COLLECT THE PHARMACY NAME, PM14_01 WILL DISPLAY THE PHARMACY NAME AND CANNOT BE EDITED.

GO TO BOX_05

CORRECT ADDRESS OR TELEPHONE FOR: (PHARMACY NAME W/WRONG ADDRESS.)
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [PHARMACY_STR1]
[PHARMACY_STR2]
[PHARMACY_CITY]
[PHARMACY_STATE]
[PHARMACY_ZIPCODE]
[PHARMACY_PHONE]

PHARMACY_STR1 (PM15_01): [_____________
PHARMACY_STR2 (PM15_02): [_____________
PHARMACY_CITY (PM15_03): [_____________
PHARMACY_STATE (PM15_04): [_____________
PHARMACY_PHONE (PM15_05): [_____________
PHARMACY ZIPCODE (PM15_05): [_____________
PHARMACY PHONE (PM15_06): [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| EDIT: CHECK THAT STATE ABBREVIATION IS VALID. |
----------------------------------------------------

box_05

----------------------------------------------------
| IF THE NAME OR ADDRESS FIELDS WERE COMPLETED IN |
| PM14 FOR THE PHARMACY BEING ASKED ABOUT (THAT IS, |
| THE PHARMACY WAS ADDED TO THE RU-PHARMACIES- |
| ROSTER OR A NEW ADDRESS WAS ENTERED FOR AN |
| EXISTING PHARMACY), CONTINUE WITH PM16 |
----------------------------------------------------

| OTHERWISE, GO TO PM17 |

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

pm16

PUBLIC PHONE NUMBER (PM15_06): [_____________

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

What type of pharmacy is that? Is it a mail-order pharmacy; a pharmacy located in another store such as a grocery or department store; a pharmacy located in an HMO, clinic, or hospital; or is it a drug store that is not located within another facility?

MAIL-ORDER ......................... 1
IN ANOTHER STORE ...................... 2
IN HMO/CLINIC/HOSPITAL ............... 3
DRUG STORE ............................ 4
REF ..................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

pm17

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

Did (PERSON) use another pharmacy {since (START DATE)/between (START DATE) and (END DATE)}?

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

----------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5. |

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

end_lf02

----------------------------------------------------
| IF PM17 IS CODED '1' (YES), CYCLE TO COLLECT |
| INFORMATION ABOUT THE NEXT PHARMACY USED BY |
| PERSON. |

----------------------------------------------------
IF PM17 IS CODED '2' (NO), '-7 (REFUSED), OR '-8' (DON'T KNOW), END LOOP_02 AND CONTINUE WITH BOX_06

BOX_06

GO TO NEXT QUESTIONNAIRE SECTION
Provider Probes (PP) Section

BOX_01A
========

THE PROVIDER PROBES (PP) SECTION (INCLUDING THE EVENT ROSTER (EV) AND PROVIDER ROSTER (PV) SECTIONS WHICH ARE CALLED IN THE COURSE OF PP) COLLECTS THE INFORMATION REQUIRED TO CREATE AN EVENT. THIS INFORMATION INCLUDES THE EVENT TYPE, PERSON, PROVIDER, AND DATE OR DATE RANGE. ONCE THE EV SECTION IS COMPLETED FOR AN EVENT, THE INTERVIEWER CANNOT BACK UP TO EDIT THAT EVENT OR ANY OTHER EVENTS THAT WERE CREATED PREVIOUSLY. HOWEVER, EVENTS CAN BE EDITED IN THE EVENT DRIVER (ED) SECTION OF THE QUESTIONNAIRE.

BOX_01
======

IF DISCHARGE DATE CODED '95' (STILL IN HOSPITAL) FOR ANY HOSPITAL STAY (HS) EVENT REPORTED IN PREVIOUS ROUND FOR ANY RU MEMBER, CONTINUE WITH LOOP_01

OTHERWISE, GO TO BOX_02

LOOP_01
=======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK PP01 - END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS THE DISCHARGE DATE OF A HOSPITAL STAY FOR ANY PERSON STILL IN THE HOSPITAL AT THE END OF THE PREVIOUS ROUND. THIS LOOP CYCLES ON PERSONS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON HAD AN HS EVENT DURING THE PREVIOUS ROUND AND
- ONE OF PERSON'S HS EVENTS HAD A DISCHARGE DATE CODED '95' (STILL IN HOSPITAL).

PP01
=====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (ADM-DT)

Last time, we recorded that (PERSON) entered (PROVIDER) on (ADMIT DATE) and was still in the hospital at the time of our interview on (PREV RD INTV DT).

On what date was (PERSON) discharged from (PROVIDER)?

IF STILL IN HOSPITAL (OR RELEASED IN 2000), ENTER 95 IN MONTH FOR DISCHARGE DATE.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

(Display Month,Day,Year-4) [Enter Month,Day,Year-4]
(Display Month,Day,Year-4) [Enter Month,Day,Year-4]
(Display Month,Day,Year-4) [Enter Month,Day,Year-4]
ROSTER DEFINITION: THIS ITEM USES PERSON'S-MEDICAL-EVENTS-ROSTER TO DISPLAY ALL HS EVENTS THAT WERE CODED '95' (STILL IN HOSPITAL) DURING THE PREVIOUS ROUND.

PERSON'S EVENT ROSTER BEHAVIOR SPECIFICATIONS:
ADMIT DATE IS A PROTECTED FIELD. INTERVIEWER CAN ENTER DISCHARGE DATE ONLY.

DISPLAY THE DATE OF THE PREVIOUS ROUND'S INTERVIEW FOR '{PREV RD INTV DT}'. DISPLAY 'OR RELEASED IN 2000' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
FOR 'Display Month,Day,Year-2', DISPLAY THE ADMIT DATE OF THE HS EVENT WITH A DISCHARGE DATE OF '95' (STILL IN HOSPITAL) FOR THIS PERSON.

END_LP01
========

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

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

BOX_02
======

IF DISCHARGE DATE CODED '95' (STILL IN INSTITUTION) FOR ANY INSTITUTIONAL STAY (IC) EVENT REPORTED IN PREVIOUS ROUND FOR ANY RU MEMBER, CONTINUE WITH LOOP_02

OTHERWISE, GO TO BOX_03

LOOP_02
=======

FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK PP02 - END_LP02

LOOP DEFINITION: LOOP_02 COLLECTS THE DISCHARGE DATE OF AN INSTITUTIONAL STAY FOR ANY PERSON STILL IN THE INSTITUTION AT THE END OF THE PREVIOUS ROUND. THIS LOOP CYCLES ON PERSONS THAT MEET THE FOLLOWING CONDITIONS:
- PERSON HAD AT LEAST ONE IC EVENT DURING THE PREVIOUS ROUND
AND
- ONE OF PERSON'S IC EVENTS HAD A DISCHARGE DATE CODED '95' (STILL IN INSTITUTION).

PP02
====
Last time we recorded that (PERSON) entered (PROVIDER) on (ADMIT DATE) and was still there at the time of our interview on (PREV RD INTV DT).

On what date was (PERSON) discharged from (PROVIDER)?

IF STILL IN INSTITUTION (OR RELEASED IN 2000), ENTER 95 IN MONTH FOR DISCHARGE DATE.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

(Display Month, Day, Year-4) [Enter Month, Day, Year-4]
(Display Month, Day, Year-4) [Enter Month, Day, Year-4]
(Display Month, Day, Year-4) [Enter Month, Day, Year-4]

ROSTER DEFINITION: THIS ITEM USES PERSON’S-MEDICAL-EVENTS-ROSTER TO DISPLAY ALL IC EVENTS THAT WERE CODED ‘95’ (STILL IN INSTITUTION) DURING THE PREVIOUS ROUND.

PERSON’S EVENT ROSTER BEHAVIOR SPECIFICATIONS:

ADMIT DATE IS A PROTECTED FIELD. INTERVIEWER CAN ENTER DISCHARGE DATE ONLY.

DISPLAY THE DATE OF THE PREVIOUS ROUND’S INTERVIEW FOR '{PREV RD INTV DT}'. DISPLAY ‘OR RELEASED IN 2000’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. FOR ‘Display Month, Day, Year-2’, DISPLAY THE ADMIT DATE OF THE IC EVENT WITH A DISCHARGE DATE OF ‘95’ (STILL IN INSTITUTION) FOR THIS PERSON.

END_LP02

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH BOX_03

BOX_03

IF CA03 IS CODED ‘5’ (VOLUNTEERED NO EVENTS TO RECORD), GO TO PP03A

IF CA03 IS CODED ‘3’ (SOME VISITS RECORDED), ‘4’ (DID NOT USE), ‘-7’ (REFUSED), ‘-8’ (DON’T KNOW), OR IS NOT ASKED (CALENDAR NEVER USED), GO TO PP14

OTHERWISE, CONTINUE WITH LOOP_03
LOOP_03

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_04 - END_LP03

LOOP DEFINITION: LOOP_03 asks the event roster (EV) section for each event recorded on the calendar. The response to PP03 determines whether the loop cycles again. If PP03 is coded '1' (YES), the loop cycles to collect the next event. If PP03 is coded '2' (NO) or '3' (NO events on calendar to record), the loop ends.

BOX_04

IF FIRST CYCLE OF LOOP_03, GO TO PP03

OTHERWISE, CONTINUE WITH BOX_05

BOX_05

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION,
CONTINUE WITH PP03

PP03

INTERVIEWER: ADD (AN/ANOTHER) EVENT?

YES ............................................. 1
NO ............................................. 2
{NO EVENTS ON CALENDAR TO RECORD ........ 3}

DISPLAY CODE 3 (NO EVENTS ON CALENDAR TO RECORD), ONLY IF FIRST CYCLE OF LOOP_03. OTHERWISE, USE A NULL DISPLAY.

END_LP03

IF PP03 IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP03 IS CODED '2' (NO) OR '3' (NO EVENTS ON CALENDAR TO RECORD), END LOOP_03 AND CONTINUE WITH PP03A.
As you know, it is important for us to get complete and accurate information of all of the family's health care events. I'd like you to take a few minutes to look at several lists of health care providers, to be sure we haven’t missed any visits or calls, including those made just for advice, prescriptions, tests, shots, or x-rays.

PRESS ENTER TO CONTINUE.

SHOW CARD PP-1.

(Since (START DATE)/Between (START DATE) and (END DATE)), has anyone in the family seen or spoken with a medical or mental health professional, dentist, or other health care provider listed on this card [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2 {PP06}
REF ................................... -7 {PP06}
DK .................................... -8 {PP06}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

----------------------------------------------------
<p>| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.   |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |</p>
<table>
<thead>
<tr>
<th>ROUND 5.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| NOTE: IN ROUNDS 1 AND 2 THE PHRASE “[Other than   |
| what we have already talked about]” WAS NOT       |</p>
<table>
<thead>
<tr>
<th>INCLUDED AS PART OF THE QUESTION TEXT</th>
</tr>
</thead>
</table>

LOOP_04

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_06 - END_LP04

LOOP DEFINITION: LOOP_04 COLLECTS ALL DENTAL (DN) AND MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED.

THE RESPONSE TO PP05 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP05 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP05 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.
PP05
====

{STR-DT}
{END-DT}

SHOW CARD PP-1.

Has {PERSON’S FIRST MIDDLE AND LAST NAME} had any other visits or calls to health care providers listed on this card? Or has anyone else in the family visited or called a health care provider listed here? [Please include any visits or calls we have not yet talked about.]

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

END_LP04
========

IF PP05 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP05 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_04 AND CONTINUE WITH PP06

PP06
====

{STR-DT}
{END-DT}

SHOW CARD PP-2.

{Has/Between (START DATE) and (END DATE), has} anyone in the family been a patient in a hospital or been seen in a hospital emergency room or outpatient department? Or has anyone been a patient in any type of long term care facility? [Please include any hospital care we have not yet talked about.]

YES .................................... 1
NO ..................................... 2 {PP08}
DISPLAY ‘Has’ IF NOT ROUND 5. DISPLAY ‘Between (START DATE) and (END DATE), has’ IF ROUND 5.

NOTE: IN ROUNDS 1 AND 2 THE SENTENCE “[Please include any hospital care we have not yet talked about.]” WAS NOT INCLUDED AS PART OF THE QUESTION TEXT.

LOOP_05

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_07 - END_LP05.

LOOP DEFINITION: LOOP_05 COLLECTS ALL HOSPITAL BASED AND INSTITUTIONAL STAY EVENTS (I.E., HS, ER, OP, AND IC EVENTS) NOT ALREADY RECORDED.

THE RESPONSE TO PP07 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP07 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP07 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_07

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP07

PP07

{STR-DT}
{END-DT}

SHOW CARD PP-2.

Has {PERSON’S FIRST MIDDLE AND LAST NAME} had any other visits to a hospital or long term care facility? Or has anyone else in the family been a patient in or seen at a hospital or long term care facility? [Please include any hospital care we have not yet talked about.]

YES ................................. 1
NO ................................. 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR '{PERSON'S FIRST MIDDLE AND LAST NAME}'.

NOTE: IN ROUNDS 1 AND 2 THE SENTENCE "[Please include any hospital care we have not yet talked about.]" WAS NOT INCLUDED AS PART OF THE QUESTION TEXT.

END_LP05

IF PP07 IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP07 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_05 AND CONTINUE WITH PP08

PP08

{STR-DT}
{END-DT}

SHOW CARD PP-3.

What about visits to the home because of a health problem for any of these services {between (START DATE) and (END DATE)}? [Please include any home care services we have not yet talked about.]

YES .................................... 1
NO ..................................... 2 {PP12}
REF ................................... -7 {PP12}
DK .................................... -8 {PP12}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

LOOP_06

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_08 - END_LP06.

LOOP DEFINITION: LOOP_06 COLLECTS ALL HOME HEALTH (HH) EVENTS NOT ALREADY RECORDED.

THE RESPONSE TO PP09 DETERMINES WHETHER THE LOOP
CYCLES AGAIN. IF PP09 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP09 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

---

ASK THE EVENT ROSTER (EV) SECTION

---

AT COMPLETION OF THE EV SECTION,

CONTINUE WITH PP09

---

PP09

{STR-DT}
(END-DT)

SHOW CARD PP-3.

Because of a health problem, has (PERSON’S FIRST MIDDLE AND LAST NAME) received any other home care services? Or has anyone else in the family received home care services such as those listed on this card? [Please include any home care services we have not yet talked about.]

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

---

DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR ‘(PERSON’S FIRST MIDDLE AND LAST NAME).’

---

END LP06

---

IF PP09 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

---

IF PP09 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_06 AND CONTINUE WITH PP12

PP12

{STR-DT}
(END-DT)

SHOW CARD PP-4.

{And finally/Between (START DATE) and (END DATE)}, did anyone in the family obtain eyeglasses, contact lenses, or diabetic equipment {since (START DATE)} [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2
DISPLAY 'And finally' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.
DISPLAY 'since (START DATE)' IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.

IF PP12 IS CODED '1' (YES), CONTINUE WITH LOOP_07.

IF PP12 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND CURRENT ROUND IS ROUND 3 OR ROUND 5, GO TO PP13A.

OTHERWISE, GO TO BOX_10.

LOOP_07

For each of the following:
EVENT 1
EVENT 2
EVENT 3
EVENT 4
ask BOX_09 - END_LP07.

LOOP DEFINITION: LOOP_07 COLLECTS ALL OTHER MEDICAL EXPENSE (OM) EVENTS NOT ALREADY RECORDED.
THE RESPONSE TO PP13 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP13 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP13 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.

BOX_09

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION,
CONTINUE WITH PP13

PP13

{STR-DT}
{END-DT}
SHOW CARD PP-4.
Has anyone else in the family obtained eyeglasses, contact lenses, or diabetic equipment [other than what we have already
Now I would like you to think about the entire calendar year 1999, that is from January 1, 1999 until December 31, 1999.

Please look at the types of other medical expenses listed on this card. **Did anyone in the family obtain any of these types of other medical expenses during the year 1999?**

PROBE: These could include ambulance services, canes, wheelchairs, corrective shoes, hearing aids or amplifiers for a telephone, artificial limbs, raised toilet seats, a modification to the house or a car because of some illness or injury, for example ramps or handrails, etc.

YES .................................... 1
NO ..................................... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_09B - END_LP07A.

---

LOOP DEFINITION: LOOP_07A COLLECTS ALL OTHER TYPES OF MEDICAL EXPENSE (OM) EVENTS FOR THE YEAR 1997 NOT ALREADY RECORDED.

THE RESPONSE TO PP13B DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP13B IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP13B IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW), THE LOOP ENDS.

---

BOX_09B ======

---

ASK THE EVENT ROSTER (EV) SECTION

---

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP13B

---

PP13B ======

JAN 01
DEC 31

SHOW CARD PP-4A.

During the calendar year 1999, has anyone else in the family obtained, purchased, or rented any of the types of other medical expenses listed on this card [other than what we have already talked about]?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

---

NOTE: IN ROUND 3, QUESTION REFERRED TO '1998', NOT '1999'.

---

END_LP07A ======

---

IF PP13B IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT.

---

IF PP13B IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW), END LOOP_07A AND CONTINUE WITH BOX_10
These next questions ask about the different medical and dental care anyone in the family has received (since (START DATE)/between (START DATE) and (END DATE)). It is sometimes hard to remember dates accurately so take your time. You might want to look at any calendar you may keep, checkbook, or receipts to help you remember. We are interested in any type of visit or call, including those made just for advice, prescriptions, tests, shots, or x-rays.

PRESS ENTER TO CONTINUE.

LOOP DEFINITION: LOOP_08 collects all events for each RU member when the calendar is incomplete or was not used. This loop cycles on all RU members including persons who were deceased or institutionalized after the reference period start date.

PP15

(PERSON’S FIRST MIDDLE AND LAST NAME)   (STR-DT)
(END-DT)

SHOW CARD PP-5.

Now think about the health care (PERSON) has received (since (START DATE)/between (START DATE) and (END DATE)).

(Since (START DATE)/Between (START DATE) and (END DATE)), did (PERSON) see or talk to any type of dental care provider, such as the types listed on this card, for dental care or a dental check-up?

YES .................................... 1
NO ..................................... 2 {PP17}
REF ................................... -7 {PP17}
DK .................................... -8 {PP17}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]


**LOOP 09**

---

For each of the following:

- EVENT 1
- EVENT 2
- EVENT 3
- EVENT 4

ask BOX 11 - END_LP09.

---

**LOOP DEFINITION:** LOOP 09 COLLECTS ALL DENTAL (DN) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

The response to PP16 determines whether the loop cycles again. If PP16 is coded ‘1’ (YES), the loop cycles to collect the next event. If PP16 is coded ‘2’ (NO), ‘-7’ (REFUSED), or ‘-8’ (DON’T KNOW), the loop ends.

---

**BOX 11**

---

ASK THE EVENT ROSTER (EV) SECTION

---

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP16

---

**PP16**

---

(Person’s FIRST MIDDLE AND LAST NAME)  (STR-DT)
(STR-DT)

SHOW CARD PP-5.

(Since (START DATE)/Between (START DATE) and (END DATE)), did (PERSON) see or talk to any other type of dental care provider, such as the types listed on this card (other than what you’ve already told me about)?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

---

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

---

**END_LP09**

---

IF PP16 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.
IF PP16 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_09 AND CONTINUE WITH PP17.

PP17

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

SHOW CARD PP-6.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) see or talk to any medical doctor or nurse, such as those types listed on this card? [Please include telephone calls or visits where (PERSON) received advice, prescriptions, or test results.]

YES .................................... 1
NO ..................................... 2 {PP19}
REF ................................... -7 {PP19}
DK .................................... -8 {PP19}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

LOOP_10

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_12 - END LP10.

LOOP DEFINITION: LOOP 10 COLLECTS ALL MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP18 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP18 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP18 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_12

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP18.

PP18
SHOW CARD PP-6.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) see or talk to any other type of medical professional, such as the types listed on this card (other than what you’ve already told me about)?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

----------------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.      |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF  |
| ROUND 5.                                          |
----------------------------------------------------

END_LP10

PP19

SHOW CARD PP-7.

{Since (START DATE)/Between (START DATE) and (END DATE)}, was (PERSON) a patient in a hospital or receive care in a hospital emergency room or hospital outpatient department?

YES .................................... 1
NO ..................................... 2 {PP21}
REF ................................... -7 {PP21}
DK .................................... -8 {PP21}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

----------------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.      |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF  |
| ROUND 5.                                          |
----------------------------------------------------

LOOP_11

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_13 - END_LP11.

LOOP DEFINITION: LOOP_11 COLLECTS ALL HOSPITAL BASED EVENTS (I.E., HS, ER, AND OP EVENTS) NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP20 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP20 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP20 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.

BOX_13

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP20

PP20

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

SHOW CARD PP-7.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) receive any other care as a patient in a hospital or from a hospital emergency room or outpatient department (other than what you've already told me about)?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY 'Since (START DATE)' IF NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.

END_LP11

IF PP20 IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP20 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_11 AND CONTINUE WITH PP21

PP21

{PERSON'S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}
SHOW CARD PP-8.

Since (START DATE)/Between (START DATE) and (END DATE), did (PERSON) see or talk to any of the health care providers listed on this card?

YES .................................... 1
NO ..................................... 2 {PP23}
REF ................................... -7 {PP23}
DK .................................... -8 {PP23}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

----------------------------------------------------
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5.      |
| DISPLAY 'Between (START DATE) and (END DATE)' IF  |
| ROUND 5.                                          |
----------------------------------------------------

LOOP_12
=======

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_14 - END_LP12.

----------------------------------------------------
| LOOP DEFINITION: LOOP 12 COLLECTS ALL MEDICAL     |
| PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED   |
| FOR PERSON BEING ASKED ABOUT.                     |
| THE RESPONSE TO PP22 DETERMINES WHETHER THE LOOP  |
| CYCLES AGAIN. IF PP22 IS CODED '1' (YES), THE     |
| LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP22    |
| IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW), THE LOOP ENDS.                             |
----------------------------------------------------

BOX_14
======

----------------------------------------------------
| ASK THE EVENT ROSTER (EV) SECTION                 |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF THE EV SECTION,                  |
| CONTINUE WITH PP22                                |
----------------------------------------------------

PP22
=====

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

SHOW CARD PP-8.

Since (START DATE)/Between (START DATE) and (END DATE), did (PERSON) see or talk to any other type of health care provider, such as the types listed on this card (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5. |

END_LP12

--------

<table>
<thead>
<tr>
<th>IF PP22 IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IF PP22 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_12 AND CONTINUE WITH PP23</th>
</tr>
</thead>
</table>

PP23

====

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

SHOW CARD PP-9.

{Since (START DATE)/Between (START DATE) and (END DATE)}, because of a health problem, did (PERSON) receive any home care services such as the types listed on this card? Please include home care services received for medical care, personal care, supervision, and household help.

YES .................................... 1
NO ..................................... 2 {PP25}
REF ................................... -7 {PP25}
DK .................................... -8 {PP25}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

<p>| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |</p>
<table>
<thead>
<tr>
<th>DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------------------------</td>
</tr>
</tbody>
</table>

LOOP_13

-------

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4
ask BOX_15 - END_LP13.

LOOP DEFINITION: LOOP_13 COLLECTS ALL HOME HEALTH (HH) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP24 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP24 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP24 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T
ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP24

PP24

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

SHOW CARD PP-9.

{Since (START DATE)/Between (START DATE) and (END DATE)},
because of a health problem, did (PERSON) receive home care services such as the types listed on this card (other than what you’ve already told me about)?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

END_LP13

IF PP24 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP24 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_13 AND CONTINUE WITH PP25

PP25

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

SHOW CARD PP-10.

{Since (START DATE)/Between (START DATE) and (END DATE)}, (were/was) (PERSON) a patient in any long term care facility, such as the types of places listed on this card?

YES .................................... 1
NO ..................................... 2 {PP27}
REF ..................................... -7 {PP27}
DK ..................................... -8 {PP27}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

LOOP_14
=======

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_16 - END_LP14.

BOX_16
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP26

PP26
====

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

SHOW CARD PP-10.

{Since (START DATE)/Between (START DATE) and (END DATE)},
(were/was) (PERSON) a patient in any other long term care
facility, such as the types of places listed on this card
(other than what you’ve already told me about)?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

END_LP14
IF PP26 IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP26 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_14 AND CONTINUE WITH PP27

PP27

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

SHOW CARD PP-11.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did {PERSON} obtain eyeglasses, contact lenses, or diabetic equipment?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

(Code One)

DISPLAY 'Since (START DATE)' IF NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.

IF PP27 IS CODED '1' (YES), CONTINUE WITH LOOP_15

IF PP27 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND CURRENT ROUND IS ROUND 3 OR ROUND 5, GO TO PP29

OTHERWISE, GO TO END_LP08

LOOP_15

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_17 - END_LP15.

LOOP DEFINITION: LOOP_15 COLLECTS ALL OTHER MEDICAL EXPENSE (OM) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP28 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP28 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP28 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.
ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP28

PP28

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

SHOW CARD PP-11.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) obtain any other medical supplies listed on this card (other than what you’ve already told me about)?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

END_LP15

IF PP28 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP28 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_15 AND CONTINUE WITH BOX_17A

BOX_17A

IF ROUND 3 OR ROUND 5, CONTINUE WITH PP29

OTHERWISE, GO TO END_LP08

PP29

{PERSON’S FIRST MIDDLE AND LAST NAME}  JAN 01
DEC 31

SHOW CARD PP-12.

Now I would like you to think about the entire calendar year 1999, that is from January 1, 1999 until December 31, 1999.
Please look at the types of other medical expenses listed on this card. Did (PERSON) obtain any of these types of other medical expenses during the year 1999?

PROBE: These could include ambulance services, canes, wheelchairs, corrective shoes, hearing aids or amplifiers for a telephone, artificial limbs, raised toilet seats, a modification to the house or a car because of some illness or injury, for example ramps or handrails, etc.

YES .................................... 1
NO ..................................... 2 {END_LP08}
REF ................................... -7 {END_LP08}
DK .................................... -8 {END_LP08}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

---

---

LOOP 16

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_17B - END_LP16.

---

LOOP DEFINITION: LOOP 16 COLLECTS ALL OTHER TYPES OF MEDICAL EXPENSE (OM) EVENTS FOR THE YEAR 1997 NOT ALREADY RECORDED.

THE RESPONSE TO PP30 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP30 IS CODED ’1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP30 IS CODED ’2’ (NO), ’-7’ (REFUSED), OR ’-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_17B

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP30

---

PP30

(Person’s First Middle and Last Name) JAN 01
DEC 31

SHOW CARD PP-12.

During the calendar year 1999, (have/has) (PERSON) obtained, purchased, or rented any of the types of other medical expenses listed on this card [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2

IF PP30 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP30 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_16 AND CONTINUE WITH END_LP08

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_08 AND CONTINUE WITH BOX_18

GO TO NEXT QUESTIONNAIRE SECTION.
NOTE: FOR ROUND 5, THE END DATE (PERSON LEVEL FOR THE MEDICARE QUESTIONS AND RU LEVEL FOR THE REMAINING QUESTIONS) WAS ADDED TO THE CONTEXT HEADER FOR ALL QUESTIONS IN THIS SECTION.

BOX_01
======

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICARE AND
- PERSON WAS COVERED BY MEDICARE DURING THE PREVIOUS ROUND,
CONTINUE WITH LOOP_01

OTHERWISE, GO TO BOX_02

LOOP_01
=======

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_01A - END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT THE COVERAGE PROVIDED THROUGH MEDICARE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICARE AND
- PERSON WAS COVERED BY MEDICARE AT ANY TIME DURING THE PREVIOUS ROUND

BOX_01A
=======

IF THERE WAS NO MEDICARE INSURER ASSOCIATED WITH THIS ESTABLISHMENT-PERSON-PAIR AT ANY TIME IN THE PREVIOUS ROUND, GO TO BOX_01B

OTHERWISE, CONTINUE WITH PR01

PR01
=====

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

PLAN NAME: {NAME OF PREV RD’S MEDICARE INSURER FOR ESTABLISHMENT-PERSON}

Last time we recorded that {PERSON} (were/was) covered by {PLAN NAME}.

{Since (START DATE)/Between (START DATE) and (END DATE)}, has there been any change in the plan name of the health insurance {PERSON} has through Medicare?
FOR 'NAME OF PREV RD’S MEDICARE INSURER FOR ESTABLISHMENT-PERSON,’ DISPLAY THE NAME OF THE ACTUAL MEDICARE INSURER RECORDED FOR THIS ESTABLISHMENT-PERSON-PAIR.

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG PREVIOUS ROUND’S INSURER AS ‘CURRENT ROUND’S MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON-PAIR.

NOTE: STATES THAT DO NOT OFFER MEDICARE MANAGED CARE PLANS ARE ALASKA, DELAWARE, IDAHO, MAINE, MISSISSIPPI, MONTANA, NEW HAMPSHIRE, SOUTH DAKOTA, AND WYOMING.

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE PR02 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO PR03.

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES OFFER A MEDICARE MANAGED CARE PLAN, CONTINUE WITH PR02.

(Person’s first middle and last name) (STR-DT) (END-DT)

SHOW CARD PR-1.

Some people on Medicare can enroll in plans called Medicare HMOs. These plans have names like those listed on this card.

Is the name of (PERSON)’s insurance through Medicare{, between (START DATE) and (END DATE),} listed on this card?

YES .................................... 1
NO ..................................... 2 {PR03}
REF ................................... -7 {PR03}
DK .................................... -8 {PR03}

DISPLAY ‘, between (START DATE) and (END DATE),’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

Which insurance plan is (PERSON)’s Medicare insurance?

CODE LETTER OF PLAN FROM SHOW CARD.
[Enter Plan Letter From Card] ........... {END_LP01}  

WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED}.’ WHEN INTERVIEWER PRESSING ENTER TO CLEAR THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

FOR ‘DISPLAY PLAN NAME SELECTED’ DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.

----------------------
|  FLAG INSURER CODED ABOVE AS ‘CURRENT RD’S MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON-PAIR.  |

PR03  

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

Now I will ask you a question about how (PERSON)’s Medicare works for non-emergency care. (When answering this question, please include only insurance from Medicare, not any privately purchased insurance.)

{(Are/Is)/Between (START DATE) and (END DATE), (were/was)} (PERSON) signed up with an HMO, that is, a Health Maintenance Organization? With an HMO, you generally receive care from HMO physicians.

YES .................................... 1 {PR04}  
NO ..................................... 2  
REF ..................................... -7  
DK ..................................... -8  

PRESS F1 FOR DEFINITION OF HMO.

|  DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘Between (START DATE) and (END DATE), (were/was)’ IF ROUND 5.  |

PR03A  

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

(Does/Between (START DATE) and (END DATE), did) Medicare require (PERSON) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

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

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

|  DISPLAY ‘Does’ IF NOT ROUND 5. DISPLAY ‘Between (START DATE) and (END DATE), did’ IF ROUND 5.  |

|  IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T |
PR04

(Person's First Middle and Last Name) (STR-DT)
(END-DT)

What is the name of the (Person)'s Medicare {HMO/health insurance}?

[Enter Plan Name] ....................
REF ................................. -7
DK ................................. -8

Display 'HMO' if PR03 is coded '1' (YES). Display 'health insurance' if PR03A is coded '1' (YES).

Flag Insurer coded above as 'current rd's Medicare Insurer' for this Establishment-Person-Pair.

PR05

Omitted.

PR06

Omitted.

END_LP01

Cycle on next pair on RU-establishment-person-pairs-roster that meets the conditions stated in the Loop definition.

If no more pairs meet the stated conditions, end Loop_01 and continue with Box_02.

BOX_02

If any RU member had Medicaid as a source of insurance at any time during the previous round, continue with PR07.

Otherwise, go to Box_05.

PR07

(STR-DT)
(END-DT)

During the last interview, we recorded that (read name(s) below) (was/were) covered by {Medicaid/(State Name for Medicaid)/or (State Chip Name)}.

Have all of these people been covered by {Medicaid/(State Name...
FOR MEDICAID)/or {STATE CHIP NAME}) at any time {since (START DATE)/between (START DATE) and (END DATE)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

YES, ALL ..................................  1
NO, ONLY SOME ...........................  2
NO, NONE ..................................  3
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

DISPLAY "Medicaid" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME "Medicaid" DISPLAY "STATE NAME FOR MEDICAID" (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME "Medicaid". FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY MEDICAID AT ANY TIME DURING THE PREVIOUS ROUND.

IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY MEDICAID DURING CURRENT ROUND.' THEN GO TO BOX_03

IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY MEDICAID DURING CURRENT ROUND.'

IF CODED '3' (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR07, GO TO PR09

IF CODED '3' (NO, NONE) AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR07, GO TO BOX_05

IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR08
Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}} since (START DATE)/between (START DATE) and (END DATE)?

PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}} since (START DATE)/between (START DATE) and (END DATE)?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY MEDICAID AT ANY TIME DURING THE PREVIOUS ROUND.

FLAG ALL PERSONS SELECTED AS ‘COVERED BY MEDICAID DURING CURRENT ROUND.’ FLAG ALL PERSONS NOT SELECTED AS ‘NOT COVERED BY MEDICAID DURING CURRENT ROUND.’

IF ALL CURRENT RU MEMBERS ARE ALREADY FLAGGED AS COVERED OR NOT COVERED BY MEDICAID DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED AT PR07), GO TO LOOP_02.

OTHERWISE, CONTINUE WITH PR09

PR09

Besides the family members we’ve just talked about, have any additional family members been covered by {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}} since (START DATE)/between
Who has been covered by Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON WAS ADDED TO RU THIS ROUND
OR
- PERSON WAS NOT FLAGGED AS 'COVERED BY MEDICAID' DURING THE PREVIOUS ROUND

FLAG ALL PERSONS SELECTED AS 'COVERED BY MEDICAID' DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY MEDICAID' DURING CURRENT ROUND.

LOOP_02
-------

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_04 - END_LP02

LOOP DEFINITION: LOOP_02 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY MEDICAID. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICAID
AND
- PERSON IS COVERED BY MEDICAID DURING THE CURRENT ROUND

BOX_04
-------

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.
AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP02

END_LP02
-------

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH PR11
{PLAN NAME:  {NAME OF PREV RD’S MEDICAID INSURER FOR RU}}

{Last time we recorded that (READ NAME(S) BELOW) may be
covered by (PLAN NAME).}

{Since (START DATE)/Between (START DATE) and (END DATE)}, has
there been any change in the plan name of the health insurance
the family has through {Medicaid/{STATE NAME FOR MEDICAID}/or
(STATE CHIP NAME)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES .................................... 1
NO ..................................... 2 {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

PRESS F1 FOR A DEFINITION OF MEDICAID.

NOTE: STATES THAT DO NOT OFFER MEDICAID MANAGED
CARE PLANS ARE ALASKA, ARKANSAS, IDAHO, LOUISIANA,
SOUTH DAKOTA, AND WYOMING.
IF CODED '1' (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, CODE PR12 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO PR13

IF CODED '1' (YES) AND STATE IN WHICH DOES OFFER A MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR12

PR12
====

{STR-DT}
{END-DT}
SHOW CARD PR-2.

Some people on Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME} can enroll in plans called HMOs. These plans have names like those listed on this card.

Is the name of the health insurance through Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}{, between (START DATE) and (END DATE),} listed on this card?

YES .................................... 1
NO ..................................... 2 {PR13}
REF ................................... -7 {PR13}
DK .................................... -8 {PR13}

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ‘, between (START DATE) and (END DATE),’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

PR12OV
====

Which plan is the health insurance through Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}? CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] .......... {BOX_05}

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC
Under {Medicaid/(STATE NAME FOR MEDICAID)/or {STATE CHIP NAME}} {are/is}/(were/was) (READ NAME(S) BELOW) signed up with an HMO, that is a Health Maintenance Organization (between (START DATE) and (END DATE))? [With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ARE ............................. 1 {PR15}
YES, SOME ARE .......................... 2 {PR15}
NO, NONE ARE ........................... 3
REF ................................... -7
DK .................................... -8

[Code One]
PRESS F1 FOR DEFINITION OF HMO.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY '{are/is}' IF NOT ROUND 5. DISPLAY '{were/was}' IF ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY MEDICAID DURING THE CURRENT ROUND.-----------------------------------------------------

PR14
====

{STR-DT}
{END-DT}

{Does/Between (START DATE) and (END DATE), did} {Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}} require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL REQUIRED ......................... 1
YES, SOME REQUIRED ......................... 2
NO, NONE REQUIRED ......................... 3 {BOX_05}
REF ........................................ -7 {BOX_05}
DK .......................................... -8 {BOX_05}

[Code One]

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

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

DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5.

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

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

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

DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

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

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY MEDICAID DURING THE CURRENT ROUND.

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

IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), OR '-8' (DON'T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT ROUND FOR MEDICAID.

PR15
====

{STR-DT}
{END-DT}

What is the name of the {Medicaid/{STATE NAME FOR MEDICAID}/or
(STATE CHIP NAME)} (HMO/health insurance)?

[Enter Plan Name] ....................
REF .................................. -7
DK .................................... -8

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY 'HMO' IF PR13 IS CODED '1' (YES, ALL ARE) OR '2' (YES, SOME ARE). DISPLAY 'HEALTH INSURANCE' IF PR14 IS CODED '1' (YES, ALL REQUIRED) OR '2' (YES, SOME REQUIRED).

FLAG INSURER CODED ABOVE AS 'CURRENT ROUND’S MEDICAID INSURER’.

PR16
====
OMITTED.

PR17
====
OMITTED.

BOX_04A
=======
OMITTED.

PR18
====
OMITTED.

BOX_05
======

IF ANY RU MEMBER HAD CHAMPUS/CHAMPVA AS A SOURCE OF INSURANCE DURING PREVIOUS ROUND, CONTINUE WITH PR19

OTHERWISE, GO TO BOX_08

PR19
====

{STR-DT}
{END-DT}

During the last interview, we recorded that (READ NAME(S) BELOW) (was/were) covered by CHAMPUS, TRICARE or CHAMPVA.

Have all of these people been covered by CHAMPUS, TRICARE or CHAMPVA at any time {since (START DATE)/between (START DATE) and (END DATE)}?
Who has been covered by CHAMPUS, TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by CHAMPUS, TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF
ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS
ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO
WERE COVERED BY CHAMPUS/CHAMPVA AT ANY TIME DURING
THE PREVIOUS ROUND.

FLAG ALL PERSONS SELECTED AS ‘COVERED BY CHAMPUS/
CHAMPVA’ DURING CURRENT ROUND. FLAG ALL PERSONS
NOT SELECTED AS ‘NOT COVERED BY CHAMPUS/CHAMPVA’
DURING CURRENT ROUND.

BOX 06

IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS
COVERED OR NOT COVERED BY CHAMPUS/CHAMPVA DURING
CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE
LISTED IN PR19), GO TO LOOP_03.

OTHERWISE, CONTINUE WITH PR21

PR21

(STR-DT)
(END-DT)

Besides the family members we’ve just talked about, have any
additional family members been covered by CHAMPUS, TRICARE or
CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

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

PRESS F1 FOR DEFINITION OF CHAMPUS/CHAMPVA.

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF
ROUND 5.

IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘8’ (DON’T
KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS
COVERED BY CHAMPUS/CHAMPVA DURING CURRENT ROUND,
GO TO LOOP_03.

IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘8’ (DON’T
KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY
CHAMPUS/CHAMPVA DURING CURRENT ROUND, GO TO BOX 08.

OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE
WITH PR22

PR22

====
Who has been covered by CHAMPUS, TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by CHAMPUS, TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.     |
| DISPLAY ‘between (START DATE) and (END DATE)’ IF  |
| ROUND 5.                                          |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS  |
| ON THE RU-MEMBERS-ROSTER WHO MEET EITHER OF THE   |
| FOLLOWING CONDITIONS:                              |
| - PERSON WAS ADDED TO RU THIS ROUND                |
| OR                                                  |
| - PERSON WAS NOT FLAGGED AS BEING COVERED BY      |
| CHAMPUS/CHAMPVA AT ANY TIME DURING THE PREVIOUS    |
| ROUND                                             |
----------------------------------------------------

----------------------------------------------------
| FLAG ALL PERSONS SELECTED AS ‘COVERED BY CHAMPUS/ |
| CHAMPVA’ DURING CURRENT ROUND. FLAG ALL PERSONS   |
| NOT SELECTED AS ‘NOT COVERED BY CHAMPUS/CHAMPVA’   |
| DURING CURRENT ROUND.                             |
----------------------------------------------------

LOOP_03
=======

----------------------------------------------------
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-  |
| PAIRS-ROSTER, ASK BOX_07 - END_LP03               |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD      |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY CHAMPUS/ |
| CHAMPVA. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-|
| PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:  |
| - ESTABLISHMENT IS CHAMPUS/CHAMPVA                 |
| AND                                                |
| - PERSON IS COVERED BY CHAMPUS/CHAMPVA DURING THE  |
| CURRENT ROUND                                      |
----------------------------------------------------

BOX_07
=====

----------------------------------------------------
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION   |
| FOR THIS PAIR.                                    |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH    |
| END_LP03                                          |
----------------------------------------------------

END_LP03
======

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS,
END LOOP_03 AND CONTINUE WITH BOX_08
----------------------------------------------------

BOX_08
======

IF ANY RU MEMBER HAD GOVT-HOSPITAL/PHYSICIAN AS A SOURCE OF INSURANCE AT ANY TIME DURING PREVIOUS ROUND, CONTINUE WITH PR23

OTHERWISE, GO TO BOX_11

PR23
====

{STR-DT}
{END-DT}

During the last interview, we recorded that (READ NAME(S) BELOW) (was/were) covered by a program sponsored by a state or local government agency which provided hospital and physician benefits.

Have all of these people been covered by a program sponsored by a state or local government agency at any time {since (START DATE)/between (START DATE) and (END DATE)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ..............................  1
NO, ONLY SOME .........................  2
NO, NONE ..............................  3
REF ................................. -7 {BOX_11}
DK ................................. -8 {BOX_11}

PRESS F1 FOR DEFINITION OF THIS TYPE OF PROGRAM.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND.

IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND. THEN GO TO BOX_09

IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND.
IF CODED ‘3’ (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR23, GO TO PR25

IF CODED ‘3’ (NO, NONE) AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR23, GO TO BOX_11

IF CODED ‘2’ (NO, NONE), CONTINUE WITH PR24

PR24

{STR-DT}
{END-DT}

Who has been covered by this program (since (START DATE)/between (START DATE) and (END DATE))? PROBE: Who else has been covered by a program sponsored by a state or local government agency which provides hospital and physician benefits [since (START DATE)/between (START DATE) and (END DATE)]?

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

[1. First Name, [Middle Name], Last Name-65] [2. First Name, [Middle Name], Last Name-65] [3. First Name, [Middle Name], Last Name-65]

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND.

FLAG ALL PERSONS SELECTED AS ‘COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS ‘NOT COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND.

BOX_09

IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY THE GOVT-HOSPITAL/PHYSICIAN DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED IN PR23), GO TO LOOP_04

OTHERWISE, CONTINUE WITH PR25

PR25
Besides the family members we’ve just talked about, have any additional family members been covered by this program (since (START DATE)/between (START DATE) and (END DATE))? 

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

DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON’T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS 'COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND, GO TO LOOP_04

IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON’T KNOW) AND NO RU MEMBERS FLAGGED AS 'COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND, GO TO BOX_11

OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE WITH PR26

Who has been covered by this program?

PROBE: Who else has been covered by a program sponsored by a state or local government agency which provides hospital and physician benefits (since (START DATE)/between (START DATE) and (END DATE))? 

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON WAS ADDED TO RU THIS ROUND OR
- PERSON WAS NOT FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND.

FLAG ALL PERSONS SELECTED AS 'COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY
LOOP_04
=======

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_10 - END_LP04

LOOP DEFINITION: LOOP_04 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT-HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN
- PERSON IS FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND

BOX_10
======

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP04

END_LP04
=======

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH PR27

PR27
====

{STR-DT}
{END-DT}

{PLAN NAME: [NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU]}

{Last time we recorded that (READ NAME(S) BELOW) may be covered by (PLAN NAME).}

{Since (START DATE)/Between (START DATE) and (END DATE)}, has there been any change in the plan name of the health insurance the family has through the program sponsored by a state or local government agency which provides hospital and physician benefits?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES ................................. 1
NO ..................................... 2 {PR32}
REF ................................... -7 {PR32}
DK .................................... -8 {PR32}
PRESS F1 FOR A DEFINITION OF THIS TYPE OF PROGRAM.

DISPLAY ‘PLAN NAME:  {NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU}’ AND ‘LAST TIME .... (PLAN NAME).’ IF THERE IS AN INSURER ASSOCIATED WITH GOVT-HOSPITAL/PHYSICIAN IN THE PREVIOUS ROUND.

FOR ‘NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU’, DISPLAY THE NAME OF THE ACTUAL INSURER RECORDED FOR GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND.

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND.

NOTE:  STATES THAT DO NOT OFFER GOVT-HOSPITAL/PHYSICIAN (MEDICAID) MANAGED CARE PLANS ARE ALASKA, ARKANSAS, IDAHO, KENTUCKY, LOUISIANA, MISSISSIPPI, NEW MEXICO, NORTH DAKOTA, SOUTH DAKOTA AND WYOMING.

IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT ROUND’S INSURER FOR GOVT-HOSPITAL/PHYSICIAN.

IF CODED '1' (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A GOVT-HOSPITAL/PHYSICIAN (MEDICAID) MANAGED CARE PLAN, CODE PR28 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO PR29

IF CODED '1' (YES) AND STATE IN WHICH DOES OFFER A GOVT-HOSPITAL/PHYSICIAN MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR28

PR28
====

(STR-DT)
(END-DT)

SHOW CARD PR-2.

Is the name of the health insurance through the program sponsored by a state or local government agency which provides hospital and physician benefits{, between (START DATE) and (END DATE),} listed on this card?

YES .................................... 1
NO ..................................... 2 {PR29}
REF ................................... -7 {PR29}
DK .................................... -8 {PR29}

DISPLAY ‘, between (START DATE) and (END DATE),’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
Which plan is the health insurance through this program?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] .......... (PR32)

----------------------------------------------------
<p>|  FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |</p>
<table>
<thead>
<tr>
<th>INSURER FOR GOVT-HOSPITAL/PHYSICIAN.'</th>
</tr>
</thead>
</table>

<p>| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY |
|  THE FOLLOWING MESSAGE: 'PLEASE VERIFY PLAN |
|  SELECTED: (DISPLAY PLAN NAME SELECTED).' WHEN |
|  INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, |</p>
<table>
<thead>
<tr>
<th>PROCEED TO THE NEXT LOGICAL SCREEN.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE</td>
</tr>
<tr>
<td>ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER</td>
</tr>
<tr>
<td>ENTERED FOR THIS STATE.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

Under the program sponsored by a state or local government agency which provides hospital and physician benefits {(are/is)/
(were/was) (READ NAME(S) BELOW) signed up with an HMO, that is a Health Maintenance Organization {between (START DATE) and (END DATE)}?}

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ARE ............................ 1 {PR31}
YES, SOME ARE ............................ 2 {PR31}
NO, NONE ARE ............................. 3
REF .................................. -7
DK ..................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF HMO.

----------------------------------------------------
| DISPLAY '(are/is)' IF NOT ROUND 5. DISPLAY |
| '(were/was)' IF ROUND 5.                    |

<p>| DISPLAY 'between (START DATE) and (END DATE)' IF |</p>
<table>
<thead>
<tr>
<th>ROUND 5. OTHERWISE, USE A NULL DISPLAY.</th>
</tr>
</thead>
</table>

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO   |
| ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE |
| CURRENT ROUND.                                   |

PR30
====
(Does/Between (START DATE) and (END DATE), did) the program sponsored by a state or local government agency which provides hospital and physician benefits require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL REQUIRED ...................... 1
YES, SOME REQUIRED ..................... 2
NO, NONE REQUIRED ....................... 3 (PR32)
REF ................................... -7 (PR32)
DK .................................... -8 (PR32)

[Code One]

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

What is the name of the {HMO/health insurance} from the program sponsored by a state or local government agency which provides hospital and physician benefits?

[Enter Plan Name] ..................... -7
DK .................................... -8

DISPLAY 'HMO' IF PR29 IS CODED '1' (YES, ALL ARE) OR '2' (YES, SOME ARE). DISPLAY 'HEALTH INSURANCE' IF PR30 CODED '1' (YES, ALL REQUIRED) OR '2' (YES, SOME REQUIRED).

FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S INSURER FOR GOVT-HOSPITAL/PHYSICIAN.'
For the coverage through (PLAN NAME)/the program sponsored by a state or local government agency which provides hospital and physician benefits), does anyone in the family pay anything for this coverage?

[Do not include the cost of any copayments, coinsurance, or deductibles anyone in the family may have had to pay.]

YES .................................... 1
NO ..................................... 2  {PR34}
REF ................................... -7 {BOX_11}
DK .................................... -8 {BOX_11}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

How much does anyone in the family pay for (PLAN NAME)/that coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............

DISPLAY ‘PLAN NAME: ...‘ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘{PLAN NAME ENTERED AT PR28OV}‘ IF A PLAN NAME ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR31 FOR ‘{NAME OF PLAN FROM PR31}’ IF A PLAN NAME WAS ENTERED.

DISPLAY ‘(PLAN NAME)‘ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, DISPLAY 'the program sponsored ...'.

How much does anyone in the family pay for (PLAN NAME)/that coverage?

PROBE: Is that per year, per month, per week, or what?

DISPLAY ‘PLAN NAME: ...‘ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘{PLAN NAME ENTERED AT PR28OV}‘ IF A PLAN NAME ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR31 FOR ‘{NAME OF PLAN FROM PR31}’ IF A PLAN NAME WAS ENTERED.

DISPLAY ‘the (PLAN NAME)‘ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, DISPLAY 'that'.
ENTER UNIT OF COVERAGE:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER YEAR</td>
<td>1</td>
</tr>
<tr>
<td>QUARTERLY/EVERY 3 MONTHS</td>
<td>2</td>
</tr>
<tr>
<td>BIMONTHLY/EVERY 2 MONTHS</td>
<td>3</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>4</td>
</tr>
<tr>
<td>PER WEEK</td>
<td>5</td>
</tr>
<tr>
<td>BWEENKLY/EVERY 2 WEEKS</td>
<td>6</td>
</tr>
<tr>
<td>SEMI-ANNUALLY/2 TIMES PER YEAR</td>
<td>7</td>
</tr>
<tr>
<td>SEMI-MONTHLY/2 TIMES PER MONTH</td>
<td>8</td>
</tr>
<tr>
<td>OTHER</td>
<td>91</td>
</tr>
</tbody>
</table>

[Code One]

ENTER OTHER:

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

[Code All That Apply]

Who {else} pays {some of/for} the premium or cost of this insurance?

<table>
<thead>
<tr>
<th>Government</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEDERAL GOVERNMENT</td>
<td>1</td>
</tr>
<tr>
<td>STATE GOVERNMENT</td>
<td>2</td>
</tr>
<tr>
<td>LOCAL GOVERNMENT</td>
<td>3</td>
</tr>
<tr>
<td>SOME GOVERNMENT</td>
<td>4</td>
</tr>
<tr>
<td>OTHER</td>
<td>91</td>
</tr>
</tbody>
</table>

[Code All That Apply]

DISPLAY ‘PLAN NAME: ...’ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘{PLAN NAME ENTERED AT PR28OV}’ IF A PLAN WAS ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR31 FOR ‘{NAME OF PLAN FROM PR31}’ IF A PLAN NAME WAS ENTERED.

DISPLAY ‘else’ IF PR32 IS CODED ‘1’ (YES). OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘some of’ IF PR32 IS CODED ‘1’ (YES).
DISPLAY ‘for’ IF PR32 IS CODED ‘2’ (NO).

- IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION -
WITH ANY OTHER CODE, CONTINUE WITH PR34OV

OTHERWISE, GO TO BOX 11

PR34OV

ENTER OTHER:

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

BOX 11

IF ANY RU MEMBER HAD OTHER PUBLIC (GROUP 1 OR 2) AS A SOURCE OF INSURANCE AT ANY TIME DURING PREVIOUS ROUND, CONTINUE WITH BOX 12

OTHERWISE, GO TO BOX 18

BOX 12

IF ANY CURRENT RU MEMBER HAD ANY GROUP 1 OTHER PUBLIC INSURANCE AT ANY TIME DURING PREVIOUS ROUND, CONTINUE WITH PR35

OTHERWISE, GO TO BOX 15

NOTE: FOR BOTH GROUP 1 AND GROUP 2 PUBLIC PROGRAMS, WE ASSUME THE PROGRAM IS THE SAME FROM THE PREVIOUS ROUND. ALTHOUGH WE SHOW THE SHOW CARD AND ASK IF THE FAMILY STILL HAD COVERAGE FROM ANY OF THOSE PROGRAMS, WE DO NOT ASK WHICH ONES. IF WE WERE TO ASK WHICH ONES, WE WOULD NEED TO ADD SEVERAL QUESTIONS, LIKE THE OTHER PUBLIC SERIES IN HX.

PR35

During the last interview, we recorded that (READ NAMES BELOW) were covered by one or more of the following programs:

{STATE NAME FOR PROGRAM #1....}
{STATE NAME FOR PROGRAM #2....}
{STATE NAME FOR PROGRAM #3....}

Have all of these people been covered by any of these programs at any time {since (START DATE)/between (START DATE) and (END DATE)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.
YES, ALL ..............................  1
NO, ONLY SOME ..........................  2
NO, NONE ..............................  3
REF ................................... -7 {BOX_15}
DK .................................... -8 {BOX_15}

PRESS F1 FOR DEFINITION STATE SPECIFIC PROGRAMS LISTED.

-------------
DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.
-------------

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND.

DISPLAY THE LIST OF UP TO THREE ACTUAL NAMES OF STATE PROGRAMS (AS LISTED IN HX16) FOR 'STATE NAME FOR PROGRAM #N'.

IF PR35 IS CODED '1' (YES, ALL), MARK ALL RU MEMBERS LISTED HERE AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND. THEN GO TO BOX_13

IF PR35 IS CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY GROUP 1 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.

IF CODED '3' (NO, NONE)
AND
IF ANY CURRENT RU MEMBERS NOT LISTED AT PR35,
GO TO PR37

IF CODED '3' (NO, NONE),
AND
IF ALL CURRENT RU MEMBERS ARE LISTED AT PR35,
GO TO BOX_15

IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR36

PR36
====
(STR-DT)
(END-DT)

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5.                                          |
----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
| WERE COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT |
| ANY TIME DURING THE PREVIOUS ROUND.               |
----------------------------------------------------
| DISPLAY THE LIST OF UP TO THREE ACTUAL NAMES OF  |
| STATE PROGRAMS (AS LISTED IN HX16) FOR 'STATE NAME |
| FOR PROGRAM #N'.                                   |
----------------------------------------------------
| IF PR35 IS CODED '1' (YES, ALL), MARK ALL RU      |
| MEMBERS LISTED HERE AS COVERED BY GROUP 1 OTHER   |
| PUBLIC INSURANCE DURING CURRENT ROUND. THEN GO    |
| TO BOX_13                                         |
----------------------------------------------------
| IF PR35 IS CODED '3' (NO, NONE), FLAG ALL RU      |
| MEMBERS LISTED HERE AS 'NOT COVERED BY GROUP 1    |
| OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.     |
----------------------------------------------------
| IF CODED '3' (NO, NONE)                            |
| AND                                               |
| IF ANY CURRENT RU MEMBERS NOT LISTED AT PR35,     |
| GO TO PR37                                        |
----------------------------------------------------
| IF CODED '3' (NO, NONE),                          |
| AND                                               |
| IF ALL CURRENT RU MEMBERS ARE LISTED AT PR35,     |
| GO TO BOX_15                                      |
----------------------------------------------------
| IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR36  |

PR36
====
(STR-DT)
(END-DT)

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5.                                          |
----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
| WERE COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT |
| ANY TIME DURING THE PREVIOUS ROUND.               |
----------------------------------------------------
| DISPLAY THE LIST OF UP TO THREE ACTUAL NAMES OF  |
| STATE PROGRAMS (AS LISTED IN HX16) FOR 'STATE NAME |
| FOR PROGRAM #N'.                                   |
----------------------------------------------------
| IF PR35 IS CODED '1' (YES, ALL), MARK ALL RU      |
| MEMBERS LISTED HERE AS COVERED BY GROUP 1 OTHER   |
| PUBLIC INSURANCE DURING CURRENT ROUND. THEN GO    |
| TO BOX_13                                         |
----------------------------------------------------
| IF PR35 IS CODED '3' (NO, NONE), FLAG ALL RU      |
| MEMBERS LISTED HERE AS 'NOT COVERED BY GROUP 1    |
| OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.     |
----------------------------------------------------
| IF CODED '3' (NO, NONE)                            |
| AND                                               |
| IF ANY CURRENT RU MEMBERS NOT LISTED AT PR35,     |
| GO TO PR37                                        |
----------------------------------------------------
| IF CODED '3' (NO, NONE),                          |
| AND                                               |
| IF ALL CURRENT RU MEMBERS ARE LISTED AT PR35,     |
| GO TO BOX_15                                      |
----------------------------------------------------
| IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR36  |

PR36
====
(STR-DT)
(END-DT)

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
Besides the family members we’ve just talked about, have any additional family members been covered by any of the following programs {since (START DATE)/between (START DATE) and (END DATE)}? (READ PROGRAM NAMES BELOW.)

{STATE NAME FOR PROGRAM #1}...
{STATE NAME FOR PROGRAM #2}...
{STATE NAME FOR PROGRAM #3}...

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

PRESS F1 FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO LOOP_05

IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY
GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO BOX_15

OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE WITH PR38

PR38 ==

{STR-DT}  
{END-DT}

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

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

[1. First Name, [Middle Name], Last Name-65]  
[2. First Name, [Middle Name], Last Name-65]  
[3. First Name, [Middle Name], Last Name-65]

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. 
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET EITHER ONE OF THE FOLLOWING CONDITIONS: 
- PERSON WAS ADDED TO RU THIS ROUND 
- PERSON WAS NOT FLAGGED AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND

FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 1 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.
FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND.'

LOOP_05 ======

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_14 - END_LP05

LOOP DEFINITION: LOOP_05 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU’MEMBERS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS: 
- ESTABLISHMENT IS GROUP 1 OTHER PUBLIC INSURANCE AND 
- PERSON IS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING THE CURRENT ROUND

BOX_14 =====
ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP05

END_LP05

-cycle on next pair on the RU-establishment-person-pairs-roster that meets the conditions stated in the loop definition.

If no more pairs meet the stated conditions, end Loop_05 and continue with Box_15.

Box_15

-if any current RU member had any eligible group 2 other public insurance at any time during the previous round, continue with PR39

Otherwise, go to Box_18.

PR39

{STR-DT}
{END-DT}

SHOW CARD PR-3.

During the last interview, we recorded that (READ NAMES BELOW) were covered by one or more of the public programs listed on this card.

Have all of these people been covered by any of these programs at any time (since (START DATE)/between (START DATE) and (END DATE))? TO SCROLL, USE ARROW KEYS. TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ........................................ 1
NO, ONLY SOME .................................. 2
NO, NONE ......................................... 3
REF .............................................. -7 {BOX_18}
DK ................................................. -8 {BOX_18}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND.
| IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS |
| LISTED HERE AS 'COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. |
| THEN GO TO BOX_16 |

| IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS |
| LISTED HERE AS 'NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. |

| IF CODED '3' (NO, NONE) |
| AND |
| IF ANY CURRENT RU MEMBERS NOT LISTED AT PR39, |
| GO TO PR41 |

| IF CODED '3' (NO, NONE), |
| AND |
| IF ALL CURRENT RU MEMBERS ARE LISTED AT PR39, |
| GO TO BOX_18 |

| IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR40 |

PR40
====

(STR-DT)
(END-DT)

SHOW CARD PR-3.

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. |

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND. |

<p>| FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. |
| FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. |</p>
<table>
<thead>
<tr>
<th>IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED AT PR39), GO TO LOOP_06</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH PR41</td>
</tr>
</tbody>
</table>

PR41
====

{STR-DT}
{END-DT}

SHOW CARD PR-3.

Besides the family members we’ve just talked about, have any additional family members been covered by any of these programs (since (START DATE)/between (START DATE) and (END DATE))?  

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.  
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

<table>
<thead>
<tr>
<th>IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO LOOP_06</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO BOX_18</td>
</tr>
<tr>
<td>OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE WITH PR42</td>
</tr>
</tbody>
</table>

PR42
====

{STR-DT}
{END-DT}

SHOW CARD PR-3.

Who has been covered by any of these programs (since (START DATE)/between (START DATE) and (END DATE))?  

PROBE: Who else has been covered by any of these programs (since (START DATE)/between (START DATE) and (END DATE))?  

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
Press F1 for definition of items on show card.

---

Display 'since (START DATE)' if not round 5.
Display 'between (START DATE) and (END DATE)' if round 5.

---

Roster definition: This item displays all persons on the RU-Members-Roster who meet either of the following conditions:
- Person was added to RU this round
- Person was not marked as being covered by Group 2 Other Public Insurance at any time during the previous round.

---

Flag all persons selected as 'Covered by Group 2 Other Public Insurance' during current round.
Flag all persons not selected as 'Not covered by Group 2 Other Public Insurance during current round.'

LOOP_06

---

For each element on the RU-Establishment-Person-Pairs-Roster, ask Box_17 - End_LP06.

LOOP DEFINITION: LOOP_06 collects time period coverage detail for RU members covered by Group 2 Other Public Insurance. This loop cycles on establishment-person-pairs that meet both of the following conditions:
- Establishment is Group 2 Other Public Insurance and
- Person is covered by Group 2 Other Public Insurance during the current round.

BOX_17

---

Ask the time period covered detail (HQ) section for this pair.
At completion of the HQ section, continue with End_LP06.

END_LP06

---

Cycle on next pair on the RU-Establishment-Person-Pairs Roster that meets the conditions stated in the loop definition.
If no more pairs meet the stated conditions, end loop LOOP_06 and continue with Box_18.

BOX_18
RETURN TO THE HEALTH INSURANCE (HX) SECTION.
Provider Roster (PV) Section

PV01

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EV}

{[What is the name of the person or place that provided health care to (PERSON)?]}

INTERVIEWER: IS THE PROVIDER {ASSOCIATED WITH THIS EVENT} A PERSON OR A FACILITY (INCLUDING GROUP PRACTICES AND HMOs)?

PERSON .................................. 1
FACILITY .................................. 2

PRESS F1 FOR DEFINITION OF PERSON/FACILITY.

----------------------------------------------------
| DISPLAY '[What is ... (PERSON)?]’ AND ‘ASSOCIATED | |
| WITH THIS EVENT’ IF THE PROVIDER ROSTER (PV) | |
| SECTION WAS NOT CALLED FROM THE ACCESS TO CARE | |
| (AC) SECTION. IF THE PV SECTION WAS CALLED FROM | |
| THE AC SECTION, USE A NULL DISPLAY.             | |
|--------------------------------------------------|

----------------------------------------------------
| IF CODED '1' (PERSON), SET PROVIDER TYPE TO      | |
| 'PERSON-TYPE-PROVIDER'.                         | |
|--------------------------------------------------|

----------------------------------------------------
| IF CODED '2' (FACILITY), SET PROVIDER TYPE TO    | |
| 'FACILITY-PROVIDER'.                            | |
|--------------------------------------------------|

----------------------------------------------------
| IF CODED '1' (PERSON) AND NO PROVIDERS THAT ARE  | |
| TYPE 'PERSON-TYPE-PROVIDER' ON                  | |
| RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV04         | |
|--------------------------------------------------|

----------------------------------------------------
| IF CODED '1' (PERSON) AND AT LEAST ONE PROVIDER  | |
| THAT IS TYPE 'PERSON-TYPE-PROVIDER' ON          | |
| RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH PV02 | |
|--------------------------------------------------|

| EDIT: IF EVENT TYPE IS HS, ER, OP, OR IC, PV01 | |
| CANNOT BE CODED '1' (PERSON). IF PV01 IS CODED | |
| '1' (PERSON) FOR AN HS, ER, OP, OR IC EVENT,   | |
| DISPLAY THE FOLLOWING MESSAGE: 'A FACILITY MUST | |
| BE ASSOCIATED WITH {EV} TYPE. VERIFY PROVIDER AND | |
| RE-ENTER.’                                        | |
|--------------------------------------------------|

PV02

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EV}

SELECT CORRECT {USUAL SOURCE OF CARE} PROVIDER {ASSOCIATED WITH THE EVENT}.

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

<table>
<thead>
<tr>
<th>ROSTER. PERSON-TYPE-PROVIDER</th>
<th>PV02_02. FACILITY</th>
<th>PV02_03. STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Display Truncated Person-Provider-25]</td>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
<tr>
<td>2. [Display Truncated Person-Provider-25]</td>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
</tbody>
</table>

DISPLAY 'USUAL SOURCE OF CARE' IF THE PROVIDER ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'ASSOCIATED WITH THE EVENT' IF THE PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM THE ACCESS TO CARE (AC) SECTION. IF THE PV SECTION WAS CALLED FROM THE AC SECTION, USE A NULL DISPLAY.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY LISTED OR SELECT 'NONE OF THE ABOVE.'
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CANNOT ADD AT THIS SCREEN. PROVIDERS ARE 'ADDED' BY USING THE 'NONE OF THE ABOVE' SELECTION.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E., CTRL/D).
5. IF NO FACILITY IS ASSOCIATED WITH THE PERSON-PROVIDER, LEAVE THE FACILITY COLUMN BLANK FOR THAT PERSON-TYPE-PROVIDER.

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON ROSTER.

IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV04

OTHERWISE, CONTINUE WITH PV03

PV03

{PERSON'S FIRST MIDDLE AND LAST NAME} (EV)

Is the address of (READ NAME AND ADDRESS OF PROVIDER BELOW)...

{PERSON-TYPE-PROVIDER NAME SELECTED AT PV02}
{FACILITY-PROVIDER W/ PERSON-TYPE-PROVIDER.}
{PERSON-TYPE-PROVIDER STREET ADDRESS LINE1.}
{PERSON-TYPE-PROVIDER STREET ADDRESS LINE2.}

ADDRESS {& FACILITY NAME} CORRECT ........ 1 (BOX_02)
ADD NEW ADDRESS FOR PROVIDER ............ 2 (PV05)
ADD NEW/DIFFERENT FACILITY FOR PROVIDER ........................................... 3 (BOX_01)
ABOVE PROVIDER NAME/ADDRESS (OR FACILITY NAME) NEEDS SPELLING OR MINOR CORRECTION .......... 4 (BOX_02)
SELECTED WRONG PROVIDER/ADDRESS ........ 5
REF ........................................ 7 (BOX_02)
DK ........................................ 8 (BOX_02)

[Code One]
FOR: (PERSON-TYPE-PROVIDER NAME SELECTED AT PV02), DISPLAY THE PERSON-TYPE-PROVIDER NAME SELECTED AT PV02.

FOR: (FACILITY-PROVIDER W/ PERSON-TYPE-PROVIDER.), DISPLAY THE FACILITY-PROVIDER NAME ASSOCIATED WITH THE PERSON-TYPE-PROVIDER SELECTED AT PV02. IF NO FACILITY-PROVIDER NAME ASSOCIATED WITH THIS PERSON-TYPE-PROVIDER, USE A NULL DISPLAY.


DISPLAY ‘& FACILITY NAME’ AND ‘OR FACILITY NAME’ IF FACILITY-PROVIDER NAME ASSOCIATED WITH THE PERSON-TYPE-PROVIDER SELECTED AT PV02. IF NO FACILITY-PROVIDER NAME ASSOCIATED WITH THIS PERSON-TYPE-PROVIDER, USE A NULL DISPLAY.

IF CODED ‘5’ (SELECTED WRONG PROVIDER/ADDRESS), CAPI REDISPLAYS PV02 TO ALLOW INTERVIEWER TO SELECT CORRECT PROVIDER.

IF CODED ‘4’ (ABOVE PROVIDER NAME/ADDRESS OR FACILITY NAME) NEEDS SPELLING OR MINOR CORRECTIONS), DISPLAY THE FOLLOWING MESSAGE: ‘THIS OPTION IS DISABLED. PLEASE RECORD INFORMATION IN COMMENTS.’

PV04
====

{PERSON'S FIRST MIDDLE AND LAST NAME} (EV)
ENTER NAME OF PROVIDER (ASSOCIATED WITH EVENT).
ENTER COMPLETE PROVIDER NAME AND VERIFY SPELLING.

[Enter Provider Name-65] ............

DISPLAY ‘ASSOCIATED WITH EVENT’ IF THE PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM THE ACCESS TO CARE (AC) SECTION. IF THE PV SECTION WAS CALLED FROM THE AC SECTION, USE A NULL DISPLAY.

WRITE PROVIDER NAME TO THE PERSON-TYPE-PROVIDER COLUMN OF THE RU-MEDICAL-PROVIDERS-ROSTER.

PV05
====

{PERSON’S FIRST MIDDLE AND LAST NAME} (NAME OF MEDICAL CARE PROVIDER......) (EV)

Is (PROVIDER) in a group practice, that is, do other doctors practice at the same office (or are part of an HMO)?

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

IF CODED ‘1’ (YES), FLAG PERSON-TYPE-PROVIDER AS ‘PERSON-IN-FACILITY-PROVIDER’.
ENTER {NEW} STREET ADDRESS FOR {PROVIDER}.

ENTER STREET ADDRESS AND VERIFY SPELLING. IF PROVIDER HAS MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

PROVIDER_STR1 (PV06_01): [_____________]
PROVIDER_STR2 (PV06_02): [_____________]

| DISPLAY 'NEW' IF PV03 IS CODED '2' (ADD NEW ADDRESS FOR PROVIDER). OTHERWISE, USE A NULL DISPLAY. |
| CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON EACH FORM ITEM. |
| IF PV04 WAS ASKED, ASSOCIATE ADDRESS WITH PERSON-TYPE-PROVIDER ENTERED AT PV04. |
| IF PV03 WAS CODED '2' (ADD NEW ADDRESS FOR PROVIDER), WRITE ANOTHER RECORD FOR PROVIDER IN RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS WITH THAT NEW PROVIDER RECORD. SET PROVIDER TYPE TO 'PERSON-TYPE-PROVIDER'. |
| IF A FACILITY WAS DISPLAYED AS PART OF PROVIDER’S ADDRESS AT PV03, ASSOCIATE THAT FACILITY WITH THE NEW PROVIDER RECORD AND FLAG THE PERSON-TYPE-PROVIDER AS A 'PERSON-IN-FACILITY-PROVIDER'. |
| GO TO BOX_02 |

PV07

OMITTED.

BOX_01

| IF NO PROVIDERS THAT ARE TYPE 'FACILITY-PROVIDERS' ON RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV10 |
| OTHERWISE, CONTINUE WITH PV08 |

PV08

SELECT CORRECT {USUAL SOURCE OF CARE} {PROVIDER/FACILITY} {ASSOCIATED WITH THE EVENT}.

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

ROSTER. FACILITY-PROVIDERS

PV08_02. STREET
ROSTER DEFINITION: THIS ITEM DISPLAYS THE PROVIDERS ON THE RU-MEDICAL-PROVIDERS-ROSTER THAT ARE TYPE FACILITY-PROVIDERS.

DISPLAY ‘USUAL SOURCE OF CARE’ IF THE PROVIDER ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘PROVIDER’ IF PV01 IS CODED ‘2’ (FACILITY). DISPLAY ‘FACILITY’ IF PV01 IS CODED ’1’ (PERSON).

DISPLAY ‘ASSOCIATED WITH THE EVENT’ IF THE PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM THE ACCESS TO CARE (AC) SECTION. IF THE PV SECTION WAS CALLED FROM THE AC SECTION, USE A NULL DISPLAY.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY LISTED OR SELECT ‘NONE OF THE ABOVE.’
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CANNOT ADD AT THIS SCREEN. PROVIDERS ARE ‘ADDED’ BY USING THE ‘NONE OF THE ABOVE’ SELECTION.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E., CTRL/D).

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON ROSTER.

IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV10

OTHERWISE, CONTINUE WITH PV09

PV09

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

Is the address of (READ NAME AND ADDRESS OF ((PROVIDER/FACILITY)) BELOW)...

{FACILITY NAME SELECTED AT PV08}
{FACILITY STREET ADDRESS LINE1.}
{FACILITY STREET ADDRESS LINE2.}

FACILITY NAME AND ADDRESS CORRECT ...... 1 {BOX_02}
ADD NEW ADDRESS FOR FACILITY ............ 2
AFTER NAME/ADDRESS NEEDS SPELLING OR
MINOR CORRECTION .......................... 3 {BOX_02}
SELECTED WRONG FACILITY/ADDRESS ...... 4 {BOX_02}
REF ............................................. -7 {BOX_02}
DK ............................................. -8 {BOX_02}

[Code One]
PV10

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

ENTER {NEW} {NAME AND} ADDRESS OF {{PROVIDER/FACILITY}}.

ENTER {NAME AND} STREET ADDRESS AND VERIFY SPELLING. IF {{PROVIDER/FACILITY}} HAS MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

FACILITY_NAME (PV10_01): [__________]
FACILITY_STR1 (PV10_02): [__________]
FACILITY_STR2 (PV10_03): [__________]

---


---

CODES ‘-7’ (REF) AND ‘-8’ (DK) ARE ALLOWED ON PV10_02 AND PV10_03 ONLY.

---

IF PV09 IS CODED ‘2’ (ADD NEW ADDRESS FOR FACILITY), PV10 WILL NOT COLLECT THE FACILITY NAME.

---

IF FACILITY-PROVIDER NOT SELECTED AT PV08 (I.E.,
PV08 was not asked or ‘NONE OF THE ABOVE’ was selected), write name and address entered above to facility-provider name column and address column of the RU-medical-providers-roster.

If facility-provider selected at PV08 and PV09 was coded ‘2’ (add new address for facility), write another record for the facility-provider to the RU-medical-providers-roster and associate address with that new provider record.

If PV01 is coded ‘1’ (person), link the facility to the person-type-provider flagged as ‘person-in-facility-provider’.

PV11
====
OMITTED.

BOX_02
======

RETURN TO QUESTIONNAIRE SECTION FROM WHICH THE PROVIDER ROSTER (PV) SECTION WAS CALLED.
Reenumeration (RE) Section Subsection A

NOTE: THE NHIS ORIGINAL RUs ARE DETERMINED FROM IN-HOUSE PRE-PROCESSING AND ARE CLASSIFIED AS STANDARD RUs.

NOTE: REFERENCES TO THE RU-MEMBERS-ROSTER AND ‘RU MEMBERS’ IN THESE SPECIFICATIONS INDICATE THE ROSTER IN ITS CURRENT STATE; THAT IS, INCLUDING ALL ADDITIONS TO AND DELETIONS FROM THE ROSTER THAT OCCUR UP TO THE POINT AT WHICH THE REFERENCE IS MADE.


 IN ALL ROUNDS, FOR A CASE THAT HAS HAD A BREAKOFF, THE ROSTER INCLUDES PERSONS ELIGIBLE OR INSTITUTIONALIZED AT THE END OF RE. FOR A SPLIT RU, THE ROSTER INCLUDES RU MEMBERS WHO SPLIT FROM THE ORIGINAL RU.

YOU HAVE SELECTED THE {STUDENT RU} CASE FOR {FULL NAME OF
REFERENCE PERSON. THE RU MEMBERS ARE LISTED BELOW.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],LastName-65]  
[2. First Name,[Middle Name],LastName-65]  
[3. First Name,[Middle Name],LastName-65]  

HAVE YOU SELECTED THE CORRECT CASE?

YES .................................... 1  
NO ..................................... 2  

----------------------------------------------------  
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-  |  
| MEMBERS-ROSTER.                                  |  
----------------------------------------------------  

DISPLAY 'STUDENT RU' IF STUDENT RU. OTHERWISE,  
USE NULL DISPLAY.  

FOR '{FULL NAME OF REFERENCE PERSON}', DISPLAY THE  
FULL NAME OF PREVIOUS ROUND REFERENCE PERSON IF  
STANDARD RU OR STUDENT RU. DISPLAY FULL NAME OF  
OLDEST PERSON IN RU, IF NEW RU.  

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

IF CODED '2' (NO), DISPLAY THE FOLLOWING MESSAGE:  
'PRESS ENTER TO RETURN TO 'ENTER ID' SCREEN.'  

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

OTHERWISE (CORRECT CASE SELECTED), CONTINUE WITH  
RE02  

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

RE02  

{INTERVIEWER: READ INTRODUCTION JOB AID BEFORE CODING.}  
{PLEASE NOTE: THIS IS A ROUND 5 INTERVIEW. QUESTIONS ARE  
ASKED AS OF DEC 31, 1999 RATHER THAN 'TODAY'.}  

{THE RESPONDENT MUST HAVE BEEN LIVING IN THE RU ON  
DEC 31, 1999 TO BE CODED AS AN RU MEMBER RESPONDENT.  
OTHERWISE, CODE AS A PROXY.}  

IS RESPONDENT:  
RU MEMBER OR ......................... 1  
PROXY APPROVED BY SUPERVISOR? ........ 2  

[Code One]  
PRESS F1 FOR RESPONDENT RULES.  

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

DISPLAY 'INTERVIEWER: READ INTRODUCTION JOB AID  
BEFORE CODING.' IF NOT ROUND 1. OTHERWISE, USE  
NULL DISPLAY.  

DISPLAY 'PLEASE NOTE: THIS IS A ROUND 5  
INTERVIEW. QUESTIONS ARE ASKED AS OF DEC 31, 1999  
RATHER THAN 'TODAY'. IF ROUND 5. OTHERWISE, USE  
A NULL DISPLAY.  

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

IF ROUND 1 AND CODED '1' (RU MEMBER) AND STANDARD  
RU, GO TO RE05  

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

IF ROUND 1 AND CODED '1' (RU MEMBER) AND NEW RU,  

GO TO RE05A

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

IF ROUND 1 AND CODED ‘1’ (RU MEMBER) AND STUDENT RU, GO TO RE05B

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

IF NOT ROUND 1 AND CODED ‘1’ (RU MEMBER) AND STUDENT RU, GO TO RE06 AND SELECT STUDENT AUTOMATICALLY BY CAPI, THEN GO TO RE09

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

IF NOT ROUND 1 AND CODED ‘1’ (RU MEMBER) AND STANDARD OR NEW RU, GO TO RE06

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

OTHERWISE (PROXY APPROVED BY SUPERVISOR), CONTINUE WITH RE03

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

BOX_01A

==========

OMITTED.

BOX_01B

==========

OMITTED.

RE03

==========

INTERVIEWER: SINCE THIS IS AN INTERVIEW WITH A PROXY, PLEASE EXPLAIN THE REASON(S) AN RU MEMBER CANNOT BE THE RESPONDENT.

[Enter Text]

<table>
<thead>
<tr>
<th>IF ROUND 1 AND STANDARD RU, GO TO RE05</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF ROUND 1 AND NEW RU, GO TO RE05A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF ROUND 1 AND STUDENT RU, GO TO RE05B</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (NOT ROUND 1), GO TO RE07</th>
</tr>
</thead>
</table>

LOOP_01

==========

OMITTED.

RE04

==========

OMITTED.

END_LP01

==========

OMITTED.

BOX_02

==========

OMITTED.
(As I mentioned earlier,) my records show that (PERSON)'s household
took part in the National Health Interview Survey in {MONTH, DAY, 
YEAR OF NHIS INTERVIEW} and, at that time, the Census Bureau 
interviewer mentioned that (PERSON)'s family might be contacted 
again for another health related survey.

IF NEEDED, READ ALL OR PART OF THE FOLLOWING:

This survey, the Medical Expenditure Panel Survey, is also
for the U.S. Public Health Service [specifically, the Agency for 
Health Care Policy and Research and the National Center for 
Health Statistics]. The information you provide will be kept 
completely confidential and private as required by law.

PRESS ENTER TO CONTINUE.

-----------------------------------
<p>| NOTE: IN ROUND 1, THE NAME IN THE CONTEXT |</p>
<table>
<thead>
<tr>
<th>HEADER IS THE FULL NAME OF THE NHIS REFERENCE PERSON.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF RE02 CODED ‘1’ (RU MEMBER), GO TO RE06</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF RE02 CODED ‘2’ (PROXY APPROVED BY SUPERVISOR), Go TO RE08</th>
</tr>
</thead>
</table>

RE05A

(As I mentioned earlier,) my records show that (PERSON) (were/was) 
a member of a household that took part in the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW} and, at 
that time, the Census Bureau interviewer mentioned that members of 
that household might be contacted again for another health related survey. Since (PERSON) (are/is) no longer living with that 
household, we will interview this new household separately.

IF NEEDED, READ ALL OR PART OF THE FOLLOWING:

This survey, the Medical Expenditure Panel Survey, is also
for the U.S. Public Health Service [specifically, the Agency for 
Health Care Policy and Research and the National Center for 
Health Statistics]. The information you provide will be kept 
completely confidential and private as required by law.

PRESS ENTER TO CONTINUE.

-----------------------------------
<p>| NOTE: THE NAME OF THE REFERENCE PERSON DISPLAYED |</p>
<table>
<thead>
<tr>
<th>IN THE CONTEXT HEADER IS THE FULL NAME OF THE OLDEST RU MEMBER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF RE02 CODED ‘1’ (RU MEMBER), GO TO RE06</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF RE02 CODED ‘2’ (PROXY APPROVED BY SUPERVISOR), Go TO RE08</th>
</tr>
</thead>
</table>

RE05B
(As I mentioned earlier,) my records show that {PERSON} were/was a member of a household that took part in the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW} and, at that time, the Census Bureau interviewer mentioned that members of that household might be contacted again for another health related survey. Since {PERSON} are/is now a student and no longer living with that household, we will interview {PERSON} separately.

IF NEEDED, READ ALL OR PART OF THE FOLLOWING:

This survey, the Medical Expenditure Panel Survey, is also for the U.S. Public Health Service [specifically, the Agency for Health Care Policy and Research and the National Center for Health Statistics]. The information you provide will be kept completely confidential and private as required by law.

PRESS ENTER TO CONTINUE.

---

NOTE: THE NAME OF THE REFERENCE PERSON DISPLAYED IN THE CONTEXT HEADER IS THE FULL NAME OF THE STUDENT.

---

IF RE02 CODED ‘1’ (RU MEMBER), SELECT STUDENT AT RE06 AUTOMATICALLY BY CAPI, THEN GO TO RE09

---

IF RE02 CODED ‘2’ (PROXY APPROVED BY SUPERVISOR), GO TO RE08

---

RE06

SELECT THE RESPONDENT.

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

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBERS</th>
<th>RE06_02. RUID</th>
<th>RE06_03. GENDER</th>
<th>RE06_04. AGE</th>
<th>RE06_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

PRESS F1 FOR RESPONDENT RULES.

---

ROSTER DEFINITION: THIS ITEM DISPLAYS THE DU-MEMBERS-ROSTER.

---

DISPLAY 'NEW RU MEMBER NOT YET LISTED' AS THE LAST ENTRY ON THIS ROSTER.
**MATRIX BEHAVIOR SPECIFICATIONS:**

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. THE MATRIX COLUMNS ARE DISPLAY-ONLY. THAT IS, NO CHANGES ARE ALLOWED TO THE INFORMATION.
3. THE ‘INTERVIEW COMPLETED THIS ROUND’ COLUMN DISPLAYS AN ‘X’ FOR EACH PERSON WHO HAS ALREADY BEEN INTERVIEWED THIS ROUND IN THE STANDARD RU OR ANOTHER RU IN THIS DU.
4. IF PERSON WITH AN ‘X’ IN ‘INTERVIEW COMPLETED THIS ROUND’ COLUMN IS SELECTED, DISPLAY MESSAGE: ‘PERSON CANNOT BE SELECTED. HAS ALREADY BEEN INTERVIEWED WITH ANOTHER RU.’
5. IF AN RU MEMBER UNDER 18 IS SELECTED AS THE RESPONDENT, DISPLAY MESSAGE ‘RESPONDENT < 18. S/HE MUST BE APPROVED BY SUPERVISOR. RESELECT TO VERIFY.’
6. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER RU, DISPLAY THE MESSAGE: ‘PERSON IS MEMBER OF ANOTHER RU. VERIFY THAT PERSON JOINED OR CORRECT SELECTION.’

**IF PERSON FROM ANOTHER RU IS SELECTED AND VERIFIED AS THE RESPONDENT, ADD PERSON TO RU-MEMBERS-ROSTER.**

**IF ‘NEW RU MEMBER NOT YET LISTED’ IS SELECTED, CONTINUE WITH RE08**

**OTHERWISE (PERSON SELECTED AS RESPONDENT WAS ALREADY IN DU IN THE PREVIOUS ROUND), GO TO RE09**

**BOX_03**

OMITTED.

**RE07**

SELECT PROXY.

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

1. First Name,[Middle Name],Last Name-65] .........................
2. First Name,[Middle Name],Last Name-65] .........................
3. First Name,[Middle Name],Last Name-65] .........................

[Code One]

**ROSTER DEFINITION: THIS ITEM DISPLAYS THE PERSONS IN THE PERSONS-ROSTER (RU-LEVEL) THAT MEET THE FOLLOWING CONDITION:**
- PERSON WAS PROXY IN PREVIOUS ROUND

**DISPLAY 'NEW PROXY APPROVED BY SUPERVISOR' AS THE LAST ENTRY ON THIS ROSTER.**
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A PERSON(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD NOT BE ABLE TO EDIT ANY OF THE NAMES.
3. INTERVIEWER SHOULD NOT BE ABLE TO ADD NEW PERSONS.
4. INTERVIEWER SHOULD NOT BE ABLE TO DELETE ANY PERSONS.

RE08

ENTER NAME OF {RU MEMBER/PROXY} RESPONDENT.

May I have your full name?
VERIFY SPELLING.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

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

| REFUSED AND DON’T KNOW DISALLOWED AT ALL FIELDS. |

DISPLAY ‘RU MEMBER’ IF RE02 CODED ‘1’ (RU MEMBER),
DISPLAY ‘PROXY’ IF RE02 CODED ‘2’ (PROXY APPROVED BY SUPERVISOR).

IF ‘NEW RU MEMBER NOT YET LISTED’ SELECTED AT RE06, ADD PERSON ENTERED AT RE08 TO RU-MEMBERS-ROSTER AND
FLAG PERSON AS ‘RU MEMBER ADDED AT RE08’.

IF ‘NEW PROXY APPROVED BY SUPERVISOR’ CODED AT RE07, ADD PERSON ENTERED AT RE08 TO PERSONS-ROSTER AND
FLAG PERSON AS ‘PROXY ADDED AT RE08’.

RE09

VERIFY LOCATING ADDRESS BELOW WITH RESPONDENT.

STREET ADDRESS1:  {RU'S MOST RECENT ST. ADDRESS1}
STREET ADDRESS2:  {RU'S MOST RECENT ST. ADDRESS2}
CITY:  {RU'S MOST RECENT CITY}
STATE:  {ST}
ZIP CODE:  {ZIP CODE}

CORRECT ADDRESS .................. 1 {RE10A}
SAME ADDRESS - MINOR CORRECTIONS ....... 2
NEW ADDRESS ........................ 3
PRESS F1 FOR DEFINITION OF LOCATING ADDRESS.

RE10

MAKE CORRECTIONS TO LOCATING ADDRESS BELOW.
IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

Current Info: [STREET ADDRESS1]
[STREET ADDRESS2]
[CITY]
[STATE]
[ZIP CODE]

STREET ADDRESS1 (RE10_01): [_____________]
STREET ADDRESS2 (RE10_02): [_____________]
CITY (RE10_03): [_____________]
STATE (RE10_04): [_____________]
ZIP CODE (RE10_05): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS. |

RE10A

RECORD THE NAME OF THE COUNTY WHERE THIS RU IS LOCATED.

[Enter County Name -25] ..........................
REF ............................................. -7
DK .............................................. -8

RE11

VERIFY TELEPHONE NUMBER BELOW WITH RESPONDENT.

IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

IF NO TELEPHONE, ENTER ‘000’.

Current Info: [TELEPHONE NUMBER]

TELEPHONE NUMBER: [                     ]
REF ....................................... -7
DK ....................................... -8

| IF CURRENT INFO IS NOT AVAILABLE, ENTRY IS |
| REQUIRED FOR TELEPHONE NUMBER. (REFUSED AND |
| DON'T KNOW ARE ALLOWED AT ALL FIELDS.)      |
|                                             |

| IF ROUND 1 AND STANDARD SINGLE-PERSON RU OR NEW |
| SINGLE-PERSON RU (THAT IS, ANY NON-STUDENT |
| SINGLE-PERSON RU),|
| AND |
| RE02 CODED ‘1’ (RESPONDENT IS AN RU MEMBER), |
| GO TO RE47|
|                                             |

| IF ROUND 1 AND STANDARD SINGLE-PERSON RU OR NEW |
| SINGLE-PERSON RU (THAT IS, ANY NON-STUDENT |
| SINGLE-PERSON RU) |
| AND |
| RE02 CODED ‘2’ (RESPONDENT IS A PROXY APPROVED BY |
| SUPERVISOR), GO TO RE20 |
|                                             |
IF ROUND 1 AND MULTI-PERSON RU (WHETHER STANDARD OR NEW), GO TO RE20

IF NOT ROUND 1 AND NOT A STUDENT RU, GO TO BOX_09

IF STUDENT RU, CONTINUE WITH RE11A

RE11A

{PERSON’S FIRST MIDDLE AND LAST NAME}

My records show that (PERSON) (are/is) a student at post-secondary school. (Are/Is) (PERSON) attending school full-time or part-time?

PART-TIME ......................... 1
FULL-TIME ........................... 2
NOT ATTENDING SCHOOL .......... 3
REF .................................. -7
DK ................................... -8

[Code One]

BOX_03A

IF STUDENT RU NOT CREATED IN CURRENT ROUND AND RE11A CODED ‘3’ (NOT ATTENDING SCHOOL), CONTINUE WITH BOX_03B

OTHERWISE, GO TO RE12

BOX_03B

RU CLASSIFICATION CHANGE: CHANGE RU CLASSIFICATION FROM STUDENT RU TO STANDARD RU SINCE PERSON IS NO LONGER ATTENDING SCHOOL.

GO TO RE47

RE12

VERIFY INFORMATION WITH RESPONDENT. CORRECT IF NECESSARY.

GENDER: 1 = MALE, 2 = FEMALE

IF AGE IS INCORRECT AND DATE OF BIRTH KNOWN, RE-ENTER DATE OF BIRTH.

IF AGE IS INCORRECT AND DATE OF BIRTH NOT KNOWN, PROBE FOR AGE AND ENTER IF KNOWN.

{NOTE: FOR ROUND 5, AGE IS CALCULATED AS OF DEC 31, 1999.}

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.
REFUSED AND DON’T KNOW ALLOWED IN ALL COLUMNS EXCEPT ‘RU MEMBER’ COLUMN.

DISPLAY ‘NOTE: FOR ROUND 5, AGE IS CALCULATED AS OF DECEMBER 31, 1999.’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER.

MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE LEFT AND RIGHT ARROW KEYS TO MOVE CURSOR AMONG CELLS.
2. ALLOW INTERVIEWERS TO CORRECT GENDER, DATE OF BIRTH, AND AGE (WHEN AGE NOT CALCULATED BY CAPI). THE NAME CANNOT BE EDITED.
3. INTERVIEWERS SHOULD NOT BE ALLOWED TO CHANGE ‘REAL’ DATA TO ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW). IF INTERVIEWER TRIES TO DO SO, DISPLAY MESSAGE ‘DO NOT REPLACE EXISTING INFORMATION WITH REFUSED OR DON’T KNOW.’
4. IF DATE OF BIRTH IS CHANGED, CALCULATE AGE AUTOMATICALLY BY CAPI USING NEW DATE OF BIRTH AND DISPLAY CALCULATED AGE IN AGE COLUMN.

NOTE: BECAUSE THIS IS A STUDENT RU, THERE IS ONLY ONE RU MEMBER AND ONLY ONE ROW IN THE MATRIX.

NOTE: FOR ROUND 5, AGE IS CALCULATED AS OF DECEMBER 31, 1999. ALL AGE SKIPS (THROUGHOUT THE QUESTIONNAIRE) WILL BE BASED ON THIS AGE.

BOX_04

IF STUDENT RU NOT CREATED THIS ROUND AND AGE > 23, CONTINUE WITH BOX_05

OTHERWISE, GO TO RE13

BOX_05

RU CLASSIFICATION CHANGE: CHANGE RU CLASSIFICATION FROM STUDENT RU TO STANDARD RU SINCE STUDENT IS OUTSIDE OF DESIGNATED STUDENT RU AGE RANGE.

GO TO RE47

RE13

{PERSON’S FIRST MIDDLE AND LAST NAME}
My records show that (as of December 31, 1999) (PERSON) (have/has/had) never been married. Is that correct?

| YES | .................................... | 1 {RE14} |
| NO | ..................................... | 2 |
| REF | ................................... | -7 {RE14} |
| DK | .................................... | -8 {RE14} |

DISPLAY ‘as of December 31, 1999’ IF ROUND 5. OTHERWISE, USE NULL DISPLAY. DISPLAY (have/has) IF NOT ROUND 5. IF ROUND 5, DISPLAY ‘had’.

RE13OV

{(Are/Is)/On December 31, 1999, (were/was)} (PERSON) {now} married, widowed, divorced, or separated?

| MARRIED | ................................ | 1 |
| WIDOWED | ................................ | 2 |
| DIVORCED | ............................... | 3 |
| SEPARATED | .............................. | 4 |
| REF | ................................... | -7 |
| DK | .................................... | -8 |

{Code One}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘On December 31, 1999, (were/was)’ IF ROUND 5. DISPLAY ‘now’ IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.

BOX_06

RU CLASSIFICATION CHANGE:
CHANGE RU CLASSIFICATION FROM STUDENT RU TO STANDARD RU SINCE STUDENT’S MARITAL STATUS IS NO LONGER ‘NEVER MARRIED’.

GO TO RE47

RE14

{PERSON’S FIRST MIDDLE AND LAST NAME}

{(Are/Is)/(Were/Was)} (PERSON) on full-time active duty with the Armed Forces of the United States {on December 31, 1999}?

| YES | .................................... | 1 |
| NO | ..................................... | 2 {RE18} |
| REF | ................................... | -7 {RE18} |
| DK | .................................... | -8 {RE18} |

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘(Were/Was)’ IF ROUND 5. DISPLAY ‘on December 31, 1999’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
On what date did (PERSON) enter full-time active duty service in the Armed Forces?

[Enter Month, Day, Year-4] ............
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

-------------------------------
REMOVE PERSON FROM THE RU-MEMBERS-ROSTER AND FLAG |
PERSON AS REMOVED AT RE15. PERSON IS INELIGIBLE  |
FOR DATA COLLECTION IN THIS ROUND.
-------------------------------

OMITTED.

At this time, we are only collecting information about persons who are not on full-time active duty with the Armed Forces of the United States. Therefore, that is all the information we need.

PRESS ENTER TO CONTINUE.

Thank you for your participation in this important study.

PRESS ENTER TO CONTINUE.

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.

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

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

(Code One)

| GO TO BOX_27 |

(Have/Has) (PERSON) ever served on active duty in the Armed
Forces of the United States?

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

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

<table>
<thead>
<tr>
<th>GO TO BOX_27</th>
</tr>
</thead>
</table>

BOX_08

<table>
<thead>
<tr>
<th>IF ROUND 1, GO TO RE20</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (NOT ROUND 1), CONTINUE WITH BOX_09</th>
</tr>
</thead>
</table>

BOX_09

<table>
<thead>
<tr>
<th>IF ON DATE OF PREVIOUS ROUND INTERVIEW AT LEAST ONE KEY RU MEMBER WAS CODED AS INSTITUTIONALIZED IN A HEALTH CARE FACILITY (RE36 = 1 OR 2 -OR- RE19 = 1), CONTINUE WITH LOOP_02</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF STANDARD SINGLE-PERSON RU OR NEW SINGLE-PERSON RU (THAT IS, ANY NON-STUDENT SINGLE-PERSON RU), AND RE02 CODED '1' (RESPONDENT IS AN RU MEMBER), GO TO RE47</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO RE20</th>
</tr>
</thead>
</table>

LOOP_02

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX_09A-END_LP02</th>
</tr>
</thead>
</table>

LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION TO DETERMINE THE LOCATION AND ELIGIBILITY OF KEY RU MEMBERS WERE INSTITUTIONALIZED AT A HEALTH CARE FACILITY ON THE DATE OF THE PREVIOUS ROUND INTERVIEW. THIS LOOP CYCLES ON RU MEMBERS WHO MEET ALL OF THE FOLLOWING CONDITIONS:
- PERSON IS KEY
- PERSON WAS INSTITUTIONALIZED AT A HEALTH CARE FACILITY ON THE DATE OF THE PREVIOUS ROUND INTERVIEW (RE36 = 1 OR 2 -OR- RE19 = 1).

BOX_09A

<table>
<thead>
<tr>
<th>IF PERSON BEING ASKED ABOUT IS AN RU MEMBER RESPONDENT (RE02 = 1), CODE ‘NO’ AT RE19 AUTOMATICALLY BY CAPI, THEN CONTINUE WITH BOX_09B</th>
</tr>
</thead>
</table>

| BOX_09B |
RE19

{PERSON’S FIRST MIDDLE AND LAST NAME}

My records indicate that (PERSON) was institutionalized in a health care facility at the time of the last interview. {Is/On December 31, 1999, was} (PERSON) **still** institutionalized in a health care facility?

YES .................................... 1 {END_LP02}
NO ..................................... 2
REF ................................... -7 {END_LP02}
DK .................................... -8 {END_LP02}

PRESS F1 FOR DEFINITION OF INSTITUTIONALIZED IN A HEALTH CARE FACILITY.

---

BOX_09B

---

IF PERSON BEING ASKED ABOUT IS AN RU MEMBER RESPONDENT (RE02 = 1), CODE ‘LIVING WITH THIS FAMILY’ AT RE19A AUTOMATICALLY BY CAPI, THEN CONTINUE WITH RE19B

---

OTHERWISE, CONTINUE WITH RE19A

---

NOTE: SINCE THE NUMBER OF PEOPLE WHO ENTER AND LEAVE AN INSTITUTION IS SO SMALL, WE WILL INSTRUCT THE INTERVIEWER TO MAKE A COMMENT ABOUT INDIVIDUALS WHO ARE NOT ACCOMMODATED BY THIS SERIES (E.G., PERSON IS THE RESPONDENT, BUT LEFT INSTITUTION AFTER 12/31/99).

---

RE19A

---

{PERSON’S FIRST MIDDLE AND LAST NAME}

IF RESPONDENT VOLUNTEERS THAT PERSON IS DECEASED, CODE ‘3’ WITHOUT ASKING.

{Is/On December 31, 1999, was} (PERSON) {now} living here with this family, or {does/did} (PERSON) have a usual place of residence somewhere else?

LIVING WITH THIS FAMILY ............... 1
USUAL PLACE OF RESIDENCE ............... 2 {RE19D}
SOMEWHERE ELSE ....................... 2 {RE19D}
DECEASED ............................... 3 {RE19C}
REF ...................................... -7 {RE19D}
DK ...................................... -8 {RE19D}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---

DISPLAY ‘Is’ AND ‘does’ IF NOT ROUND 5. DISPLAY ‘On December 31, 1999, was’ AND ‘did’ IF ROUND 5.
DISPLAY ‘now’ IF NOT ROUND 5. OTHERWISE, USE A
RE19B

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-4] ...........
REF ..................................... -7
DK ....................................... -8

PRESS F1 FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.

RE19BOV

On what date did (PERSON) return to live with this family?

[Enter Month Day Year-4] ...........
REF ..................................... -7
DK ....................................... -8

RE19C

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-4] ...........
REF ..................................... -7
DK ....................................... -8

PRESS F1 FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.
RE19COV

On what date did (PERSON) die?

[Enter Month Day Year-4] ..............
REF ................................... -7
DK .................................... -8


GO TO END_LP02

RE19D

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-4] ..............
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.


NOTE: THE DATE ENTERED HERE DETERMINES THE START OF THE REFERENCE PERIOD FOR THIS PERSON.

RE19E

{PERSON’S FIRST MIDDLE AND LAST NAME}

Where is (PERSON) now/was (PERSON) on December 31, 1999?

INSTITUTIONALIZED IN A HEALTH CARE FACILITY ..................... 1
INSTITUTIONALIZED IN A NON-HEALTH CARE FACILITY ................ 2 {RE19I}
STUDENT UNDER 24 LIVING AWAY AT SCHOOL IN GRADES 1-12 .............. 3 {RE19I}
STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL .......... 4
ANOTHER HOUSEHOLD – CURRENTLY NOT FULL-TIME MILITARY .......... 5
ANOTHER HOUSEHOLD/MILITARY FACILITY -
CURRENTLY FULL-TIME MILITARY .......... 6 {RE19H}
REF .................................. -7
DK .................................. -8

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

<table>
<thead>
<tr>
<th>DISPLAY ‘is (PERSON) now’ IF NOT ROUND 5. DISPLAY ‘was (PERSON) on December 31, 1999’ IF ROUND 5.</th>
</tr>
</thead>
</table>

| DISPLAY FINAL ENTRY OF CODE ‘1’
| (INSTITUTIONALIZED IN HEALTH CARE FACILITY). IF INTERVIEWER ENTERS CODE ‘1’, DISPLAY THE FOLLOWING:
<table>
<thead>
<tr>
<th>MESSAGE ‘VERIFY FACILITY TYPE. IF HEALTH CARE FACILITY USE CTRL/J TO CORRECT RE19 TO YES.’</th>
</tr>
</thead>
</table>

RE19F

{PERSON’S FIRST MIDDLE AND LAST NAME}

{Is/Was} (PERSON) living within the U.S. or outside the U.S. (on December 31, 1999)?

WITHIN U.S. ......................... 1
OUTSIDE U.S. ......................... 2
REF .................................. -7
DK .................................. -8

PRESS F1 FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

| DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF ROUND 5. DISPLAY ‘on December 31, 1999’ IF ROUND 5.
| 5. OTHERWISE, USE A NULL DISPLAY. |

<table>
<thead>
<tr>
<th>IF PERSON CODED ‘4’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL AT RE19E), CONTINUE WITH RE19G</th>
</tr>
</thead>
</table>

| OTHERWISE, GO TO RE19I |

RE19G

{PERSON’S FIRST MIDDLE AND LAST NAME}

{(Are/Is)/On December 31, 1999, (were/was)} (PERSON) attending ...

grades 1-12, .......................... 1
a college or university, or .......... 2
some other training school after high school? ................................ 3
REF .................................. -7
DK .................................. -8

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

<table>
<thead>
<tr>
<th>DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘On December 31, 1999, (were/was)’ IF ROUND 5.</th>
</tr>
</thead>
</table>

|----------------------------------------------------|

|----------------------------------------------------|

|----------------------------------------------------|

|----------------------------------------------------|
DISALLOW FINAL ENTRY OF CODE ‘1’ (GRADES 1-12). IF INTERVIEWER TRIES TO ENTER CODE ‘1’, DISPLAY THE FOLLOWING MESSAGE: ‘USE CTRL/J TO CORRECT RE19E TO STUDENT < 24 LIVING AWAY AT SCHOOL GRADES 1-12.’

GO TO RE19I

RE19H

{PERSON’S FIRST MIDDLE AND LAST NAME}

{Is/Was} (PERSON) living in another household or in a military facility on December 31, 1999?

ANOTHER HOUSEHOLD ............... 1
MILITARY FACILITY ............... 2
REF ................................ -7
DK ................................. -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF ROUND 5. DISPLAY ‘on December 31, 1999’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

RE19HOV

{Is/Was} (PERSON) living within the U.S. or outside the U.S. on December 31, 1999?

WITHIN U.S. ..................... 1
OUTSIDE U.S. .................... 2
REF .............................. -7
DK ................................. -8

[Code One]

DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF ROUND 5. DISPLAY ‘on December 31, 1999’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

RE19I

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) {enter the non-health care facility/start living away at school/start living in another household/start living at a military facility/leave the United States}?

[Enter Month,Day,Year-4] ..............
REF ................................ -7
DK ................................. -8

DISPLAY ‘enter the non-health care facility’ IF RE19E CODED ‘2’ (INSTITUTIONALIZED IN NON-HEALTH CARE FACILITY).
DISPLAY ‘start living away at school’ IF RE19E CODED ‘3’ (STUDENT UNDER 24 LIVING AWAY AT SCHOOL IN GRADES 1-12) OR IF RE19E CODED ‘4’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) AND RE19F CODED ‘1’ (WITHIN U.S.), ‘7’ (REF),
DISPLAY 'start living in another household' IF RE19E CODED '5' (ANOTHER HOUSEHOLD - CURRENTLY NOT FT MILITARY) OR IF RE19E CODED '6' (ANOTHER HOUSEHOLD/MILITARY FACILITY - CURRENTLY FULL-TIME MILITARY AND RE19H CODED '1' (ANOTHER HOUSEHOLD), '-7' (REF), OR '-8' (DK) AND RE19HOV CODED '1' (WITHIN U.S.), '-7' (REF), OR '-8' (DK).

DISPLAY 'start living at a military facility' IF RE19E CODED '6' (ANOTHER HOUSEHOLD/MILITARY FACILITY - CURRENTLY FULL-TIME MILITARY AND RE19H CODED '1' (ANOTHER HOUSEHOLD), '-7' (REF), OR '-8' (DK).


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

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH RE20

RE20

{INTERVIEWER: IF ALL RU MEMBERS DEAD OR INSTITUTIONALIZED, CODE NO WITHOUT ASKING.}

Before we begin the health interview, I'd like to ask some questions about this household. I'd like you think about the people living here on December 31, 1999, regardless of whether they are living here now.

My records indicate that {on DATE OF PREVIOUS ROUND INTERVIEW}, the people listed on the top of this form (HAND HOUSEHOLD SUMMARY) {were/are} living together as a family. {Do/Did} (READ NAMES BELOW) still live together as a family {on December 31, 1999}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
DISPLAY INTERVIEWER INSTRUCTION IF RESPONDENT IS A PROXY. OTHERWISE, USE NULL DISPLAY.

DISPLAY ‘I’d like to ... this household.’ IF NOT ROUND 5. DISPLAY ‘I’d like you ... here now.’ IF ROUND 5.

DISPLAY ‘on {DATE OF PREVIOUS ROUND INTERVIEW}’ IF STANDARD RU. OTHERWISE, USE NULL DISPLAY.

FOR ‘{DATE OF PREVIOUS ROUND INTERVIEW}’, DISPLAY DATE OF NHIS INTERVIEW IF ROUND 1. OTHERWISE, DISPLAY DATE OF PREVIOUS ROUND MEPS INTERVIEW.

DISPLAY ‘were’ IF STANDARD RU. OTHERWISE, DISPLAY ‘are’.

DISPLAY ‘Do’ IF NOT ROUND 5. DISPLAY ‘Did’ IF ROUND 5.

DISPLAY ‘on December 31, 1999’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

ROSTER DEFINITION:
IF ROUND 1, THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITION:
- PERSON NOT ADDED TO RU-MEMBERS-ROSTER THIS ROUND

IF NOT ROUND 1, THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON NOT ADDED TO RU-MEMBERS-ROSTER THIS ROUND
- PERSON NOT INSTITUTIONALIZED ON DATE OF PREVIOUS ROUND INTERVIEW

IF RE20 CODED ‘1’ (YES), ‘7’ (REFERRED), OR ‘8’ (DON’T KNOW), CODE RE21_02 AS ‘1’ (IN RU) FOR ALL RU MEMBERS AUTOMATICALLY BY CAPI, AND GO TO RE42

OTHERWISE (RE20 CODED ‘2’ (NO)), CONTINUE WITH RE21

BOX_10

OMITTED.

BOX_11

OMITTED.

RE21

Who {is/was} not living here with the family {on December 31, 1999}?

CHANGE RU STATUS AS NECESSARY. 1 = IN RU, 2 = LEFT RU, 3 = INCORRECTLY LISTED IN RU DURING {NHIS/PREVIOUS ROUND}

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

ROSTER. RU MEMBER RE21_02. RU STATUS
| 1. First Name Middle Name Last Name-35 [Enter RU Status] |
| 2. First Name Middle Name Last Name-35 [Enter RU Status] |
| 3. First Name Middle Name Last Name-35 [Enter RU Status] |

PRESS F1 FOR HH MEMBERSHIP RULES.

<table>
<thead>
<tr>
<th>REFUSED AND DON’T KNOW DISALLOWED.</th>
</tr>
</thead>
</table>

DISPLAY ‘is’ IF NOT ROUND 5. DISPLAY ‘was’ IF ROUND 5. DISPLAY ‘on December 31, 1999’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘NHIS’ IF ROUND 1. OTHERWISE, DISPLAY ‘PREVIOUS ROUND’.

ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITION: IF ROUND 1:
- PERSON NOT ADDED TO RU-MEMBERS-ROSTER THIS ROUND

MATRIX BEHAVIOR SPECIFICATIONS:

1. DISPLAY CODE ‘1’ (IN RU) AT RE21_02 FOR EACH RU MEMBER.
2. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
3. RU MEMBERS COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO RU MEMBERS AT THIS SCREEN.
4. INTERVIEWERS SHOULD NOT BE ALLOWED TO LEAVE SCREEN IF ALL PERSONS CODED ‘1’ (IN RU) AT RE21_02. IF THE INTERVIEWER ATTEMPTS TO LEAVE SCREEN WITH RE21_02 CODED ‘1’ FOR ALL RU MEMBERS, DISPLAY THE MESSAGE: ‘IF EVERYONE IS STILL IN RU, USE CTRL/B TO CORRECT PREVIOUS SCREEN.’

IF PERSON IS CODED ‘3’ (INCORRECTLY LISTED IN RU DURING NHIS/PREVIOUS INTERVIEW) AT RE21_02, REMOVE PERSON FROM RU-MEMBERS-ROSTER AND IF ROUND 1, FLAG PERSON AS ‘NOT IN RU - INCORRECTLY LISTED IN RU DURING NHIS,’ OTHERWISE FLAG AS ‘NOT IN RU - INCORRECTLY LISTED IN RU DURING PREVIOUS INTERVIEW.’ PERSON IS INELIGIBLE AND OUT-OF-SCOPE. NO FURTHER INFORMATION WILL BE COLLECTED FOR PERSON.

IF RE21_02 CODED ‘2’ (LEFT RU) FOR AT LEAST ONE RU MEMBER, CONTINUE WITH LOOP .04

OTHERWISE (NO RU MEMBER CODED ‘2’ (LEFT RU) AND AT LEAST ONE RU MEMBER CODED ‘3’ (INCORRECTLY LISTED IN RU DURING NHIS)), GO TO BOX_22

BOX_11A
FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK

{PERSON'S FIRST MIDDLE AND LAST NAME}
Why is/are (PERSON) no longer living here with this family on December 31, 1999?

DECEASED .................... 1 {RE41}
INSTITUTIONALIZED .............. 2
STUDENT UNDER 24 LIVING AWAY AT SCHOOL
IN GRADES 1-12 .................. 3 {RE41}
STUDENT UNDER 24 LIVING AWAY AT
POST-SECONDARY SCHOOL ........... 4 {RE37}
MOVED - CURRENTLY NOT IN MILITARY .... 5 {RE37}
MOVED - CURRENTLY ON FULL-TIME ACTIVE
DUTY IN ARMED FORCES ........... 6 {RE38}
REF ................................ -7 {RE41}
DK .................................. -8 {RE41}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
|  DISPLAY 'is' IF NOT ROUND 5.  DISPLAY 'was' IF   |
|  ROUND 5.  DISPLAY 'on December 31, 1999' IF ROUND |
|  5.  OTHERWISE, USE A NULL DISPLAY.                |
----------------------------------------------------

RE36

{PERSON'S FIRST MIDDLE AND LAST NAME}

What type of institution is/was (PERSON) living in
now/on December 31, 1999?

NURSING HOME .................... 1 {RE40}
OTHER LONG-TERM HEALTH CARE
INSTITUTION (EXCLUDE COMMUNITY
BASED HOSPITAL) .................. 2 {RE40}
OTHER NON-HEALTH CARE INSTITUTION ... 3 {RE41}
REF ................................ -7 {RE40}
DK .................................. -8 {RE40}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
|  DISPLAY 'is' IF NOT ROUND 5.  DISPLAY 'was' IF   |
|  ROUND 5.  DISPLAY 'now' IF NOT ROUND 5.  DISPLAY  |
|  'on December 31, 1999' IF ROUND 5.              |
----------------------------------------------------

RE37

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is/Was (PERSON) living within the U.S. or outside the U.S.
on December 31, 1999?

WITHIN U.S. ...................... 1 {RE41}
OUTSIDE U.S. ...................... 2 {RE41}
REF ................................ -7 {RE41}
DK .................................. -8 {RE41}

PRESS F1 FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

----------------------------------------------------
|  DISPLAY 'is' IF NOT ROUND 5.  DISPLAY 'Was' IF   |
|  ROUND 5.  DISPLAY 'on December 31, 1999' IF ROUND |
|  5.  OTHERWISE, USE A NULL DISPLAY.                |
----------------------------------------------------

IF RE35 CODED '4' (STUDENT AWAY AT POST-SECONDARY SCHOOL)
AND RE37 CODED ‘1’ (WITHIN U.S.), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG PERSON AS A ‘NEW STUDENT’.

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

IF RE35 CODED ‘5’ (MOVED - CURRENTLY NOT IN MILITARY)
AND RE37 CODED ‘1’ (WITHIN U.S.), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG PERSON AS A ‘NON-MILITARY MOVER IN U.S.’

RE38

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Is/Was} (PERSON) living in another household or in a military facility {on December 31, 1999}?

ANOTHER HOUSEHOLD ............... 1
MILITARY FACILITY ............... 2 {RE41}
REF ................................ -7
DK ................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

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

RE38OV

{Is/Was} (PERSON) living within the U.S. or outside the U.S. {on December 31, 1999}?

WITHIN U.S. ............................. 1 {RE41}
OUTSIDE U.S. ............................ 2 {RE41}
REF ...................................... -7 {RE41}
DK ...................................... -8 {RE41}

[Code One]

DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF ROUND 5. DISPLAY ‘on December 31, 1999’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

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

BOX_21

OMITTED.

RE39

OMITTED.

RE40
Please give me the name and address of the nursing home or long term care facility where (PERSON) {is/was} living {now/on December 31, 1999}.

PLACE NAME (RE40_01): [______________]
STREET ADDRESS1 (RE40_02): [______________]
STREET ADDRESS2 (RE40_03): [______________]
CITY (RE40_04): [______________]
STATE (RE40_05): [______________]
ZIP CODE (RE40_06): [______________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
|  DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF  |
|  ROUND 5. DISPLAY 'now' IF NOT ROUND 5. DISPLAY  |
|  'on December 31, 1999' IF ROUND 5.               |
----------------------------------------------------

----------------------------------------------------
|  CODES '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE    |
|  ALLOWED ON EACH FORM ITEM.                       |
----------------------------------------------------

RE41

On what date did (PERSON) {die/enter the institution/start living away at school/move/leave the United States/leave the household}?

[Enter Month,Day,Year-4] ..............
REF ................................... -7
DK .................................... -8

----------------------------------------------------
<p>|  DISPLAY 'die' IF RE35 CODED '1' (DECEASED).      |
|                                                    |
|  DISPLAY 'enter the institution' IF RE35 CODED '2' |
| (INSTITUTIONALIZED).                               |
|                                                    |
|  DISPLAY 'start living away at school' IF RE35    |
| CODED '3' (STUDENT UNDER 24 LIVING AWAY AT SCHOOL |
| IN GRADES 1-12) OR '4' (STUDENT UNDER 24 LIVING    |
| AWAY AT POST-SECONDARY SCHOOL).                   |
|                                                    |
|  DISPLAY 'move' IF RE35 CODED '5' (MOVED -       |
| CURRENTLY NOT IN MILITARY) AND RE37 CODED '1'     |
| (WITHIN U.S.), '-7' (REF), OR '-8' (DK) OR IF     |
| RE35 CODED '6' (MOVED - CURRENTLY FULL-TIME ACTIVE|
| DUTY IN THE ARMED FORCES.                         |
|                                                    |
|  DISPLAY 'leave the U.S.' IF RE35 CODED 5'        |
| (MOVED - CURRENTLY NOT IN MILITARY) AND RE37      |
| CODED '2' (OUTSIDE U.S.).                         |
|                                                    |
|  DISPLAY 'leave the household' IF RE35 CODED '-7' |</p>
<table>
<thead>
<tr>
<th>(REF) OR '-8' (DK).</th>
</tr>
</thead>
</table>


----------------------------------------------------
|  IF DATE IS PRIOR TO 01/01/1998 AND PERSON MEETS  |
| ONE OF THE FOLLOWING SETS OF CONDITIONS:          |
| - RE35 CODED '1' (DECEASED), '2'                  |
| (INSTITUTIONALIZED), '-7' (REFUSED), OR '-8'     |
(DON'T KNOW)  
OR  
- (RE35 CODED '4' (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) OR '5' (MOVED - CURRENTLY NOT IN MILITARY))  
AND  
RE37 CODED ‘2’ (OUTSIDE U.S.)  
OR  
- RE35 CODED '6' (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES)  
AND  
RE38 CODED '2' (MILITARY FACILITY)  
OR  
- RE35 CODED '6' (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES)  
AND  
(RE38 CODED '1' (ANOTHER HOUSEHOLD), '-7' (REFUSED), OR '-8' (DON'T KNOW))  
AND  
RE380V CODED '2' (OUTSIDE U.S.)  

REMOVE PERSON FROM THE RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED AT RE41. PERSON IS OUT OF SCOPE AND INELIGIBLE. INFORMATION WILL NOT BE COLLECTED FOR THIS PERSON.

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

IF PERSON IS FLAGGED DURING THIS INTERVIEW AS ONE OF THE FOLLOWING:
- "NEW STUDENT" (THAT IS, RE35 CODED '4' (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) AND (RE37 CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW)))
OR
- "NON-MILITARY MOVER IN U.S." (THAT IS, RE35 CODED '5' (MOVED - CURRENTLY NOT IN MILITARY) AND (RE37 CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW))
OR
- "FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY" (THAT IS, RE35 CODED '6' (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES) AND (RE38 CODED '2' (ANOTHER HOUSEHOLD), '-7' (REFUSED), OR '-8' (DON'T KNOW)) AND (RE380V CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW))

REMOVE PERSON FROM RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED AT RE41. THE RE SECTION WILL COLLECT LOCATING AND OTHER PERTINENT INFORMATION FOR THIS PERSON BUT PERSON WILL NOT BE INCLUDED IN THIS INTERVIEW AFTER THE RE SECTION. INFORMATION FOR PERSON MAY BE COLLECTED AS PART OF ANOTHER RU.

-----------------------------------------------------

IF DATE IS = OR AFTER 01/01/1998 AND PERSON MEETS ONE OF THE FOLLOWING SETS OF CONDITIONS:
- RE35 CODED '1' (DECEASED)
OR
- RE35 CODED '2' (INSTITUTIONALIZED)
OR
- (RE35 CODED '4' (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) OR '5' (MOVED - CURRENTLY NOT IN MILITARY))  
AND  
RE37 CODED '2' (OUTSIDE U.S.)  
OR  
- RE35 CODED '6' (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES)  
AND  
RE38 CODED '2' (MILITARY FACILITY)  
OR  
- RE35 CODED '6' (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES)  
AND  
(RE38 CODED '1' (ANOTHER HOUSEHOLD), '-7' (REFUSED), OR '-8' (DON'T KNOW))  
AND  
(RE380V CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW))
RE38OV CODED ‘2’ (OUTSIDE U.S.)
OR
- RE35 CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW)

FLAG PERSON AS “REMOVE FROM RU BEFORE NEXT ROUND”,
INFORMATION MAY BE COLLECTED FOR PERSON DURING
THIS ROUND UP UNTIL THE DATE PERSON LEFT THE RU.
(PERSON’S REFERENCE PERIOD WILL END ON DATE PERSON
LEFT THE RU.) CAPI DETERMINES WHETHER OR NOT TO
INCLUDE PERSON IN THE INTERVIEW BASED ON PERSON’S
ELIGIBILITY WHICH IS ASSESSED BEFORE RE85.

END_LP04

---------------------------------

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER
WHO MEETS THE CONDITIONS STATED IN THE LOOP
DEFINITION.

---------------------------------

IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_04 AND CONTINUE WITH BOX_22

BOX_22

---------------------------------

IF ALL RU MEMBERS LEFT THE RU AND ARE NOT ELIGIBLE
FOR THE STUDY AS PART OF ANY RU (THEREFORE,
LOCATING INFORMATION IS NOT REQUIRED); THAT IS:
- IF THE RU-MEMBERS-ROSTER IS EMPTY
AND
- NO ONE IS FLAGGED AS A ‘NEW STUDENT’ THIS INTERVIEW
AND
- NO ONE IS FLAGGED AS A ‘NON-MILITARY MOVER IN U.S.’ THIS INTERVIEW
AND
- NO ONE IS FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’ THIS INTERVIEW,
CONTINUE WITH RE42A

---------------------------------

IF AT LEAST ONE RU MEMBER IS CURRENTLY LIVING IN THE RU (THAT IS, IF AT LEAST ONE PERSON ON THE CURRENT RU-MEMBERS-ROSTER MEETS ALL OF THE FOLLOWING CONDITIONS:)
- NOT DECEASED (RE35 IS NOT CODED ‘1’) AND
- NOT INSTITUTIONALIZED (RE35 IS NOT CODED ‘2’) AND
- NOT A STUDENT OR NON-MILITARY MOVER LIVING OUTSIDE THE U.S. (RE37 IS NOT CODED ‘2’) AND
- NOT ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 IS NOT CODED ‘2’) AND
- NOT ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE THE U.S. (RE38OV IS NOT CODED ‘2’) AND
- NOT LEFT RU FOR UNKNOWN REASON (RE35 IS NOT CODED ‘-7’ OR ‘-8’),
GO TO RE42

---------------------------------

OTHERWISE IF ROUND 1 (THAT IS, EITHER THE RU-MEMBERS-ROSTER INCLUDES ONLY PERSONS WHO HAVE LEFT THE RU SINCE START DATE OR (THE RU-MEMBERS-ROSTER IS EMPTY AND AT LEAST ONE REMOVED PERSON IS FLAGGED AS ‘NEW STUDENT’ OR ‘NON-MILITARY MOVER IN U.S.’ OR ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’)), GO TO BOX_24A
INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON ...................... 1
TELEPHONE ...................... 2

(Code One)

GO TO BOX_27

{At the time this household participated in the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}/At the time of the last interview}, {PREVIOUS ROUND REFERENCE PERSON} was listed as the person who owns or rents this home. {Is/Was} that still true {as of December 31, 1999}?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF OWNS/RENTS HOME.

DISPLAY ‘At the time this household participated in the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}’ IF ROUND 1. OTHERWISE, DISPLAY ‘At the time of the last interview’.

FOR ‘{PREVIOUS ROUND REFERENCE PERSON}’, DISPLAY NHIS REFERENCE PERSON IF ROUND 1. OTHERWISE, DISPLAY PREVIOUS ROUND MEPS REFERENCE PERSON.

DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF ROUND 5.

DISPLAY ‘as of December 31, 1999’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

IF CODED ‘1’ (YES) AND PREVIOUS ROUND REFERENCE PERSON MEETS ANY OF THE FOLLOWING CONDITIONS:
- DELETED FROM THE RU-MEMBERS-ROSTER THIS ROUND OR
- DECEASED OR INSTITUTIONALIZED (RE35 CODED ‘1’ OR ‘2’) OR
- STUDENT OR NON-MILITARY LIVING OUTSIDE THE U.S.
(RE37 CODED ‘2’)
OR
- CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING
AT A MILITARY FACILITY (RE38 CODED ‘2’)
OR
- CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING
OUTSIDE U.S. (RE38Ov CODED ‘2’)
OR
- LEFT RU FOR UNKNOWN REASON (RE35 CODED ‘-7’ OR ‘-8’),
GO TO RE44

---------------------------------------------------------------------

IF CODED ‘2’ (NO), CONTINUE WITH RE43

---------------------------------------------------------------------

OTHERWISE, GO TO BOX_22AA

---------------------------------------------------------------------

RE43

Of the people in this family who {live/lived} here {now/on December 31, 1999}, who {owns/owned} or {rents/rented} this home?

IF NAME GIVEN NOT LISTED, PROBE TO DETERMINE IF NEW RU MEMBER (I.E., RELATED) OR PERSON NOT IN RU.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

[Code One]

PRESS F1 FOR DEFINITION OF OWNS/RENTS HOME.

---------------------------------------------------------------------


---------------------------------------------------------------------

ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON => 16 YEARS OLD OR AGE CATEGORY 4-9
AND
- STILL LIVING IN THE RU AT THE DATE OF THE CURRENT INTERVIEW (THAT IS, NOT CODED ANY OF THE FOLLOWING:
  - DECEASED OR INSTITUTIONALIZED (RE35 CODED ‘1’ OR ‘2’)
  OR
  - STUDENT OR NON-MILITARY LIVING OUTSIDE THE U.S. (RE37 CODED ‘2’)
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 CODED ‘2’)
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE U.S. (RE38Ov CODED ‘2’)
  OR
  - LEFT RU FOR UNKNOWN REASON (RE35 CODED ‘-7’ OR ‘-8’)

---------------------------------------------------------------------

DISPLAY ‘PERSON NOT IN RU’ AS THE LAST ENTRY ON THE ROSTER.
If 'person not in RU' is selected, continue with RE44.

Otherwise (current RU member selected), go to BOX 22AA.

RE44

Of all the people in this family who {live/lived} here {now/on December 31, 1999}, who {is/was} considered the head of household?

To turn check mark on/off, use arrow keys, press enter. To leave, press ESC.

ROSTER.
DU MEMBERS
RE51_02. RUID
RE51_03. GENDER
RE51_04. AGE
RE51_05. INTERVIEW COMPLETED THIS ROUND

1. First Name Middle Name Last Name-35
   [Display RUID] [Display Selection] [Display Age] [Display Selection]
2. First Name Middle Name Last Name-35
   [Display RUID] [Display Selection] [Display Age] [Display Selection]
3. First Name Middle Name Last Name-35
   [Display RUID] [Display Selection] [Display Age] [Display Selection]

[Code One]

Press F1 for definition of head of household.

DISPLAY 'live' AND 'now' AND 'is' IF NOT ROUND 5.
DISPLAY 'lived' AND 'on December 31, 1999' AND 'was' IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS THE DU-MEMBERS-ROSTER.

DISPLAY 'NEW RU MEMBER NOT YET LISTED' AS LAST ENTRY ON ROSTER.

MATRIX BEHAVIOR SPECIFICATIONS:

1. Allow interviewer to use up and down arrow keys to move cursor among rows.
2. The matrix columns are display-only. That is, no changes are allowed to the information.
3. The 'INTERVIEW COMPLETED THIS ROUND' column displays an 'X' for each person who has already been interviewed this round in the standard RU or another RU in this DU.
4. If person with an 'X' in 'INTERVIEW COMPLETED THIS ROUND' column is selected, display message: 'Person cannot be selected. Has already been interviewed with another RU.'
5. If an RU member under 16 selected as head of household, display message: 'Respondent < 16. S/he must be approved by supervisor. Reselect to verify.'
6. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER RU, DISPLAY THE MESSAGE: ‘PERSON IS MEMBER OF ANOTHER RU. VERIFY THAT PERSON JOINED OR CORRECT SELECTION.’

7. IF INTERVIEWER SELECTS PERSON WHO HAS LEFT THE RU, DISPLAY THE MESSAGE: ‘SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION.’

----------------------------------------------------
IF PERSON FROM ANOTHER RU SELECTED AND VERIFIED AS THE HEAD OF HOUSEHOLD, ADD PERSON TO RU-MEMBERS-ROSTER.

----------------------------------------------------
IF ‘NEW RU MEMBER NOT YET LISTED’ SELECTED, CONTINUE WITH RE45

----------------------------------------------------
OTHERWISE (CURRENT DU MEMBER SELECTED), GO TO BOX_22AA

----------------------------------------------------
RE45

ENTER NAME OF NEW RU MEMBER WHO OWNS OR RENTS HOME OR IS HEAD OF HOUSEHOLD.
VERIFY SPELLING.
IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

[Enter First Name,[Middle Name],Last Name-65]

**************************************************
| REFUSED AND DON’T KNOW DISALLOWED AT ALL FIELDS. |
**************************************************

ADD PERSON TO RU-MEMBERS-ROSTER AND FLAG PERSON AS ‘NEW RU MEMBER ADDED AT RE45’.

**************************************************
BOX_22AA

**************************************************
IF AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER IS AN ORIGINAL RU MEMBER WHO IS STILL LIVING IN THE RU AT THE TIME OF THE CURRENT INTERVIEW; THAT IS, IF AT LEAST ONE RU MEMBER MEETS THE FOLLOWING CONDITIONS:
- NOT ADDED TO THE RU THIS ROUND
AND
- NOT CODED ANY OF THE FOLLOWING:
  - DECEASED OR INSTITUTIONALIZED (RE35 CODED ‘1’ OR ‘2’)
  OR
  - STUDENT OR NON-MILITARY LIVING OUTSIDE THE U.S. (RE37 CODED ‘2’)
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 CODED ‘2’)
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE U.S. (RE38OV CODED ‘2’)
  OR
  - LEFT RU FOR UNKNOWN REASON (RE35 CODED ‘-7’ OR ‘-8’)

CONTINUE WITH RE46

**************************************************
REFERENCE PERSON'S FIRST MIDDLE AND LAST NAME

{Please think about the household composition as of December 31, 1999 for the next few questions.} {Is/Was} there anyone else related to (REFERENCE PERSON) who {is/was} living here {now/on December 31, 1999} as part of this family and who is not listed on top of this form? (HAND HOUSEHOLD SUMMARY) That is, other than (READ NAMES BELOW)? Do not include anyone who was staying here temporarily who usually lived somewhere else.

By related we mean by blood, marriage, living together as married, adoption or foster care relationship.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

1. First Name, [Middle Name], Last Name-65
2. First Name, [Middle Name], Last Name-65
3. First Name, [Middle Name], Last Name-65

YES .................................... 1 {RE48}
NO ..................................... 2 {RE50}
REF ................................... -7 {RE50}
DK .................................... -8 {RE50}

PRESS F1 FOR DEFINITION OF LIVING TOGETHER AS MARRIED/PARTNER RELATIONSHIPS.

PERSON'S FIRST MIDDLE AND LAST NAME

We would like to include the other members of (PERSON)’s household who are related to (PERSON) in this interview.

{Is/Was} there anyone else related to (PERSON) living here {now/on December 31, 1999}? Do not include anyone staying here temporarily who usually lives somewhere else. By related we mean by blood, marriage, living together as married, adoption, or foster care relationship.

YES .................................... 1
NO ..................................... 2 {RE50}
REF ................................... -7 {RE50}
DK .................................... -8 {RE50}

PRESS F1 FOR DEFINITION OF LIVING TOGETHER AS MARRIED.
[INTERVIEWER: IF ALL PERSONS WHO HAVE JOINED THE RU ARE ALREADY SELECTED, USE CTRL/B TO CHANGE PREVIOUS SCREEN TO ‘NO’.] 

Who else {is/was} related and living here {now/on December 31, 1999}? 

PROBE: Anyone else? 

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. 
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER, DU MEMBERS</th>
<th>RE48_02. RUID</th>
<th>RE48_03. GENDER</th>
<th>RE48_04. AGE</th>
<th>RE48_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>
Please give me the name of each new related person who {is/was} living with this household {on December 31, 1999}.

PROBE: Anyone else?

ENTER NAMES. VERIFY SPELLING. IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

TO MOVE CURSOR, USE ARROW KEYS.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE49_02. IN RU NOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5. DISPLAY 'on December 31, 1999' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER.

MATRIX BEHAVIOR SPECIFICATIONS:
1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. ALLOW INTERVIEWERS TO ADD A PERSON(S) TO THE ROSTER.
3. ALLOW INTERVIEWERS TO DELETE ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
4. ALLOW INTERVIEWERS TO EDIT ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
5. WHEN SCREEN IS DISPLAYED, DISPLAY 'YES' IN
RE49_02 FOR EACH PERSON CODED ‘1’ (IN RU) AT RE21_02 OR ADDED TO RU DURING THIS INTERVIEW.
6. DO NOT ALLOW INTERVIEWERS TO CHANGE CODES IN RE49_02.
7. AUTOMATICALLY DISPLAY ‘YES’ AT RE49_02 FOR PERSON ADDED AT THIS SCREEN.

IF PERSON IS ADDED AT RE49, ADD PERSON TO RU-MEMBERS-ROSTER AND FLAG PERSON AS ADDED AT RE49.

RE50

Have we missed anyone? For example, babies born or adopted since/between [DATE OF PREVIOUS ROUND INTERVIEW] and December 31, 1999, anyone related who usually lives/lived here but is/was traveling, away on business, or in the hospital?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

DISPLAY ‘since’ AND ‘lives’ AND ‘is’ IF NOT ROUND 5.
5. DISPLAY ‘between’ AND ‘lived’ AND ‘was’ IF ROUND 5.
FOR ‘[DATE OF PREVIOUS ROUND INTERVIEW]’ DISPLAY DATE OF NHIS INTERVIEW IF ROUND 1. OTHERWISE, DISPLAY DATE OF PREVIOUS ROUND MEPS INTERVIEW.
DISPLAY ‘and December 31, 1999’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

IF ROUND 1 AND RE50 CODED ‘2’ (NO), ‘-7’ (REF), OR ‘-8’ (DK), GO TO RE53.

IF NOT ROUND 1 AND RE50 CODED ‘2’ (NO), ‘-7’ (REF), OR ‘-8’ (DK), GO TO BOX_24A.

OTHERWISE (RE50 CODED ‘1’ (YES)), CONTINUE WITH RE51.

RE51

Who else related and living here now/on December 31, 1999?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
<table>
<thead>
<tr>
<th>Name-35</th>
<th>[Display RUID]</th>
<th>[Display Selection]</th>
<th>[Display Age]</th>
<th>[Display Selection]</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. First Name Middle Name Last</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5.  DISPLAY 'now' IF NOT ROUND 5. DISPLAY 'on December 31, 1999' IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER.

DISPLAY 'ANY NEW RU MEMBERS NOT LISTED' AS THE LAST ENTRY ON THE ROSTER.

MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. ALL COLUMNS ARE PROTECTED. CURSOR WILL NOT ENTER THESE COLUMNS, SO NO CHANGES ARE ALLOWED IN ANY OF THESE COLUMNS.
3. IF NEW RU, AN 'X' WILL BE DISPLAYED IN THE INTERVIEW COMPLETED THIS ROUND COLUMN FOR EACH PERSON WHO HAS ALREADY BEEN INTERVIEWED IN ANOTHER RU IN THE DU.
4. IF PERSON WITH AN 'X' IN INTERVIEW COMPLETED THIS ROUND COLUMN IS SELECTED, DISPLAY MESSAGE: 'PERSON CANNOT BE SELECTED. HAS BEEN INCLUDED IN INTERVIEW WITH ANOTHER RU.'
5. IF INTERVIEWER SELCTS A PERSON WHO HAS LEFT THIS RU OR A CURRENT RU MEMBER, DISPLAY THE MESSAGE: 'SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION.'

ADD EACH PERSON SUCCESSFULLY SELECTED TO THE RU-MEMBERS-ROSTER AND FLAG PERSON AS ADDED AT RE51.

IF 'ANY NEW RU MEMBERS NOT LISTED' SELECTED, CONTINUE WITH RE52

IF ROUND 1 AND 'ANY NEW RU MEMBERS NOT LISTED' NOT SELECTED, GO TO RE53

OTHERWISE, GO TO BOX_24A

RE52

Please give me the name of each new related person who {is/was} living with this household {on December 31, 1999}.

PROBE: Anyone else?

ENTER NAMES. VERIFY SPELLING. IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
ROSTER. RU MEMBER

<table>
<thead>
<tr>
<th>RE52_02. IN RU NOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
</tr>
</tbody>
</table>

DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5. DISPLAY 'on December 31, 1999' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER.

MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. ALLOW INTERVIEWERS TO ADD A PERSON(S) TO THE ROSTER.
3. ALLOW INTERVIEWERS TO DELETE ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
4. ALLOW INTERVIEWERS TO EDIT ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
5. WHEN SCREEN IS DISPLAYED, DISPLAY 'YES' IN RE52_02 FOR EACH PERSON CODED '1' (IN RU) AT RE49_02 OR ADDED TO RU THIS ROUND.
6. DO NOT ALLOW INTERVIEWERS TO CHANGE CODES IN RE52_02.
7. AUTOMATICALLY DISPLAY 'YES' AT RE52_02 FOR PERSON ADDED AT THIS SCREEN.

ADD ENTERED PERSONS TO RU-MEMBERS-ROSTER AND FLAG PERSONS AS ADDED AT RE52.

IF ROUND 1, CONTINUE WITH RE53.

OTHERWISE, GO TO BOX_24A.

RE53

{REFERENCE PERSON’S FIRST MIDDLE AND LAST NAME}

Are there any children or young people under 24 years of age related to (REFERENCE PERSON) who are not listed on this form (HAND HOUSEHOLD SUMMARY) and who usually live here but are currently living away from home in the U.S., never married, going to school? Please include any new member you may have just mentioned who is under 24, never married, and living away from home going to school in the U.S.

YES .............................. 1
NO .................................. 2 {BOX_24}
REF ...............................-7 {BOX_24}
DK .................................-8 {BOX_24}

FOR CONTEXT HEADER, DISPLAY NHIS REFERENCE PERSON IF RE42 CODED ‘1’ (YES), ‘-7’ (REF), OR ‘-8’ (DK).
Who is under 24, never married, and living away at school in the U.S.?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBERS</th>
<th>RE54_02. RUID</th>
<th>RE54_03. GENDER</th>
<th>RE54_04. AGE</th>
<th>RE54_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER.

DISPLAY ‘ANY NEW RU MEMBERS NOT LISTED’ AS THE LAST ENTRY ON THE ROSTER.

MATRIX BEHAVIOR SPECIFICATIONS:
1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. RU MEMBERS, RUID, GENDER, AND AGE COLUMNS ARE PROTECTED. CURSOR WILL NOT ENTER THESE COLUMNS, SO NO CHANGES ARE ALLOWED INFORMATION IN ANY OF THESE COLUMNS.
3. IF NEW RU, AN ‘X’ WILL BE DISPLAYED IN THE INTERVIEW COMPLETED THIS ROUND COLUMN FOR EACH PERSON WHO HAS ALREADY BEEN INTERVIEWED IN THE STANDARD RU OR ANOTHER NEW RU IN THE DU.
4. IF PERSON WITH AN ‘X’ IN ‘INTERVIEW COMPLETED THIS ROUND’ COLUMN IS SELECTED, DISPLAY MESSAGE: ‘PERSON CANNOT BE SELECTED. HAS BEEN INCLUDED IN INTERVIEW WITH ANOTHER RU.’
5. IF GENDER OR AGE NOT YET COLLECTED, DISPLAY ‘--’ IN APPROPRIATE CELL(S).
6. IF INTERVIEWER SELECTS A PERSON WHO HAS LEFT THIS RU OR A CURRENT RU MEMBER, DISPLAY THE MESSAGE: ‘SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION.’

ADD EACH SUCCESSFULLY SELECTED PERSON TO THE RU-MEMBERS-ROSTER AND FLAG PERSON AS ADDED AT RE54.

IF ‘ANY NEW RU MEMBERS NOT LISTED’ SELECTED, CONTINUE WITH RE55.
RE55

Please give me the name of each new related person who is a student, under 24, never married, and living away at school.

PROBE: Anyone else?

ENTER NAMES. VERIFY SPELLING. IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

TO MOVE CURSOR, USE ARROW KEYS.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

ROSTER. RU MEMBER

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. First Name Middle Name Last Name-35
   [Display Selection]

2. First Name Middle Name Last Name-35
   [Display Selection]

3. First Name Middle Name Last Name-35
   [Display Selection]

---

MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. ALLOW INTERVIEWERS TO ADD A PERSON(S) TO THE ROSTER.
3. ALLOW INTERVIEWERS TO DELETE ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
4. ALLOW INTERVIEWERS TO EDIT ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
5. DISPLAY 'YES' IN RE55_02 FOR EACH PERSON CODED '1' (IN RU) AT RE52_02 WHEN SCREEN IS DISPLAYED.
6. DO NOT ALLOW INTERVIEWERS TO CHANGE CODES IN RE55_02.
7. AUTOMATICALLY DISPLAY 'YES' AT RE55_02 FOR PERSON ADDED AT THIS SCREEN.

---

ADD PERSONS TO THE RU-MEMBERS-ROSTER AND FLAG PERSONS AS ADDED AT RE55.

BOX_22A

---

IF AT LEAST ONE PERSON ADDED TO THE RU-MEMBERS-ROSTER AT RE54 OR RE55, CONTINUE WITH LOOP_05

---

OTHERWISE, GO TO BOX_24

---

LOOP_05

---
FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK RE56-END_LP05

LOOP DEFINITION: LOOP_05 COLLECTS INFORMATION THAT CAPI REQUIRES TO DETERMINE THE KEYNESS AND ELIGIBILITY OF PERSONS WHO WERE ADDED TO THE RU AT RE54 OR RE55. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITION:
- NEW RU MEMBER < 24, NEVER MARRIED, LIVING AWAY AT SCHOOL (SELECTED AT RE54 OR ADDED AT RE55)


IMMEDIATELY AFTER LOOP_05 ENDS, CAPI WILL REMOVE FROM THE RU-MEMBERS-ROSTER ANY NEW RU MEMBER WHO IS FLAGGED AS ‘SAMPLEABLE AT NHIS’ DURING THE COURSE OF THE LOOP. NO INFORMATION WILL BE COLLECTED FOR SUCH PERSONS.

NEW RU MEMBERS WHO ARE NOT ‘NEW STUDENT’, ‘NON-MILITARY MOVER IN U.S.’, OR ‘SAMPLEABLE AT NHIS’ REMAIN ON THE RU-MEMBERS-ROSTER AFTER LOOP_05.

RE56

{PERSON’S FIRST MIDDLE AND LAST NAMES}

(Are/Is) (PERSON) attending ...

1  grades 1-12, ........................................
2  a college or university, or ...............  
3  some other training school
   after high school? ....................  
4  REF ..................................  
5  DK ...................................  

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE56A

{PERSON’S FIRST MIDDLE AND LAST NAMES}

Where (were/was) (PERSON) living when this household participated in the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}?  

PERSON WAS ...

1  INSTITUTIONALIZED ................. {BOX_23A}
2  STUDENT UNDER 24 LIVING AWAY AT
   POST-SECONDARY SCHOOL ..........  
3  PERSON WAS NOT FT MILITARY AT TIME
   OF NHIS AND WAS ...
   LIVING IN U.S. ....................  
4  LIVING OUTSIDE U.S. .......... {BOX_23A}
5  PERSON WAS FT MILITARY AT TIME OF NHIS
   AND WAS ...
   LIVING AT A MILITARY FACILITY .....  
   LIVING OUTSIDE U.S. .......... {BOX_23A}
6  LIVING IN ANOTHER HOUSEHOLD IN U.S.  
7  PERSON WAS ...


LIVING WITH THIS FAMILY (PERSON LEFT OFF NHIS ROSTER) ............ 8 {BOX_23A}
OTHER ......................... 91
REF ................................ 7
DK .............................. 8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| NOTE: THE RESPONSE CATEGORY 'LIVING WITH THIS   |
| FAMILY (PERSON LEFT OFF NHIS ROSTER)' INCLUDES    |
| PERSONS WHO WERE LIVING AWAY AT SCHOOL IN GRADES  |
| 1 - 12.                                           |
----------------------------------------------------

----------------------------------------------------
| IF CODED ONE OF THE FOLLOWING:                    |
| - '1' (INSTITUTIONALIZED),                        |
| OR                                                |
| - '4' (NOT FT MILITARY AT TIME OF NHIS AND LIVING|
| OUTSIDE U.S.),                                   |
| OR                                                |
| - '5' (FT MILITARY AT TIME OF NHIS AND LIVING     |
| AT A MILITARY FACILITY),                         |
| OR                                                |
| - '6' (FT MILITARY AT TIME OF NHIS AND LIVING     |
| OUTSIDE U.S.),                                   |
| OR                                                |
| - '8' (LIVING WITH THIS FAMILY BUT LEFT OFF NHIS |
| ROSTER),                                         |
| FLAG PERSON AS 'NOT SAMPLEABLE AT NHIS' (PERSON   |
| HAD NO POSSIBILITY OF BEING INCLUDED IN THE NHIS  |
| SAMPLE).                                          |
| IF CODED ANY OTHER CODE (INCLUDING '-7' (REFUSED) |
| AND '-8' (DON'T KNOW), FLAG PERSON AS 'SAMPLEABLE |
| AT NHIS.' (PERSON HAD POSSIBILITY OF BEING        |
| INCLUDED IN THE NHIS SAMPLE.)                    |

----------------------------------------------------

----------------------------------------------------
| IF PERSON MEETS BOTH OF THE FOLLOWING CONDITIONS: |
| - PERSON IS FLAGGED AS 'NOT SAMPLEABLE AT NHIS'   |
| (SEE PREVIOUS BOX)                               |
| AND                                              |
| - PERSON IS ATTENDING (COLLEGE OR UNIVERSITY) OR |
| (SOME OTHER TRAINING SCHOOL AFTER HIGH SCHOOL) |
| (THAT IS, RE56 IS CODED '2' OR '3' FOR PERSON), |
| FLAG PERSON AS A 'NEW STUDENT'.                   |

----------------------------------------------------

----------------------------------------------------
| IF PERSON MEETS BOTH OF THE FOLLOWING CONDITIONS: |
| - PERSON IS FLAGGED AS 'NOT SAMPLEABLE AT NHIS'   |
| (SEE BOX ABOVE)                                  |
| AND                                              |
| - RE56 IS CODED '-7' (REFUSED) OR '-8' (DON'T    |
| KNOW) FOR PERSON,                                |
| FLAG PERSON AS 'NON-MILITARY MOVER IN U.S.'      |

----------------------------------------------------

RE56B
{PERSON'S FIRST MIDDLE AND LAST NAME}

At the time of the National Health Interview Survey in
{MONTH, DAY, YEAR OF NHIS INTERVIEW}, (were/was) (PERSON)
17 to 23 years old?

YES ......................... 1
NO ........................... 2 {END_LP05}
REF .......................... -7 {END_LP05}
DK ........................... -8 {END_LP05}

----------------------------------------------------------------------------------
IF CODED ‘1’ (YES) AND RE56A CODED ‘2’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL), CONTINUE WITH RE56C

----------------------------------------------------

IF CODED ‘1’ (YES) AND RE56A NOT CODED ‘2’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL), GO TO BOX_23A

RE56C

{PERSON’S FIRST MIDDLE AND LAST NAME}

At the time of the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW} were either of (PERSON)’s parents living in this household?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

[ IF CODED ‘1’ (YES), FLAG PERSON AS ‘A NEW STUDENT’.]

----------------------------------------------------

BOX_23A

----------------------------------------------------

IF PERSON MEETS EITHER OF THE FOLLOWING CONDITIONS:
- FLAGGED AS A ‘NEW STUDENT’ (SEE BOX ON RE56A AND RE56C)
OR
- FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ (SEE BOX ON RE56A)

REMOVE PERSON FROM RU-MEMBERS-ROSTER. THE RE SECTION WILL COLLECT LOCATING AND OTHER PERTINENT INFORMATION FOR PERSON BUT PERSON WILL NOT BE INCLUDED IN THIS INTERVIEW AFTER THE RE SECTION. INFORMATION FOR PERSON MAY BE COLLECTED AS PART OF ANOTHER RU.

END_LP05

----------------------------------------------------

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

----------------------------------------------------

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_23

BOX_23

----------------------------------------------------

IF NO ONE ON THE RU-MEMBERS-ROSTER IS FLAGGED AS ‘SAMPLEABLE AT NHIS’, GO TO BOX_24
RE56D

{PERSON’S FIRST MIDDLE LAST NAME}

At the time we are only collecting information about some of the students you just now identified. Therefore, the remaining questions will not be asked about (READ NAMES BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO ARE FLAGGED AS ‘SAMPLEABLE AT NHIS’. (SEE BOX ON RE56A)

REMOVE ALL PERSONS WHO ARE FLAGGED AS ‘SAMPLEABLE AT NHIS’ (THAT IS, ALL RU MEMBERS DISPLAYED AT RE56D) FROM THE RU-MEMBERS-ROSTER. SUCH PERSONS ARE NOT ELIGIBLE FOR THIS INTERVIEW AND ARE NOT KEY. INFORMATION WILL NOT BE COLLECTED FOR SUCH PERSONS AS PART OF THIS OR ANY OTHER RU.

GO TO BOX_24

BOX_24A

IF NOT ROUND 1, CONTINUE WITH RE57A.
OTHERWISE, GO TO BOX_26

RE57A

VERIFY DISPLAYED INFORMATION.
ASK APPROPRIATE QUESTION FOR EACH BLANK FIELD.

ENTER GENDER. 1 = MALE, 2 = FEMALE
IF NOT OBVIOUS, ASK:  Is {READ NAME BELOW} male or female?

What is {READ NAME BELOW}'s date of birth?
ENTER MM/DD/YYYY.

VERIFY AGE - IF AGE IS INCORRECT, RE-ENTER DATE OF BIRTH.
IF DATE OF BIRTH UNKNOWN, PROBE FOR AGE AND ENTER IF KNOWN.
{NOTE: FOR ROUND 5, AGE IS CALCULATED AS OF DEC 31, 1999.}

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE57A_02. GENDER</th>
<th>RE57A_03. DATE OF BIRTH</th>
<th>RE57A_04. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. First Name</td>
<td>[Enter]</td>
<td>[Enter Month]</td>
<td>[Verify/Enter Age]</td>
</tr>
</tbody>
</table>

DISPLAY ‘NOTE: FOR ROUND 5, AGE IS CALCULATED AS
OF DEC 31, 1999.’ IF ROUND 5. OTHERWISE, USE A
NULL DISPLAY.

REFUSED AND DON’T KNOW ALLOWED.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL
PERSONS ON THE RU-MEMBERS-ROSTER

MATRIX BEHAVIOR SPECIFICATIONS:

1. FOR ALL PERSONS ON ROSTER, PRESENT BLANK
FIELDS FOR THE MISSING DATA ITEMS.
2. PLACE CURSOR ON FIRST BLANK FIELD. AFTER
ENTRY, MOVE CURSOR TO NEXT BLANK CELL ON THAT
ROW.
3. COMPUTE AGE FROM DATE OF BIRTH AND DISPLAY IN
RE57A_04. IF UNABLE TO CALCULATE AGE BECAUSE
OF MISSING DATA, DISPLAY ‘?’ IN RE57A_04.
4. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO
MOVE CURSOR AMONG ROWS AND COLUMNS.
5. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW
PERSONS.
6. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT
NAMES OF ANY RU MEMBER ON ROSTER.

IF AGE MISSING FOR ANY RU MEMBER, CONTINUE WITH
LOOP_06A

OTHERWISE, GO TO BOX_26

NOTE: FOR ROUND 5, AGE IS CALCULATED AS OF
DECEMBER 31, 1999. ALL AGE SKIPS (THROUGHOUT THE
QUESTIONNAIRE) WILL BE BASED ON THIS AGE.

LOOP_06A

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
RE57B-END_LP06A

LOOP DEFINITION: LOOP_06A COLLECTS AGE ESTIMATE
FOR RU MEMBERS WHOSE AGE IS MISSING. THIS LOOP
CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING
CONDITION:
- PERSON’S AGE MISSING FROM RE57A_04

RE57B

{PERSON’S FIRST MIDDLE AND LAST NAME}
PROBE FOR RESPONDENT’S BEST ESTIMATE OF AGE.

{(Are/Is)/As of December 31, 1999, (were/was)} (PERSON)...
Less than 1 year old, .................. 1
1 - 4, ................................ 2
5 - 15, ................................ 3
16 - 23, ................................ 4
24 - 34, ................................ 5
35 - 44, ................................ 6
45 - 54, ................................ 7
55 - 64, or ................................ 8
65 years or older? ..................... 9
REF ................................... -7
DK .................................... -8

[Code One]

DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘As of
December 31, 1999, (were/was)’ IF ROUND 5.

RE57C

{PERSON'S FIRST MIDDLE AND LAST NAME}

ENTER YOUR BEST GUESS FOR (PERSON)'S AGE {AS OF DECEMBER 31, 1999}.

Less than 1 year old, .................. 1
1 - 4, ................................ 2
5 - 15, ................................ 3
16 - 23, ................................ 4
24 - 34, ................................ 5
35 - 44, ................................ 6
45 - 54, ................................ 7
55 - 64, or ................................ 8
65 years or older? ..................... 9

[Code One]

DISPLAY ‘AS OF DECEMBER 31, 1999’ IF ROUND 5.
OTHERWISE, USE A NULL DISPLAY.

REFUSED AND DON’T KNOW DISALLOWED.

END_LP06A

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER
THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_06A AND GO TO BOX_26

BOX_24

IF AT LEAST ONE PERSON IN THE RU-MEMBERS-ROSTER MEETS BOTH OF THE FOLLOWING CONDITIONS:
- ADDED TO THE RU THIS ROUND
AND
- NOT A DU MEMBER AT THE TIME OF NHIS (THAT IS, A NEW RU MEMBER NOT SELECTED FROM THE DU-MEMBERS-ROSTER),
CONTINUE WITH RE57


ASK APPROPRIATE QUESTION FOR EACH BLANK FIELD.

ENTER GENDER.  1 = MALE, 2 = FEMALE
IF NOT OBVIOUS, ASK:  Is (READ NAME BELOW) male or female?

What is (READ NAME BELOW)'s date of birth?
ENTER MM/DD/YYYY.

VERIFY AGE - IF AGE IS INCORRECT, RE-ENTER DATE OF BIRTH.
IF DATE OF BIRTH UNKNOWN, PROBE FOR AGE AND ENTER IF KNOWN.

TO MOVE CURSOR, USE ARROW KEYS.  TO LEAVE, PRESS ESC.

---

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE57_02. GENDER</th>
<th>RE57_03. DATE OF BIRTH</th>
<th>RE57_04. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

REFUSED AND DON’T KNOW ALLOWED IN ALL FIELDS.

---

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON IS A NEW RU MEMBER ADDED IN CURRENT ROUND WHO WAS NOT SELECTED FROM THE DU-MEMBERS-ROSTER

---

MATRIX BEHAVIOR SPECIFICATIONS:

1. FOR ALL PERSONS ON ROSTER, PRESENT BLANK FIELDS FOR THE MISSING DATA ITEMS (EITHER NOT YET COLLECTED OR MISSING FROM PREVIOUS ROUNDS)
2. PLACE CURSOR ON FIRST BLANK FIELD. AFTER ENTRY, MOVE CURSOR TO NEXT BLANK CELL ON THAT ROW.
3. COMPUTE AGE FROM DATE OF BIRTH AND DISPLAY IN RE57_04. IF UNABLE TO CALCULATE AGE BECAUSE OF MISSING DATA, DISPLAY ‘?’ IN RE57_04.
4. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.
5. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.
6. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY RU MEMBER ON ROSTER.

---

IF AGE NOT MISSING FOR ANY NEW RU MEMBER WHO WAS NOT A DU MEMBER IN PREVIOUS ROUND (THAT IS, AGE NOT MISSING AT RE57_04), GO TO BOX_25A
Otherwise (age is missing for any new RU member who was not a DU member in previous round (that is, age is missing at RE57_04)), continue with LOOP_06.

LOOP_06

For each element in the RU-members-roster, ask RE58-END_LP06

Loop definition: Loop_06 collects an age estimate for new RU members whose age is missing. This loop cycles on all RU members who meet the following condition:
- Person's age is missing at RE57_04

RE58

{Person's first middle and last name}
Probe for respondent's best estimate of age.

(Are/Is) (Person)...

Less than 1 year old, .................. 1
1 - 4, .............................. 2
5 - 15, ............................ 3
16 - 23, .......................... 4
24 - 34, .......................... 5
35 - 44, .......................... 6
45 - 54, .......................... 7
55 - 64, or ........................ 8
65 years or older? ................. 9
REF ............................. -7
DK ................................ -8

[Code One]

RE59

{Person's first middle and last name}
Enter your best guess for (Person)'s age.

Less than 1 year old, .................. 1
1 - 4, .............................. 2
5 - 15, ............................ 3
16 - 23, .......................... 4
24 - 34, .......................... 5
35 - 44, .......................... 6
45 - 54, .......................... 7
55 - 64, or ........................ 8
65 years or older? ................. 9

[Code One]

END_LP06

Cycle on next person in the RU-members-roster who meets the conditions stated in the loop definition.
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, | END LOOP_06 AND CONTINUE WITH BOX_25A |

**BOX_25A**

| IF ROUND 1 AND AT LEAST ONE PERSON ON THE | RU-MEMBERS-ROSTER WAS A MEMBER OF THE RU OR DU AT | THE DATE OF THE NHIS INTERVIEW, | OR |
| IF AT LEAST ONE PERSON REMOVED FROM THE RU- | MEMBERS-ROSTER THIS ROUND MEETS BOTH OF THE | FOLLOWING CONDITIONS: |
| - PERSON WAS A MEMBER OF THE RU OR DU AT THE DATE | OF THE NHIS INTERVIEW |
| AND |
| - PERSON IS FLAGGED AS A ‘NEW STUDENT’, |
| CONTINUE WITH LOOP_07 |

| OTHERWISE, GO TO BOX_26 |

**LOOP_07**

| FOR EACH ELEMENT IN THE DU MEMBERS-ROSTER, ASK | RE60-END_LP07 |

| LOOP DEFINITION: LOOP_07 UPDATES NAME, GENDER, | BIRTH DATE, AND AGE OF BOTH CURRENT RU MEMBERS WHO | WERE MEMBERS OF THE RU OR DU AT THE TIME OF NHIS | AND PERSONS WHO ARE FLAGGED AS ‘NEW STUDENT’. | THIS LOOP CYCLES ON ALL DU MEMBERS WHO MEET ANY | ONE OF THE FOLLOWING CONDITIONS: |
| - PERSON IS A CURRENT MEMBER OF THIS RU AND WAS | A MEMBER OF THIS RU AT THE TIME OF NHIS |
| OR |
| - PERSON IS A CURRENT MEMBER OF THIS RU AND WAS A | MEMBER OF THE DU AT THE TIME OF NHIS |
| OR |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER | DURING THIS INTERVIEW AND IS FLAGGED AS A |
| ‘NEW STUDENT’ |

**RE60**

| {PERSON’S FIRST MIDDLE AND LAST NAME} |

Let’s review some information about (PERSON). Please look at this form (HAND HOUSEHOLD SUMMARY) and tell me if (PERSON)’s name is spelled correctly.

MAKE CORRECTIONS TO NAME BELOW.

IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

IF NO MIDDLE NAME OR INITIAL, ENTER ‘NMN’.

Current Info: [NHIS FIRST NAME] [NHIS MIDDLE NAME] [NHIS LAST NAME]

FIRST NAME (RE60_01): [_________________]  
MIDDLE NAME (RE60_02): [_________________]  
LAST NAME (RE60_03): [_________________]
RE61

{PERSON’S FIRST MIDDLE AND LAST NAME}

ASK IF NOT OBVIOUS: I have (PERSON) recorded as (READ GENDER BELOW). Is that correct?

MAKE CORRECTIONS TO GENDER BELOW.

IF NO CORRECTION IS NECESSARY, PRESS ENTER.
IF CORRECTION IS NECESSARY, ENTER APPROPRIATE CODE.

1 = MALE  2 = FEMALE

Current Info: [NHIS GENDER]

[Enter Gender]......................  
REF ................................ -7
DK ................................ -8

RE62

{PERSON’S FIRST MIDDLE AND LAST NAME}

I have recorded that (PERSON) was born on (READ DATE BELOW). Is that correct?

MAKE CORRECTIONS TO DATE OF BIRTH BELOW.

IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

Current Info: [NHIS DATE OF BIRTH]

[Enter Month,Day,Year-4] ..........  
REF ................................ -7
DK ................................ -8

RE63

Otherwise, continue with RE63
So (PERSON) is \{AGE CALCULATED FROM DATE OF BIRTH AT RE62\} years old. Is that correct?

YES ..................................... 1 {END_LP07}
NO ...................................... 2
REF .................................... -7 {RE65}
DK ..................................... -8 {RE65}

----------------------------------------------------
IF CODED ‘2’ (NO), DISPLAY MESSAGE: ‘IF AGE INCORRECT, USE CTRL/B AND CORRECT DATE OF BIRTH AT PREVIOUS SCREEN.’
----------------------------------------------------

RE64

{PERSON’S FIRST MIDDLE AND LAST NAME}

How old (are/is) (PERSON)?

[Enter Age] ...........................    {END_LP07}
REF ................................... -7
DK .................................... -8

RE65

{PERSON’S FIRST MIDDLE AND LAST NAME}

PROBE FOR RESPONDENT’S BEST ESTIMATE OF AGE.

(Are/Is) (PERSON)...  

Less than 1 year old, .............. 1 {END_LP07}
1 - 4, ............................... 2 {END_LP07}
5 - 15, .............................. 3 {END_LP07}
16 - 23, ............................. 4 {END_LP07}
24 - 34, ............................. 5 {END_LP07}
35 - 44, ............................. 6 {END_LP07}
45 - 54, ............................. 7 {END_LP07}
55 - 64, or ........................... 8 {END_LP07}
65 years or older? .................. 9 {END_LP07}
REF ................................... -7
DK .................................... -8

[Code One]

RE66

{PERSON’S FIRST MIDDLE AND LAST NAME}

ENTER YOUR BEST GUESS FOR (PERSON)'S AGE.

Less than 1 year old, .............. 1
1 - 4, ............................... 2
5 - 15, .............................. 3
16 - 23, ............................. 4
24 - 34, ............................. 5
35 - 44, ............................. 6
45 - 54, ............................. 7
55 - 64, or ........................... 8
65 years or older? .................. 9

[Code One]

END_LP07

----------------------------------------------------
CYCLE ON NEXT PERSON IN RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP
----------------------------------------------------
DEFINITION.

---

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_07 AND CONTINUE WITH BOX_26

---

BOX_26

---

IF ROUND 1 AND AT LEAST ONE RU MEMBER MEETS ALL THE FOLLOWING CONDITIONS:
- ADDED TO THE RU THIS ROUND AND
- NOT A NEWBORN (THAT IS, NOT BORN BETWEEN NHIS INTERVIEW DATE AND DATE OF THE CURRENT INTERVIEW), GO TO LOOP_08

---

IF NOT ROUND 1 AND AT LEAST ONE RU MEMBER MEETS ALL OF THE FOLLOWING CONDITIONS:
- ADDED TO THE RU THIS ROUND AND
- NOT IN ANOTHER RU AT THE END OF THE PREVIOUS ROUND AND
- NOT A NEWBORN (THAT IS, NOT BORN BETWEEN 1/1/1998 AND THE DATE OF THE CURRENT INTERVIEW), CONTINUE WITH LOOP_07A

---

OTHERWISE, GO TO BOX_27

---

LOOP_07A

---

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK RE66A-END_LP07A

---

LOOP DEFINITION: LOOP_07A COLLECTS INFORMATION ON THE LOCATION OF NEW RU MEMBERS ON 1/1/1998 TO DETERMINE THEIR KEYNESS AND ELIGIBILITY. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- ADDED TO RU IN CURRENT ROUND AND
- NOT IN ANOTHER RU AT THE END OF THE PREVIOUS ROUND AND
- NOT NEWBORN (THAT IS, NOT BORN BETWEEN 1/1/1998 AND THE DATE OF THE CURRENT INTERVIEW)

---

RE66A

---

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) start living with the family?

[Enter Month,Day,Year-4] ..............
REF ................................... -7
DK .................................... -8

---

EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR

IF DATE PREVIOUS ROUND INTERVIEW DATE, CONTINUE WITH RE66B

OTHERWISE, GO TO RE66C

RE66B

{PERSON'S FIRST MIDDLE AND LAST NAME}

Let me make sure that I have entered this date correctly. I have recorded that (PERSON) began living with this family on {RE66A DATE}. That is before the interview on {DATE OF PREVIOUS ROUND INTERVIEW}. Is that correct?

YES ......................... 1
NO ............................ 2
REF .......................... -7
DK ........................... -8

[Code One]

FOR DATE OF PREVIOUS ROUND INTERVIEW, DISPLAY DATE OF PREVIOUS ROUND MEPS INTERVIEW.

IF CODED '2' (NO), DISPLAY MESSAGE: 'USE CTRL/B AND CORRECT DATE PERSON JOINED RU AT PREVIOUS SCREEN.'

BOX_26A

OMITTED.

RE66C

{PERSON'S FIRST MIDDLE AND LAST NAME}

On January 1, 1998, was (PERSON) living in an institution?

YES ............................. 1 {RE66G}
NO ............................... 2
REF ............................. -7
DK .............................. -8

PRESS F1 FOR DEFINITION FOR LIVING IN AN INSTITUTION.

RE66D

{PERSON'S FIRST MIDDLE AND LAST NAME}

On January 1, 1998, was (PERSON) living outside the United States?

YES ............................. 1 {END_LP07A}
NO ............................... 2
REF ............................. -7
DK .............................. -8
PRESS F1 FOR DEFINITION OF LIVING OUTSIDE U.S.

----------------------------------------------------
| IF PERSON < 18 YEARS OLD, GO TO RE66F          |
----------------------------------------------------
| OTHERWISE, CONTINUE WITH RE66E                   |
----------------------------------------------------

RE66E
-----

{PERSON'S FIRST MIDDLE AND LAST NAME}

On January 1, 1998, was (PERSON) serving on full-time active duty in the Armed Forces?

YES .................................... 1 {END_LP07A}
NO ..................................... 2
REF .....................................-7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME MILITARY.

RE66F
-----

{PERSON'S FIRST MIDDLE AND LAST NAME}

Where (were/was) (PERSON) living on January 1, 1998?

NOT YET BORN ............................ 1 {END_LP07A}
INSTITUTIONALIZED ....................... 2 {RE66G}
STUDENT UNDER 24 LIVING AWAY AT SCHOOL IN GRADES 1-12 ................. 3 {END_LP07A}
STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL .............. 4 {RE66J}
ANOTHER HOUSEHOLD - NOT FULL-TIME MILITARY ON 1/1/1998 ........ 5 {END_LP07A}
ANOTHER HOUSEHOLD/MILITARY FACILITY - FULL-TIME MILITARY ON 1/1/1998 .... 6 {RE66K}
LIVING WITH THIS FAMILY (PERSON LEFT OFF ROSTER LAST INTERVIEW) .... 7 {END_LP07A}
OTHER .................................. 91
REF .....................................-7 {END_LP07A}
DK ..................................... -8 {END_LP07A}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE66FOV
-------

ENTER OTHER:

[Enter Other Specify] .................. {END_LP07A}
REF .....................................-7 {END_LP07A}
DK ..................................... -8 {END_LP07A}

RE66G
-----

{PERSON'S FIRST MIDDLE AND LAST NAME}

What type of institution (were/was) (PERSON) living in on January 1, 1998?

NURSING HOME ......................... 1
OTHER LONG-TERM HEALTH CARE INSTITUTION (EXCLUDE COMMUNITY BASED HOSPITAL) .................. 2
OTHER NON-HEALTH CARE INSTITUTION ... 3 {END_LP07A}
RE66H

{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the name and address of the nursing home or long term care facility where (PERSON) (were/was) on January 1, 1998?

NAME (RE66H_01): [_____________
STREET ADDRESS1 (RE66H_02): [_____________
STREET ADDRESS2 (RE66H_03): [_____________
CITY (RE66H_04): [_____________
STATE (RE66H_05): [_____________
ZIP CODE (RE66H_06): [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| CODES '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED ON EACH FORM ITEM. |
| GO TO END_LP07A |

RE66I

OMITTED.

RE66J

{PERSON'S FIRST MIDDLE AND LAST NAME}

Were either of (PERSON)'S parents living in this household on January 1, 1998?

YES .............................. 1 {END_LP07A}
NO .............................. 2 {END_LP07A}
REF .............................. -7 {END_LP07A}
DK .............................. -8 {END_LP07A}

RE66K

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) living in another household or in a military facility on January 1, 1998?

ANOTHER HOUSEHOLD ............... 1
MILITARY FACILITY ............... 2
REF .............................. -7
DK .............................. -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE66KOV

OMITTED.

END_LP07A
---

<table>
<thead>
<tr>
<th>CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_07A AND CONTINUE WITH BOX_27</th>
</tr>
</thead>
</table>

LOOP_08

---

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK RE67-END_LP08</th>
</tr>
</thead>
</table>

LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION ON THE LOCATION AT THE TIME OF NHIS OF NEW RU MEMBERS WHO ARE NOT NEWBORN TO DETERMINE THEIR KEYNESS AND ELIGIBILITY. THIS LOOP CYCLES ON RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- ADDED TO RU IN CURRENT ROUND
- NOT NEWBORN (THAT IS, NOT BORN BETWEEN THE NHIS INTERVIEW DATE AND THE DATE OF THE CURRENT INTERVIEW)

---

RE67

---

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) start living with the family {before leaving to live at school}? [Enter Month, Day, Year-4] ..............
REF ...................... -7 {RE73}
DK ...................... -8 {RE73}

DISPLAY ‘before leaving to live at school’ IF PERSON IS A STUDENT LIVING AWAY AT SCHOOL (SELECTED AT RE54 OR ADDED AT RE55). OTHERWISE, USE NULL DISPLAY.

---

<table>
<thead>
<tr>
<th>IF DATE &lt; PREVIOUS ROUND INTERVIEW DATE, CONTINUE WITH RE68</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>IF DATE = OR &gt; PREVIOUS ROUND INTERVIEW DATE, GO TO RE73</th>
</tr>
</thead>
</table>

---

RE68

---

{PERSON'S FIRST MIDDLE AND LAST NAME}

Let me make sure that I have entered this date correctly. I have recorded that (PERSON) began living with this family on {RE67 DATE}. That is before the interview on {MONTH, DAY, YEAR OF NHIS INTERVIEW}. Is that correct?

YES ......................... 1
NO ......................... 2
REF ......................... -7 {RE73}
Where (were/was) (PERSON) living when this household participated in the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

NOT YET BORN ......................... 1 {END LP08}
INSTITUTIONALIZED ................. 2 {RE73A}
STUDENT UNDER 24 LIVING AWAY AT
  SCHOOL GRADES 1-12 .............. 3 {END LP08}
STUDENT UNDER 24 LIVING AWAY AT
  POST-SECONDARY SCHOOL .......... 4 {RE73B}
ANOTHER HH - NOT FT MILITARY AT NHIS .... 5 {RE73B}
ANOTHER HH/MILITARY FACILITY - FT
  MILITARY AT NHIS ............... 6 (RE73C)
LIVING WITH THIS FAMILY - PERSON LEFT
  OFF NHIS ROSTER ................ 7 {END LP08}
OTHER .................................. 9
REF ................................... 7 {END LP08}
DK .................................... 8 {END LP08}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Enter Other Specify] ............... {END LP08}
REF .................................. 7 {END LP08}
DK .................................... 8 {END LP08}
RE73A

{PERSON'S FIRST MIDDLE AND LAST NAME}

What type of institution (were/was) (PERSON) living in on {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

NURSING HOME .................... 1 {RE74}
OTHER LONG-TERM HEALTH CARE
INSTITUTION (EXCLUDE COMMUNITY
BASED HOSPITAL) .................. 2 {RE74}
OTHER NON-HEALTH CARE INSTITUTION ... 3 {END_LP08}
REF .............................. -7 {RE74}
DK ............................... -8 {RE74}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE73B

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) living within the U.S. or outside the U.S. on {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

WITHIN U.S. ..................... 1
OUTSIDE U.S. .................... 2
REF ............................. -7
DK .............................. -8

PRESS F1 FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

----------------------------------------------------
| IF RE73 CODED '4' (STUDENT UNDER 24 LIVING AWAY |
| AT POST-SECONDARY SCHOOL), GO TO RE75           |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP08                         |
----------------------------------------------------

RE73C

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) living in another household or in a military facility on {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

ANOTHER HOUSEHOLD ............... 1
MILITARY FACILITY ............... 2 {END_LP08}
REF ............................. -7
DK .............................. -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE73COV

Was that household within the U.S. or outside the U.S.?

WITHIN U.S. .................... 1 {END_LP08}
OUTSIDE U.S. .................... 2 {END_LP08}
REF ............................. -7 {END_LP08}
DK .............................. -8 {END_LP08}

[Code One]
{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the name and address of the nursing home or long term care facility where (PERSON) (were/was) living at the time of the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

NAME (RE74_01): [_____________]
STREET ADDRESS1 (RE74_02): [_____________]
STREET ADDRESS2 (RE74_03): [_____________]
CITY (RE74_04): [_____________]
STATE (RE74_05): [_____________]
ZIP CODE (RE74_06): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

________________________________________________________________________
| CODES '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED ON EACH FORM ITEM. |
________________________________________________________________________

<table>
<thead>
<tr>
<th>GO TO END_LP08</th>
</tr>
</thead>
</table>

RE75

{PERSON'S FIRST MIDDLE AND LAST NAME}

At the time of the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}, were either of (PERSON)'s parents living in this household?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

END_LP08

________________________________________________________________________
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
________________________________________________________________________

________________________________________________________________________
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_08 AND CONTINUE WITH BOX_27 |
________________________________________________________________________

BOX_27

________________________________________________________________________
| CONTINUE WITH REENUMERATION-B (RE-B) SUBSECTION |
________________________________________________________________________
NOTE: THE RU-MEMBERS-ROSTER HAS BEEN UPDATED THROUGHOUT THE RE-A SECTION AS FOLLOWS:
- NEW RU MEMBERS RECORDED AT RE08, RE45, RE49, RE52, AND RE55 HAVE BEEN ADDED
- DU MEMBERS SELECTED AT RE06, RE44, RE48, RE51, AND RE54 HAVE BEEN ADDED
- RU MEMBERS WHO MEET ANY ONE OF THE FOLLOWING CONDITIONS HAVE BEEN REMOVED:
  - PERSONS IN STUDENT RUs IDENTIFIED AS FULL-TIME MILITARY (RE14 CODED '1' (YES))
  OR
  - INCORRECTLY LISTED IN RU DURING {NHIS/PREVIOUS INTERVIEW} (RE21_02 CODED '3')
  OR
  - LEFT THE RU BEFORE 01/01/1998 FOR ANY REASON OTHER THAN STUDENT LIVING AWAY AT SCHOOL IN GRADES 1-12 (DATE AT RE41)
  OR
  - FLAGGED AS 'NON-MILITARY MOVER IN U.S.'
  OR
  - FLAGGED AS 'NEW STUDENT'
  OR
  - FLAGGED AS 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY'
  OR
  - ADDED TO THE RU AT RE54 OR RE55 AND FLAGGED AS 'SAMPLEABLE AT NHIS' AT RE56A

REFERENCES IN THE RE-B SUBSECTION TO RU MEMBERS OR TO THE RU-MEMBERS-ROSTER POINT TO THE CURRENT STATUS OF THAT ROSTER, INCLUDING THE ADDITIONS AND DELETIONS, IF ANY, THAT OCCURRED IN RE-A.
NHIS) WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND FLAGGED AS A 'NEW STUDENT', GO TO LOOP_09

IF STANDARD OR NEW RU AND RU-MEMBERS-ROSTER IS EMPTY AND AT LEAST ONE PERSON WHO WAS ADDED TO THE RU DURING THIS INTERVIEW AT RE54 OR RE55 WAS SUBSEQUENTLY REMOVED FROM THE RU-MEMBERS-ROSTER AND IS FLAGGED AS A 'NEW STUDENT', GO TO LOOP_13

IF STANDARD OR NEW RU AND RU-MEMBERS-ROSTER IS EMPTY AND NO ONE WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A 'NEW STUDENT', AND AT LEAST ONE PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS EITHER OF THE FOLLOWING:
- 'NON-MILITARY MOVER IN U.S.'
- 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY',
GO TO RE85A

IF STANDARD OR NEW SINGLE-PERSON RU AND NO ONE WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A 'NEW STUDENT',
GO TO BOX_29

IF MULTI-PERSON RU OR (IF STANDARD OR NEW SINGLE-PERSON RU AND AT LEAST ONE PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A 'NEW STUDENT'), CONTINUE WITH RE76

ASK RELATIONSHIP FOR EACH BLANK FIELD.

{What {is/was} the EXACT relationship of {ROW PERSON’S NAME} to {COLUMN PERSON’S NAME}?/We have recorded that {ROW PERSON’S NAME} {is/was} {COLUMN PERSON’S RELATIONSHIP}.}

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBER NAME</th>
<th>RE76 01. DU MEMBER 1</th>
<th>RE76 02. DU MEMBER 2</th>
<th>RE76 03. DU MEMBER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>
1 = MOTHER                        5 = DAUGHTER/ADOPTED DAUGHTER
2 = FATHER                        6 = SON/ADOPTED SON
3 = SISTER/STEP-/HALF-            7 = WIFE/SPOUSE
4 = BROTHER/STEP-/HALF-           8 = HUSBAND/SPOUSE

PRESS F1 FOR COMPLETE LIST OF RELATIONSHIP CODES.

<table>
<thead>
<tr>
<th>REFUSED AND DON’T KNOW ALLOWED.</th>
</tr>
</thead>
</table>

ROSTER DEFINITION: THIS ITEM USES THE DU-MEMBERS-ROSTER TO DISPLAY ALL DU MEMBERS WHO MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS A MEMBER OF THE RU FOR THIS CASE OR
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND IS FLAGGED AS A ‘NEW STUDENT’

DISPLAY ‘What {is/was} the EXACT relationship of {ROW PERSON’S NAME} to {COLUMN PERSON’S NAME}?’ IF CELL WHERE CURSOR IS LOCATED IS BLANK. DISPLAY ‘is’ IF BOTH PERSONS ARE LIVING. DISPLAY ‘was’ IF EITHER OR BOTH PERSONS ARE DECEASED.

DISPLAY ‘We have recorded that {ROW PERSON’S NAME} {is/was} {COLUMN PERSON’S NAME} {COLUMN PERSON’S RELATIONSHIP}.’ IF CELL CONTAINS A CODE. DISPLAY ‘is’ IF BOTH PERSONS ARE LIVING. DISPLAY ‘was’ IF EITHER OR BOTH PERSONS ARE DECEASED. FOR ‘{COLUMN PERSON’S RELATIONSHIP}’, DISPLAY ‘UNKNOWN’ IF RELATIONSHIP CODED ‘-7’ (REF) OR ‘-8’ (DK). OTHERWISE, DISPLAY TEXT FOR CODE.

MATRIX BEHAVIOR SPECIFICATIONS:
1. ALLOW HORIZONTAL AND VERTICAL SCROLLING TO COLLECT RELATIONSHIPS AMONG ALL PERSONS IN THE MATRIX.
2. THE COLUMN HEADINGS 'DU MEMBER 1', 'DU MEMBER 2' AND 'DU MEMBER 3' ARE FILLED WITH THE NAMES OF DU MEMBERS IN THE ORDER PRESENTED IN THE ROSTER.
3. DISPLAY RELATIONSHIPS THAT WERE CODED IN PREVIOUS ROUND AND ARE STILL APPLICABLE.
4. DISPLAY BLANK FIELDS FOR RELATIONSHIPS NOT YET COLLECTED OR WHERE RELATIONSHIP WAS CODED ‘-7’ (REF) OR ‘-8’ (DK) IN PREVIOUS ROUND.
5. PLACE CURSOR ON FIRST BLANK FIELD. AFTER ENTRY, MOVE CURSOR TO NEXT BLANK CELL ON THAT ROW.
6. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.
7. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.
8. INTERVIEWERS SHOULD NOT BE ALLOWED TO DELETE ANY PERSON(S).
9. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY PERSON ON MATRIX.

EDITS: IF CODE 1 (MOTHER) OR CODE 2 (FATHER) WITH CODES 5 OR 6 (CHILDREN) WHERE THE AGE OF THE PERSON ASSOCIATED WITH CODE 1/2 IS < 12 OR > 55 YEARS FROM THE AGE ASSOCIATED WITH CODE 5/6, DISPLAY THE FOLLOWING MESSAGE: ‘UNLIKELY RESPONSE DUE TO AGE.’

IF CODES 1 OR 2 OR 7 OR 8 IS USED MORE THAN ONCE, DISPLAY THE FOLLOWING MESSAGE: ‘UNLIKELY RESPONSE – CODE ALREADY USED.’
RE77

REVIEW RELATIONSHIPS BELOW. USE CODES 28-33 IF MORE DESCRIPTIVE.

28 = FEMALE PARTNER  
29 = MALE PARTNER   
30 = MOTHER'S PARTNER 
31 = FATHER'S PARTNER 
32 = PARTNER'S DAUGHTER 
33 = PARTNER'S SON   
91 = OTHER RELATED, SPECIFY

USE OTHER RELATIONSHIP CODES IF APPROPRIATE.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

PRESS F1 FOR COMPLETE LIST OF RELATIONSHIP CODES.

REFUSED AND DON’T KNOW ALLOWED.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON IS CODED ‘99’ (NOT RELATED) AT RE76 IN AT LEAST ONE RELATIONSHIP. THE COLUMN HEADINGS 'DU MEMBER 1', 'DU MEMBER 2', ETC. ARE FILLED WITH THE NAMES OF THE DU MEMBERS.

MATRIX BEHAVIOR SPECIFICATIONS:
1. ALLOW HORIZONTAL AND VERTICAL SCROLLING TO COLLECT RELATIONSHIPS AMONG ALL MEMBERS IN THE MATRIX.
2. THE FIRST COLUMN DISPLAYS THE NAMES OF ROW PERSONS CODED ‘99’ (NOT RELATED) AT RE76 FOR AT LEAST ONE RELATIONSHIP. THE COLUMN HEADINGS 'DU MEMBER 1', 'DU MEMBER 2', ETC. ARE FILLED WITH THE NAMES OF THE DU MEMBERS.
3. DISPLAY RELATIONSHIPS THAT WERE CODED IN RE76.
4. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.
5. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.
6. INTERVIEWERS SHOULD NOT BE ALLOWED TO DELETE ANY PERSON(S).
7. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY PERSON ON MATRIX.

IF AT LEAST ONE RU MEMBER OR ‘NEW STUDENT’ MEETS THE FOLLOWING CONDITION:
- CODED ‘99’ (NOT RELATED) FOR RELATIONSHIP WITH REFERENCE PERSON AT RE77,
CONTINUE WITH RE78
At this time, we are only collecting information about the people in this family. Therefore, that is all the information we will need about the non-related people who live here. We will not collect any additional information about (READ NAMES BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
DU-MEMBERS-ROSTER MEETS EITHER OF THE FOLLOWING SETS OF CONDITIONS:

PERSON IS:
- CURRENTLY ON THE RU-MEMBERS-ROSTER AND
- AGE 17 - 23, INCLUSIVE, AT THE TIME OF NHIS AND
- AN ORIGINAL RU OR DU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER OR THE DU-MEMBERS-ROSTER AT THE START OF THIS ROUND) AND
- PERSON’S KEYNESS HAS NOT YET BEEN DETERMINED DURING THIS INTERVIEW OR IN A PREVIOUS INTERVIEW WITHIN THIS ROUND

OR PERSON IS:
- FLAGGED AS A ‘NEW STUDENT’ AND
- AN ORIGINAL RU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER AT THE START OF THIS ROUND),

CONTINUE WITH LOOP_09

----------------------------------------------------
OTHERWISE, GO TO BOX_30A
----------------------------------------------------

LOOP_09
=======

FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, ASK RE79-END_LP09

LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION TO IDENTIFY THE FOLLOWING TYPES OF STUDENTS:
- STUDENTS SAMPLED BY NHIS APART FROM THEIR PARENTS
AND
- STUDENTS WHO ARE LIVING ‘PERMANENTLY’ APART FROM THEIR PARENTS AND WHO DO NOT RECEIVE HEALTH CARE BENEFITS THROUGH THE CURRENT RU

THIS LOOP CYCLES ON PERSONS ON THE DU-MEMBERS-ROSTER WHO MEET EITHER OF THE FOLLOWING SETS OF CONDITIONS:

PERSON IS:
- CURRENTLY ON THE RU-MEMBERS-ROSTER AND
- AGE 17 - 23, INCLUSIVE, AT THE TIME OF NHIS AND
- AN ORIGINAL RU OR DU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER OR THE DU-MEMBERS-ROSTER AT THE START OF THIS ROUND) AND
- PERSON’S KEYNESS HAS NOT YET BEEN DETERMINED DURING THIS INTERVIEW OR IN A PREVIOUS INTERVIEW WITHIN THIS ROUND

OR PERSON IS:
- FLAGGED AS A ‘NEW STUDENT’ AND
- AN ORIGINAL RU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER AT THE START OF THIS ROUND).

----------------------------------------------------
RE79
====

{PERSON’S FIRST MIDDLE LAST NAME}
At the time of the National Health Interview Survey in
At the time of the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW} were either of (PERSON)'s parents living in this household?

YES .................................... 1 {END_LP09}
NO ..................................... 2 {END_LP09}
REF ................................... -7 {END_LP09}
DK .................................... -8 {END_LP09}

RE81
====

(Do/Does)(PERSON) have parents who live somewhere else?

YES .................................... 1 {END_LP09}
NO ..................................... 2 {END_LP09}
REF ................................... -7 {END_LP09}
DK .................................... -8 {END_LP09}

BOX_29A
=====

OMITTED.
Is this (PERSON)'s usual year-round place of residence or is this (PERSON)'s place of residence only during the school year?

USUAL YEAR-ROUND PLACE OF RESIDENCE .... 1
RESIDENCE ONLY DURING SCHOOL YEAR ...... 2
SOME OTHER ARRANGEMENT ............... 91
REF .................................... -7
DK .................................... -8

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| IF RE82 CODED '2' (RESIDENCE ONLY DURING SCHOOL   |
| YEAR)                                              |
| AND                                               |
| PERSON IS FLAGGED AS A 'NEW STUDENT',              |
| TURN OFF THE 'NEW STUDENT' FLAG. PERSON DOES NOT   |
| MEET THE REQUIREMENTS FOR A 'NEW STUDENT'          |
| ASSOCIATED WITH THIS RU. PERSON IS NOT KEY AND     |
| IS OUT OF SCOPE FOR THIS STUDY. NO INFORMATION     |
| WILL BE COLLECTED FOR PERSON.                     |
----------------------------------------------------

OMITTED.

RE83

Does someone in this household have primary responsibility for (PERSON)'s health and health care?

YES .................................... 1
NO ..................................... 2
REF .................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PRIMARY RESPONSIBILITY.

----------------------------------------------------
| IF RE83 CODED '2' (NO), '-7' (DON'T KNOW), OR '-8' |
| (REFUSED)                                           |
| AND                                               |
| PERSON IS FLAGGED AS A 'NEW STUDENT',              |
| TURN OFF THE 'NEW STUDENT' FLAG. PERSON DOES NOT   |
| MEET THE REQUIREMENTS FOR A 'NEW STUDENT'          |
| ASSOCIATED WITH THIS RU. PERSON IS NOT KEY AND     |
| IS OUT OF SCOPE FOR THIS STUDY. NO INFORMATION     |
| WILL BE COLLECTED FOR PERSON.                     |
----------------------------------------------------
IF AT LEAST ONE PERSON BECAME NON-KEY IN THE COURSE OF LOOP 09, THAT IS, IF AT LEAST ONE PERSON WHOSE KEYNESS WAS EVALUATED IN LOOP 09 MEETS EITHER OF THE FOLLOWING CONDITIONS:

PERSON IS:
- AGE 17 - 23, INCLUSIVE, AND LIVES IN RU ONLY DURING SCHOOL YEAR (RE82 CODED ‘2’)

OR PERSON IS:
- AGE 17-23, INCLUSIVE, AND RU IS NOT PERSON’S YEAR-ROUND RESIDENCE, AND PERSON’S HEALTH CARE IS NOT THE PRIMARY RESPONSIBILITY OF AN RU MEMBER (RE83 CODED ‘2’, ‘-7’, OR ‘-8’),

CONTINUE WITH RE84

OTHERWISE, GO TO BOX 30A

RE84

At this time, we are only collecting information about persons who are usual year-round residents of this household and for whom we can collect health care information. Therefore, the remaining questions will not be asked about (READ NAMES BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON’S KEYNESS WAS EVALUATED IN LOOP 09 AND EITHER OF THE FOLLOWING CONDITIONS:
  - PERSON LIVES IN THE RU ONLY DURING THE SCHOOL YEAR (RE82 CODED ‘2’)
  OR
  - RU IS NOT PERSON’S YEAR-ROUND RESIDENCE AND PERSON’S HEALTH CARE IS NOT THE PRIMARY RESPONSIBILITY OF ANOTHER RU MEMBER (RE83 CODED ‘2’, ‘-7’, OR ‘-8’)

IF ANY PERSON MEETS EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER AND
- PERSON WAS DETERMINED TO BE NON-KEY IN THE COURSE OF LOOP 09 (THAT IS, PERSON WAS DISPLAYED AT RE84)

REMOVE PERSON FROM THE RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED FROM RU-MEMBERS-ROSTER AT RE84.

NO FURTHER INFORMATION WILL BE COLLECTED FOR SUCH PERSONS OR FOR THE ‘NEW STUDENTS’ WHO HAD THE ‘NEW STUDENT’ FLAG TURNED OFF DURING THE COURSE OF LOOP 09. THESE PERSONS ARE NON-KEY AND OUT-OF-SCOPE (INELIGIBLE FOR REST OF SURVEY).

BOX 30A

DETERMINE THE KEYNESS AND ELIGIBILITY OF ALL PERSONS ON THE RU-MEMBERS-ROSTER.

THE DETERMINATION OF KEYNESS AND ELIGIBILITY IS BASED ON DEFINED CRITERIA AND IS DETERMINED IN THE
FOLLOWING ORDER:
1. DETERMINE THE KEYNESS OF PERSONS WHO ARE NOT NEWBORN
2. DETERMINE THE KEYNESS OF PERSONS WHO ARE NEWBORN
3. DETERMINE THE ELIGIBILITY OF ALL PERSONS ON THE RU-MEMBERS-ROSTER

KEYNESS AND ELIGIBILITY FOR PERSONS WHO HAVE BEEN REMOVED FROM THE RU-MEMBERS-ROSTER IS DETERMINED ELSEWHERE IN THE REENUMERATION (RE) SECTION OF THE INSTRUMENT.

DELETE ANY RU MEMBERS WHO ARE DETERMINED TO BE INELIGIBLE FROM THE RU-MEMBERS-ROSTER.

IF THE RU-MEMBERS-ROSTER IS NOT EMPTY (THAT IS, IF AT LEAST ONE RU MEMBER REMAINS ELIGIBLE FOR THE SURVEY IN THE CURRENT ROUND,
CONTINUE WITH RE85

IF THE RU-MEMBERS-ROSTER IS EMPTY (THAT IS NO RU MEMBER REMAINS ELIGIBLE FOR THE SURVEY IN THE CURRENT ROUND),
GO TO RE85A

RE85
====

THESE ARE NOW THE MEMBERS OF THE RU WHO WILL BE INCLUDED IN THIS INTERVIEW.

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

{FULL NAME OF REFERENCE PERSON......)'S FAMILY:

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER (THAT IS, ALL PERSONS WHO ARE ELIGIBLE FOR THE SURVEY IN THE CURRENT ROUND.

GO TO BOX_34

RE85A
====

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.

RE85B
====

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON ............................. 1
TELEPHONE ............................. 2

(Code One)
IF AT LEAST ONE PERSON REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’, GO TO BOX_37

IF NO PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’ AND AT LEAST ONE PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS EITHER OF THE FOLLOWING:
- ‘NON-MILITARY MOVER IN U.S.’
- ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’,
GO TO RE111

OTHERWISE (NO ‘NEW STUDENT’, ‘NON-MILITARY MOVER IN U.S.’, OR ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’), GO TO BOX 44

BOX_31
=====
OMITTED.

RE86
====
OMITTED.

RE87
====
OMITTED.

LOOP_10
======
OMITTED.

RE88
====
OMITTED.

END_LP10
=======
OMITTED.

BOX_32
=====
OMITTED.

RE89
====
OMITTED.

RE90
====
OMITTED.

LOOP_11
======
OMITTED.

RE91
| IF ROUND 1 AND AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER IS > 16 YEARS OLD AND NOT CODED 'FULL TIME ACTIVE DUTY IN THE MILITARY', CONTINUE WITH RE94A |
| IF NOT ROUND 1 AND AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER IS > 16 YEARS OLD AND < 60 YEARS OLD, GO TO LOOP_12A0 |
| OTHERWISE, GO TO BOX_35 |

| BOX_35AA |

| BOX_34A |

| RE94 |

| RE94A |

{In addition to (READ NAMES BELOW), has/Has} anyone in the family ever served on active duty in the Armed Forces of the United States?
RE95

Who {else} has served on active duty in the Armed Forces?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF Full-TIME active DUTY.
FOR EACH ELEMENT IN RU-MEMBER-ROSTER,
ASK RE96-END_LP12

LOOP DEFINITION: LOOP 12 COLLECTS INFORMATION ON
WHEN PERSON SERVED IN THE ARMED FORCES AND WHETHER
PERSON IS CURRENTLY ON FULL-TIME ACTIVE DUTY.
THIS LOOP CYCLES ON RU MEMBERS SELECTED AT RE95.

RE96

(PERSON'S FIRST MIDDLE AND LAST NAME)
When did (PERSON) serve in the Armed Forces?

World War I (April 1917 - Nov. 1918) ... 1
World War II (Sept. 1940 - July 1947) ... 2
Korean War (June 1950 - Jan. 1955) ..... 3
Vietnam Era (Aug. 1964 - April 1975) ... 4
Post-Vietnam (May 1975 - Present) ...... 5
Other service (all other periods) ...... 6
REF ................................... -7
DK .................................... -8

(Code All That Apply)

IF PERSON IS < 60 YEARS OF AGE,
CONTINUE WITH RE96A

OTHERWISE, GO TO END_LP12

RE96A

(PERSON'S FIRST MIDDLE AND LAST NAME)
Is (PERSON) now on full-time active duty service with the
Armed Forces of the United States?

YES .................................... 1
NO ..................................... 2 (END LP12)
REF ................................... -7 (END_LP12)
DK .................................... -8 (END_LP12)

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

IF CODED '1' (YES), FLAG PERSON AS 'FULL-TIME
MILITARY AND LIVING IN RU'.

RE96B

(PERSON'S FIRST MIDDLE AND LAST NAME)
On what date did (PERSON) enter full-time active duty service
in the Armed Forces?

[Enter Month, Day, Year -4] ............
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.
END LP12

---------

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER
THAT MEETS THE CONDITIONS STATED IN THE LOOP
DEFINITION.

---------

IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_12 AND CONTINUE WITH BOX_35A

LOOP_12A0

---------

FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK
RE96B1-END_LP12A0

---------

LOOP DEFINITION: LOOP_12A0 COLLECTS INFORMATION
TO DETERMINE WHETHER PERSON IS CURRENTLY ON
FULL-TIME ACTIVE DUTY IN THE MILITARY. THIS LOOP
CYCLES ON RU MEMBERS WHO ARE > 16 YEARS OLD AND
< 60 YEARS OLD.

RE96B1

--------

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Is/Was} (PERSON) {now} on full-time active duty service with
the Armed Forces of the United States {on December 31, 1999}?

YES ............................... 1
NO ................................... 2
REF .................................. -7
DK ............................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

---------

DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF
ROUND 5.

DISPLAY ‘now’ IF NOT ROUND 5. OTHERWISE, USE A
NULL DISPLAY.

DISPLAY ‘on December 31, 1999’ IF ROUND 5.
OTHERWISE, USE A NULL DISPLAY.

---------

IF CODED ‘1’ (YES), FLAG PERSON AS ‘FULL-TIME
MILITARY AND LIVING IN RU’.

---------

IF CODED ‘1’ (YES), AND PREVIOUS ROUND STATUS NOT
FULL-TIME MILITARY LIVING IN THE RU/FULL-TIME
MILITARY IN U.S. AND NOT ON A MILITARY FACILITY,
CONTINUE WITH RE96B2

---------

OTHERWISE, GO TO END_LP12A0

RE96B2

--------
On what date did (PERSON) enter full-time active duty service in the Armed Forces?

[Enter Month, Day, Year -2] ..........  
REF ................................... -7  
DK .................................... -8  

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.


END_LP12A0
ност

--- CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. ---

--- IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_12A0 AND CONTINUE WITH BOX_35A. ---

BOX_35AA
ОМITTED.

BOX_35A

--- IF AT LEAST ONE RU MEMBER IS KEY AND NOT FULL-TIME MILITARY (THAT IS, KEY AND NOT FLAGGED AS EITHER:  
- 'FULL-TIME MILITARY AND LIVING IN RU'  
OR  
- 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY',  
PERSONS FLAGGED DURING LOOP_12 OR LOOP_12A0 AS 'FULL-TIME MILITARY LIVING IN RU' ARE ELIGIBLE FOR THIS INTERVIEW. ---

--- IF NO RU MEMBER IS KEY AND NOT FULL-TIME MILITARY (THAT IS, KEY AND NOT FLAGGED AS EITHER:  
- 'FULL-TIME MILITARY AND LIVING IN RU'  
OR  
- 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY',  
PERSONS FLAGGED DURING LOOP_12 OR LOOP_12A0 AS 'FULL-TIME MILITARY LIVING IN RU' ARE NOT ELIGIBLE FOR THIS INTERVIEW. REMOVE ALL PERSONS FLAGGED AS 'FULL-TIME MILITARY LIVING IN RU' FROM THE RU-MEMBERS-ROSTER AND FLAG PERSONS AS REMOVED AT LOOP_12 OR LOOP_12A0. ---

--- IF NO ONE WAS REMOVED FROM THE RU-MEMBERS-ROSTER AT LOOP_12 OR LOOP_12A0, GO TO BOX_35 ---

--- IF AT LEAST ONE PERSON WAS REMOVED FROM THE RU- ---
At this time, we are collecting information only about some of the people in this family. Therefore, we will not collect any additional information about (READ NAMES BELOW). TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
{(Are/Is) (PERSON) now/As of December 31, 1999, (were/was) (PERSON) married, widowed, divorced, separated, or never married?

1 = MARRIED  2 = WIDOWED  3 = DIVORCED  4 = SEPARATED  
5 = NEVER MARRIED.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. FIRST MIDDLE LAST NAME</th>
<th>RE97_02. MARITAL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITIONS OF MARITAL STATUS CODES.

(DISPLAY ‘(Are/Is) (PERSON) now’ IF NOT ROUND 5.
DISPLAY ‘As of December 31, 1999, (were/was)
(PERSON)’ IF ROUND 5.

---

| REFUSED AND DON’T KNOW ALLOWED. |
---

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| IN THE RU-MEMBERS-ROSTER WHO MEET THE |
| FOLLOWING CONDITION: |
| - AGE = OR > 16 |

---

MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. RU MEMBERS COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO RU MEMBERS AT THIS SCREEN.

---

IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS ANY ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER AND ETHNICITY DATA IS MISSING
- PERSON IS FLAGGED AS A ‘NEW STUDENT’ ASSOCIATED WITH THIS RU AND ETHNICITY DATA IS MISSING,
CONTINUE WITH LOOP_13

---

OTHERWISE, GO TO BOX_38
FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, ASK
RE98-END_LP13

LOOP DEFINITION: LOOP 13 COLLECTS ETHNICITY FOR
RU MEMBERS AND NEW STUDENTS WHOSE ETHNICITY DATA
IS MISSING. THIS LOOP CYCLES ON DU MEMBERS WHO
MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER AND ETHNICITY DATA IS
  MISSING
OR
- PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED
  WITH THIS RU AND ETHNICITY DATA IS MISSING

RE98
====

(PERSON'S FIRST MIDDLE AND LAST NAME)
SHOW CARD RE-1.

Do any of the groups on this card represent (PERSON)'s main
national origin or ancestry?

YES .................................... 1
NO ..................................... 2 {END LP13}
REF .................................... -7 {END_LP13}
DK .................................... -8 {END_LP13}

PRESS F1 FOR DEFINITIONS OF GROUPS LISTED ON CARD.

RE99
====

(PERSON'S FIRST MIDDLE AND LAST NAME)
SHOW CARD RE-1.

Which group represents (PERSON)'s main national origin or
ancestry?

IF RESPONDENT CANNOT CHOOSE ONE NATIONAL ORIGIN, PRESS F1 FOR
APPROPRIATE PROBES.

PUERTO RICAN ............................. 1 {END LP13}
CUBAN .................................... 2 {END_LP13}
MEXICAN, MEXICAN-AMERICAN, MEXICANO,
CHICANO .................................. 3 {END_LP13}
OTHER LATIN AMERICAN .................... 4 {END_LP13}
OTHER SPANISH ........................... 5
OTHER ................................. 91 {END_LP13}
REF .................................... -7 {END_LP13}
DK .................................... -8 {END_LP13}

[Code One]

ALSO PRESS F1 FOR DEFINITIONS OF NATIONAL ORIGIN/ANCESTRY.

RE100
====

(PERSON'S FIRST MIDDLE AND LAST NAME)
What country would that be?

IF NECESSARY, PROBE: Which country best represents (PERSON)'s
main national origin or ancestry?

IF RESPONDENT CANNOT CHOOSE ONE COUNTRY, PRESS F1 FOR
APPROPRIATE PROBES.

ARGENTINA ............................ 1 {END_LP13}
BOLIVIA ................................ 2 {END_LP13}
BRAZIL ................................. 3 {END_LP13}
CHILE .................................. 4 {END_LP13}
COLOMBIA ............................... 5 {END_LP13}
COSTA RICA ............................. 6 {END_LP13}
ECUADOR ................................ 7 {END_LP13}
DOMINICAN REPUBLIC ..................... 8 {END_LP13}
EL SALVADOR ............................ 9 {END_LP13}
GUATEMALA ............................. 10 {END_LP13}
HONDURAS ................................ 11 {END_LP13}
NICARAGUA ............................. 12 {END_LP13}
PANAMA ................................ 13 {END_LP13}
PARAGUAY ............................... 14 {END_LP13}
PERU .................................. 15 {END_LP13}
PORTUGAL .............................. 16 {END_LP13}
URUGUAY ................................ 17 {END_LP13}
VENEZUELA ............................. 18 {END_LP13}
SPAIN ................................ 19 {END_LP13}
OTHER ................................. 91
REF ................................... -7 {END_LP13}
DK .................................... -8 {END_LP13}

RE1000V
ENTER OTHER:

[Enter Other Specify] ........................
REF ................................. -7
DK ................................. -8

END_LP13

-------------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION.                                           |
-------------------------------------------------------------------------

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_13 AND             |
| CONTINUE WITH BOX_38                                                     |
-------------------------------------------------------------------------

BOX_38

-------------------------------------------------------------------------
| IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS ANY ONE OF THE FOLLOWING |
| CONDITIONS:                                                           |
| - PERSON IS AN RU MEMBER AND RACE DATA IS MISSING OR                 |
| - PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED WITH THIS RU AND   |
| RACE DATA IS MISSING, CONTINUE WITH LOOP_14                           |
-------------------------------------------------------------------------

| OTHERWISE, GO TO LOOP_15                                             |
-------------------------------------------------------------------------

LOOP_14

-------------------------------------------------------------------------
| FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, ASK RE101-END_LP14          |
-------------------------------------------------------------------------

| LOOP DEFINITION: LOOP 14 COLLECTS RACE DATA FOR RU MEMBERS AND NEW     |
| STUDENTS WHOSE RACE DATA IS                                           |
-------------------------------------------------------------------------
IS MISSING. THIS LOOP CYCLES ON DU MEMBERS WHO
MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER AND RACE DATA IS MISSING
OR
- PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED
WITH THIS RU AND RACE DATA IS MISSING.
------------------------------------------------------------------------

RE101
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD RE-2.

Please look at this card and tell me the group which best
describes (PERSON)'s racial background.

PROBE: Which group best represents (PERSON)'s race ...

IF RESPONDENT CANNOT CHOOSE ONE RACE, PRESS F1 FOR APPROPRIATE
PROBES.

AMERICAN INDIAN ............................ 1 {END_LP14}
ALEUT, ESKIMO .............................. 2 {END_LP14}
ASIAN OR PACIFIC ISLANDER ............... 3 {END_LP14}
BLACK .................................... 4 {END_LP14}
WHITE ..................................... 5 {END_LP14}
OTHER .................................... 91
REF ..................................... -7 {END_LP14}
DK ...................................... -8 {END_LP14}

[Code One]

ALSO PRESS F1 FOR RACE DEFINITIONS.

RE102
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

ENTER CODE TO SPECIFY 'OTHER' RACIAL BACKGROUND.

IF RESPONDENT CANNOT CHOOSE ONE RACE, PRESS F1 FOR APPROPRIATE
PROBES.

AFRICAN AMERICAN ....................... 1 {END_LP14}
ASIAN INDIAN ............................ 2 {END_LP14}
CHINESE .................................. 3 {END_LP14}
FILIPINO .................................. 4 {END_LP14}
GUAMANIAN ................................ 5 {END_LP14}
HAWAIIAN ................................. 6 {END_LP14}
JAPANESE .................................. 7 {END_LP14}
KOREAN .................................... 8 {END_LP14}
SAMOAN .................................... 9 {END_LP14}
VIETNAMESE ................................ 10 {END_LP14}
OTHER .................................... 91
REF ..................................... -7 {END_LP14}
DK ...................................... -8 {END_LP14}

[Code One]
CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER
WHO MEETS THE CONDITIONS STATED IN THE LOOP
DEFINITION.

IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_14 AND CONTINUE WITH LOOP_15

LOOP_15
=======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
BOX_39-END_LP15

LOOP DEFINITION: LOOP_15 COLLECTS INFORMATION ON
EDUCATION LEVEL OF ALL RU MEMBERS AND NEW
STUDENTS. THIS LOOP CYCLES ON RU MEMBERS WHO
MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER (THAT IS, CURRENTLY ON
  THE RU-MEMBERS-ROSTER FOR THIS RU)
OR
- PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED
  WITH THIS RU

BOX_39
======

IF PERSON'S AGE <= 4 YEARS, CODE RE103 AS '0'
(NEVER ATTENDED SCHOOL/KINDERGARTEN ONLY)
AUTOMATICALLY BY CAPI, THEN GO TO END_LP15

OTHERWISE, CONTINUE WITH RE103

RE103
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)
(As of December 31, 1999, what/What) is the highest grade or
year of regular school (PERSON) ever completed?

NEVER ATTENDED SCHOOL/KINDERGARTEN
ONLY ........................................... 0
ELEMENTARY
FIRST GRADE .............................. 1
SECOND GRADE .............................. 2
THIRD GRADE ............................... 3
FOURTH GRADE ............................. 4
FIFTH GRADE ............................... 5
SIXTH GRADE ............................... 6
SEVENTH GRADE ............................ 7
EIGHTH GRADE ............................. 8
HIGH SCHOOL
NINTH GRADE ............................... 9
TENTH GRADE ............................... 10
ELEVENTH GRADE ........................... 11
TWELFTH GRADE (HIGH SCHOOL DIPLOMA) ... 12
COLLEGE
FIRST YEAR ............................... 13
SECOND YEAR ............................. 14
THIRD YEAR .............................. 15
FOURTH YEAR (BACHELOR'S DEGREE) ...... 16
FIVE OR MORE YEARS (GRADUATE DEGREE) ... 17
REF ...................................... -7
DK ....................................... -8
[Code One]
PRESS F1 FOR DEFINITIONS OF REGULAR SCHOOL AND GRADE OR YEAR.


| IF CODED ‘0’ (NEVER ATTENDED SCHOOL/KINDERGARTEN ONLY) – ‘12’ (TWELFTH GRADE (HIGH SCHOOL DIPLOMA)) AND PERSON = OR > 16, CONTINUE WITH RE104

| IF CODED ‘13’ THROUGH ‘17’ (COLLEGE LEVEL), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO RE105

| OTHERWISE, GO TO END_LP15

RE104
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

{{Do/Does/Did}/As of December 31, 1999 did} (PERSON) have a high school diploma or {{have/has/had}/had} (PERSON) passed the GED equivalency test?

HAVE HIGH SCHOOL DIPLOMA ............... 1 {END LP15}
PASSED GED ............................. 2 {END LP15}
NEITHER HIGH SCHOOL DIPLOMA OR GED ...... 3 {END LP15}
REF ................................... -7 {END LP15}
DK .................................... -8 {END LP15}

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| DISPLAY ‘Do’ AND ‘have’ IF PERSON IS RESPONDENT. |
| DISPLAY ‘Does’ AND ‘has’ IF PERSON IS NOT |
| RESPONDENT AND LIVING. DISPLAY ‘Did’ AND ‘had’ |
| IF PERSON IS DECEASED. |

| IF NOT ROUND 5, DISPLAY ‘(Do/Does/Did)’ . IF |
| ROUND 5, DISPLAY ‘As of December 31, 1999, did’. |
| IF NOT ROUND 5, DISPLAY {have/has/had}. IF ROUND |
| 5, DISPLAY ‘had’.

BOX_40
=====
OMITTED.

RE105
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

What is the highest educational degree (PERSON) obtained {as of December 31, 1999}?

BACHELOR’S DEGREE ....................... 1
MASTER’S DEGREE .......................... 2
DOCTORATE DEGREE ....................... 3
NO DEGREE ............................ 4
OTHER ................................. 91
REF ................................... -7
DK .................................... -8
[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---
DISPLAY ‘as of December 31, 1999’ IF ROUND 5.
OTHERWISE, USE NULL A DISPLAY.
---

END_LP15

---
CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER
WHO MEETS THE CONDITIONS STATED IN THE LOOP
DEFINITION.
---

IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_15 AND CONTINUE WITH BOX_41

---
BOX_41

---
IF RU TYPE IS STANDARD OR NEW (NOT A STUDENT RU)
AND
IF ANY PERSON ON THE RU-MEMBERS-ROSTER MEETS
BOTH OF THE FOLLOWING CONDITIONS:
- AGE 17-23, INCLUSIVE
AND
- NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES
  1-12,
CONTINUE WITH RE106
---

OTHERWISE, GO TO BOX_41A

---
RE106

---
{(Is/Are)/As of December 31, 1999, (were/was)} (READ NAMES BELOW)
attending school either part-time or full-time?

CODE ‘1’ (YES) IF ANY PERSON ATTENDING SCHOOL.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES ................................. 1
NO ................................. 2 [BOX_41A]
REF ................................. -7 [BOX_41A]
DK .................................. -8 [BOX_41A]

PRESS F1 FOR DEFINITIONS OF PART-TIME/FULL-TIME.
---
DISPLAY ‘(Is/Are)’ IF NOT ROUND 5. DISPLAY ‘As of
December 31, 1999, (were/was)’ IF ROUND 5.
---

---
ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS ON
THE RU-MEMBERS-ROSTER WHO MEET ALL OF THE
FOLLOWING CONDITIONS:
- AGE 17-23, INCLUSIVE
AND
- NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES
Who {is/was} attending school either part-time or full-time 
(on December 31, 1999)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

DISPLAY ‘is’ IF NOT ROUND 5. DISPLAY ‘was’ IF ROUND 5. DISPLAY ‘on December 31, 1999’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS ON THE RU-MEMBERS-ROSTER THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- AGE 17-23, INCLUSIVE
AND
- NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12

ROSTER BEHAVIOR SPECIFICATIONS:
1. INTERVIEWER MAY SELECT A PERSON(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD NOT BE ABLE TO EDIT ANY OF THE NAMES.
3. INTERVIEWER SHOULD NOT BE ABLE TO ADD NEW PERSONS.
4. INTERVIEWER SHOULD NOT BE ABLE TO DELETE ANY PERSONS.

BOX_41A

IF ANY RU MEMBERS MEET EITHER OF THE FOLLOWING CONDITIONS:
- SELECTED AT RE107
OR
- CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12,
CONTINUE WITH RE108

OTHERWISE, GO TO BOX_42

RE108

{{Earlier you mentioned (PERSON) was living away at school in grades 1-12.} }{Is/Was} (PERSON) attending school part-time or full-time?

1 = PART-TIME      2 = FULL-TIME

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBERS</th>
<th>RE108_02. PART-TIME/FULL-TIME STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>
PRESS F1 FOR DEFINITIONS OF PART-TIME/FULL-TIME.

DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF ROUND 5.

REFUSED AND DON’T KNOW ALLOWED.

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS ATTENDING SCHOOL PART-TIME OR FULL-TIME (I.E., SELECTED AT RE107)
OR
- PERSON IS PREVIOUSLY CODED AS LIVING AWAY AT SCHOOL GRADES 1-12

DISPLAY ‘[Earlier you mentioned (PERSON) was living away at school in grades 1-12.] IF PERSON BEING ASKED ABOUT IS CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12. OTHERWISE, USE NULL DISPLAY.

MATRIX BEHAVIOR SPECIFICATIONS:
1. DISPLAY PERSONS WHO ARE AGE 17-23 (INCLUSIVE), ATTENDING SCHOOL PART-TIME OR FULL-TIME (I.E., SELECTED AT RE107) FIRST ON THE ROSTER. THEN DISPLAY PERSONS CODED AS LIVING AWAY AT SCHOOL GRADES 1-12.
2. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
3. RU MEMBERS COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO RU MEMBERS AT THIS SCREEN.

Box_42

IF AT LEAST ONE DU MEMBER WAS REMOVED FROM THE RU-MEMBERS-ROSTER THIS ROUND AND IS FLAGGED AS A ‘NEW STUDENT’, CONTINUE WITH RE109

OTHERWISE, GO TO BOX 43

Re109

We may conduct a separate interview with (READ NAMES BELOW) so I will remove (READ NAMES BELOW) from this form.

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

LINE THROUGH STUDENT NAMES ON HOUSEHOLD SUMMARY.
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER THIS ROUND AND
- PERSON IS FLAGGED AS A 'NEW STUDENT'

NOTE: IN ROUNDS 1 AND 2 QUESTION WAS WORDED, “We will conduct...”

FOR EACH ELEMENT IN DU-MEMBERS-ROSTER,
ASK RE110-END_LP16

LOOP DEFINITION: LOOP_16 COLLECTS LOCATING ADDRESS AND PHONE NUMBER FOR EACH STUDENT RU. THIS LOOP CYCLES ON PERSONS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER THIS ROUND AND
- PERSON IS FLAGGED AS A 'NEW STUDENT'

RE110

(PERSON’S FIRST MIDDLE AND LAST NAME)

Please give me the address and telephone number where (PERSON) can be reached at school.

IF NO TELEPHONE, ENTER ‘000’.

STREET ADDRESS1 (RE110_01): [_______________]
STREET_ADDRESS2 (RE110_02): [_______________]
CITY (RE110_03): [_______________]
STATE (RE110_04): [_______________]
ZIP CODE (RE110_05): [_______________]
TELEPHONE (RE110_06): [_______________]

RECORD ADDRESS AND TELEPHONE ABOVE AND ON SPLIT/STUDENT MOVING FORM.

END_LP16

FOR EACH ELEMENT IN DU-MEMBERS-ROSTER, ASK RE110-END_LP16

CYCLE ON THE NEXT PERSON IN THE DU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IFNO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_16 AND CONTINUE WITH BOX_43

BOX_43

IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS EITHER OF THE FOLLOWING CONDITIONS:
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS RU AND IS FLAGGED AS 'NON-MILITARY MOVER IN U.S.' OR
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS RU AND IS FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’, CONTINUE WITH RE111

- OTHERWISE, GO TO BOX_44

RE111
=====

We may (also) conduct a separate interview with (READ NAMES BELOW) so I will remove (READ NAMES BELOW) from this form.

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

LINE THROUGH NAMES LISTED ABOVE ON HOUSEHOLD SUMMARY SHEET.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS RU AND IS FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ OR
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS RU AND IS FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’.

LOOP_17
======

FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, ASK RE111A-END_LP17

LOOP DEFINITION: LOOP_17 COLLECTS LOCATING INFORMATION FOR EACH PERSON WHO HAS LEFT THE RU AND MOVED TO ANOTHER HOUSEHOLD IN THE U.S. THIS LOOP CYCLES ON DU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON NOT FLAGGED AS ‘PROCESSED MOVER’ AND
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS RU AND EITHER OF THE FOLLOWING CONDITIONS:
  - FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ OR
  - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’

RE111A
======

(PERSON’S FIRST MIDDLE AND LAST NAME)

Please give me the address and telephone number where (PERSON) has moved.

IF NO TELEPHONE, ENTER ‘000’.

STREET_ADDRESS1 (RE111A_1): [_____________
STREET_ADDRESS2 (RE111A_2): [_____________]
If all persons who meet either of the following conditions:  
- Removed from the RU-members-roster during the interview with this RU and flagged as ‘non-military mover in U.S.’ 
OR  
- Removed from the RU-members-roster during the interview with this RU and flagged as ‘full-time military in U.S. and not on military facility’ 
are flagged as ‘processed mover’,  
go to END_LP17

Otherwise, continue with RE111B

RE111B

...
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- NOT FLAGGED AS ‘PROCESSED MOVER’
AND
- REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS RU
AND EITHER OF THE FOLLOWING CONDITIONS:
- FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’
OR
- FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’

FLAG ALL SELECTED PERSONS AS ‘PROCESSED MOVER’.

CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_17 AND CONTINUE WITH BOX_44A

THE PROGRAM DETERMINES THE ELIGIBILITY OF PERSONS WHO HAVE MOVED TO ANOTHER HOUSEHOLD IN THE U.S. AND HAVE THEREFORE BEEN REMOVED FROM THE RU-MEMBERS-ROSTER FOR THE CURRENT CASE. THE ELIGIBILITY OF SUCH PERSONS IS BASED ON WHETHER THEY ARE KEY AND/OR MOVED WITH A KEY PERSON. IF A PERSON WHO HAS MOVED TO A HOUSEHOLD WITHIN THE U.S. IS DETERMINED TO BE ELIGIBLE, THAT PERSON WILL BE INTERVIEWED AS PART OF A NEW RU.

IF NO PERSONS ARE ELIGIBLE AS PART OF THIS RU FOR THE SURVEY THIS ROUND (THAT IS, IF THE RU-MEMBERS-ROSTER IS EMPTY), EXIT INTERVIEW.

OTHERWISE, CONTINUE WITH NEXT QUESTIONNAIRE SECTION
The Household Summary Specifications are now part of the Face Sheet and will no longer be included in the Consolidated binders.
Review of Employment Information (RJ) Section

BOX 01
======

----------------------------------------------------
| IF INFORMATION ABOUT AT LEAST ONE CURRENT JOB WAS  |
| COLLECTED FOR PERSON DURING THE PREVIOUS ROUND,    |
| ASK THE REVIEW OF EMPLOYMENT INFORMATION (RJ)      |
| SECTION. THAT IS, IF:                             |
| - THIS IS NOT ROUND 1,                           |
| - PERSON NOT ADDED TO THE RU THIS ROUND,          |
| - PERSON WAS = OR > 16 YEARS OLD OR IN AGE        |
| CATEGORIES 4-9 DURING THE PREVIOUS ROUND, AND     |
| - PERSON HAD A JOB WITH A JOB SUBTYPE FLAGGED AS  |
| 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS JOB      |
| WITHIN REFERENCE PERIOD' DURING THE PREVIOUS       |
| ROUND,                                            |
| CONTINUE WITH LOOP 01                             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, SKIP THE RJ SECTION, THAT IS, GO TO    |
| BOX 06                                            |
----------------------------------------------------

BOX 02
======

OMITTED.

LOOP 01
=======

----------------------------------------------------
| FOR EACH ELEMENT IN PERSON'S-JOBS-ROSTER, ASK     |
| BOX 03 - END LP01                                 |
----------------------------------------------------

LOOP DEFINITION: LOOP 01 REVIEWS AND UPDATES
INFORMATION ABOUT CURRENT JOBS COLLECTED DURING
THE PREVIOUS ROUND. THIS LOOP CYCLES ON THE
PERSON'S JOBS THAT MEET THE FOLLOWING CONDITIONS:
- JOB IS AN ESTABLISHMENT FLAGGED AS 'EMPLOYER'
- JOB SUBTYPE IS FLAGGED AS EITHER 'CURRENT MAIN'
  OR 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE
  PERIOD'

BOX 03
======

----------------------------------------------------
| IF JOB SUBTYPE FLAGGED AS 'CURRENT MAIN',         |
| CONTINUE WITH RJ01                                |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (IF JOB SUBTYPE FLAGGED AS 'CURRENT     |
| MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'), GO   |
| TO RJ06                                          |
----------------------------------------------------

RJ01
=====

{(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED
ABOUT...)} (JOB-ST)
(JOB-ED)

During our last interview on {PREV RD INTV DT}, we recorded
that (PERSON) worked at {ESTABLISHMENT}. {(Do/Does)/Did}
(PERSON) still work at (ESTABLISHMENT) {on {END DATE OF
REFERENCE PERIOD)?

YES ...................................  1
NO .....................................  2 {RJ09}
REF .................................... -7 {RJ09}
DK .................................... -8 {RJ09}

RJ01A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}

(Is/Was) (ESTABLISHMENT) still (PERSON)''s main job or business?

YES ...................................  1
NO .....................................  2
REF .................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF MAIN JOB/BUSINESS.

----------------------------------------------------
| IF CODED '2' (NO), CHANGE JOB SUBTYPE FLAG TO    |
| 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE       |
| PERIOD'.                                          |
----------------------------------------------------

----------------------------------------------------
| IF RJ01 IS CODED '1' (YES) AND JOB BEING ASKED  |
| ABOUT FLAGGED AS 'SELF-EMPLOYED', GO TO RJ04     |
----------------------------------------------------

----------------------------------------------------
| IF RJ01 IS CODED '1' (YES) AND JOB BEING ASKED  |
| ABOUT FLAGGED AS 'NOT SELF-EMPLOYED', CONTINUE   |
| WITH RJ02                                        |
----------------------------------------------------

RJ02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}

{During our last interview, we recorded that (PERSON) made
{$XXXXXX.XX} per {UNIT OF TIME}.}  {Since {PREV RD INT DT}, has/}
{Between {START DATE OF REFERENCE PERIOD} and {END DATE OF}
REFERENCE PERIOD, was} there {been} any change in the amount
(PERSON) {(make/makes)/made} through (ESTABLISHMENT)?

PROBE: Include changes of 50 cents or more an hour.

INTERVIEWER NOTE: THIS INCLUDES CHANGES IN BOTH DIRECTIONS.

YES ...................................  1
NO .....................................  2 {RJ04}
REF .................................... -7 {RJ04}
DK .................................... -8 {RJ04}

----------------------------------------------------
| NOTE: IN ROUNDS 1 AND 2, THE PROBE                 |
| "PROBE: Include changes of 50 cents or more an   |
| hour." AND THE INTERVIEWER INSTRUCTION           |
| "INTERVIEWER NOTE: THIS INCLUDES CHANGES IN BOTH |
| DIRECTIONS." WERE NOT INCLUDED AS PART OF THE    |
| QUESTION TEXT.                                   |
----------------------------------------------------

RJ03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}
Wages can change for many reasons. What is the main reason there has been a change in the amount (PERSON) (make/makes) through (ESTABLISHMENT)?

- PROMOTION OR DEMOTION .......... 1 {BOX_04}
- CHANGE IN RESPONSIBILITIES ........ 2 {BOX_04}
- PAY RAISE OR PAY DECREASE .......... 3 {BOX_04}
- ANNUAL COST OF LIVING INCREASE .... 4 {BOX_04}
- NEW CONTRACT ........................ 5 {BOX_04}
- CHANGE IN NUMBER OF HOURS WORKED ... 6 {BOX_04}
- CHANGE IN SHIFT TIME ............... 7 {BOX_04}
- RECEIVED AN EDUCATIONAL DEGREE ... 8 {BOX_04}
- TOOK SPECIAL CLASSES .............. 9 {BOX_04}
- OTHER .................................. 91
- REF ................................... -7 {BOX_04}
- DK .................................... -8 {BOX_04}

[Code One]

ENTER OTHER:

[Enter Other Specify] .................
- REF ................................... -7 {BOX_04}
- DK .................................... -8 {BOX_04}

RJ04
=====

During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) worked {full-time/part-time} at (ESTABLISHMENT).

- (Do/Does/Did) (PERSON) still work {35 hours or more/less than 35 hours} per week at (ESTABLISHMENT) {on {END DATE OF REFERENCE PERIOD}}?

- 35 HOURS OR MORE ................. 1
- LESS THAN 35 HOURS .............. 2
- REF ................................... -7 {BOX_04}
- DK .................................... -8 {BOX_04}

[Code One]

IF THE CLASSIFICATION OF NUMBER OF HOURS WORKED PER WEEK HAS CHANGED SINCE THE PREVIOUS ROUND, THAT IS, IF:
- CODED ‘2’ (LESS THAN 35 HOURS)
- AND
- THE NUMERIC ENTRY AT EM104 WAS = OR > 35 DURING THE PREVIOUS ROUND OR EM104 WAS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND EM105 WAS CODED ‘1’ (YES) DURING THE PREVIOUS ROUND,
- OR
- CODED ‘1’ (35 HOURS OR MORE)
- AND
- THE NUMERIC ENTRY AT EM104 WAS < 35 DURING THE PREVIOUS ROUND OR EM104 WAS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND EM105 WAS CODED ‘2’
RJ05
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}

{JOB-ED}

What is the main reason (PERSON) changed from {full-time/part-time} to {part-time/full-time} at (ESTABLISHMENT)?

- PROMOTION OR DEMOTION 1 {RJ05A}
- CHANGE IN RESPONSIBILITY 2 {RJ05A}
- CHANGE IN AMOUNT OF WORK BUSINESS BRINGS IN 3 {RJ05A}
- CHANGE IN SHIFT TIME 4 {RJ05A}
- CHANGE IN NUMBER OF EMPLOYEES AVAILABLE TO WORK 5 {RJ05A}
- ILLNESS/DISABILITY (BEGINNING OR COMPLETED) 6 {RJ05A}
- TEMPORARY LEAVE (BEGINNING OR COMPLETED) 7 {RJ05A}
- MATERNITY/PATERNITY LEAVE (BEGINNING OR COMPLETED) 8 {RJ05A}
- GOING TO SCHOOL/FINISHED SCHOOL 9 {RJ05A}
- CHANGE IN HOME OR FAMILY SITUATION 10 {RJ05A}
- NEEDED TIME OFF/WANTED TO WORK MORE 11 {RJ05A}
- OTHER 91
- REF -7 {RJ05A}
- DK -8 {RJ05A}

[Code One]

RJ05OV
=====

ENTER OTHER:

[Enter Other Specify] -7 {RJ05A}
- REF -7 {RJ05A}
- DK -8 {RJ05A}

RJ05A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}

{JOB-ED}

{Has/Did} (PERSON)’s usual shift change(d) {since our last interview/between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}}?

PROBE: {Do/Does/Did} (PERSON) usually work different hours than (PERSON) did {at the time of our last interview/between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}}?

- YES 1 {BOX 05}
- NO 2 {BOX 05}
- REF -7 {BOX 05}
- DK -8 {BOX 05}

RJ06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}

{JOB-ED}
During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) worked at (ESTABLISHMENT). ({Do/Does}/Did) (PERSON) still work there {on {END DATE OF REFERENCE PERIOD}}?

YES ...................................  1 {RJ09}
NO ....................................  2 {RJ09}
REF ................................... -7 {RJ09}
DK .................................... -8 {RJ09}

BOX_05
=====

----------------------------------------------------
| IF JOB NOT FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
| AND INSURANCE OFFERED THROUGH ESTABLISHMENT IN |
| PREVIOUS ROUND (EM114 CODED '1' (YES) DURING THE |
| PREVIOUS ROUND), CONTINUE WITH RJ07               |
----------------------------------------------------

----------------------------------------------------
| IF JOB NOT FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
| AND INSURANCE NOT OFFERED THROUGH ESTABLISHMENT IN|
| PREVIOUS ROUND (EM114 CODED '2' (NO), '-7'       |
| (REFUSED), OR '-8' (DON'T KNOW) DURING THE        |
| PREVIOUS ROUND), GO TO RJ08                       |
----------------------------------------------------

----------------------------------------------------
| IF NOT ROUNDS 1 OR 2 AND JOB NOT FLAGGED AS       |
| 'PROVIDES HEALTH INSURANCE' (TURNED OFF IN HEALTH |
| INSURANCE -- OE01 CODED '2' (NO), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW) DURING THE PREVIOUS ROUND),  |
| GO TO RJ08A                                       |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP01                          |
----------------------------------------------------

RJ07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}  {JOB-ED}

During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) (were/was) offered health insurance through (ESTABLISHMENT), but chose not to take that insurance. ({Do/Does}/Did) (PERSON) {now} have health insurance through (ESTABLISHMENT) {on {END DATE OF REFERENCE PERIOD}}?

YES ...................................  1 {BOX 05A}
NO ....................................  2 {BOX 05A}
REF ................................... -7 {BOX 05A}
DK .................................... -8 {BOX 05A}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
| IF CODED '1' (YES) FLAG THIS JOBHOLDER-           |
| ESTABLISHMENT PAIR AS 'PROVIDES HEALTH INSURANCE'|
| AND TO BE ASKED ABOUT IN THE HEALTH INSURANCE    |
| SECTION.                                          |
----------------------------------------------------

RJ08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}  {JOB-ED}

During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) (were/was) not offered health insurance through (ESTABLISHMENT). ({Do/Does}/Did) (PERSON) {now} have
health insurance through (ESTABLISHMENT) {on {END DATE OF REFERENCE PERIOD}}?

YES ...................................  1 {BOX_05A}
NO ....................................  2 {BOX_05A}
REF ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
|  IF CODED '1' (YES) FLAG THIS JOBHOLDER-           |
|  ESTABLISHMENT PAIR AS 'PROVIDES HEALTH INSURANCE' |
|  AND TO BE ASKED ABOUT IN THE HEALTH INSURANCE     |
|  SECTION.                                          |
----------------------------------------------------

RJ08A
====

(PERSON'S FIRST MIDDLE AND LAST NAME) {EMPLOYER BEING ASKED ABOUT....} {JOB-ST} {JOB-ED}

During our last interview on {PREV RD INTV DATE}, we recorded that (PERSON) was not receiving health insurance through (ESTABLISHMENT). {(Do/Does)/Did} (PERSON) {now} have health insurance through (ESTABLISHMENT) {on {END DATE OF REFERENCE PERIOD}}?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
|  IF CODED '1' (YES), FLAG THIS JOBHOLDER-          |
|  ESTABLISHMENT PAIR AS 'PROVIDES HEALTH INSURANCE'|
|  AND TO BE ASKED ABOUT IN THE HEALTH INSURANCE    |
|  SECTION.                                          |
----------------------------------------------------

BOX_05A
====

|  IF EMPLOYER FLAGGED AS 'SELF-EMPLOYED', CONTINUE |
|  WITH RJ08B                                      |
|                                                  |
|  OTHERWISE, GO TO END_LP01                       |
|                                                  |

RJ08B
====

(PERSON'S FIRST MIDDLE AND LAST NAME) {EMPLOYER BEING ASKED ABOUT....} {JOB-ST} {JOB-ED}

(During our last interview we recorded that {NUMBER} employee(s), including (PERSON), worked at (ESTABLISHMENT).)

What is the total number of employees who worked at the business {last week/{on {END DATE OF REFERENCE PERIOD}}? Be sure to include the owner and all other household members that may {work/have worked} there.

[Enter Number of Employees]............    {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

----------------------------------------------------
|  IF '1' ENTERED FOR THE NUMBER OF EMPLOYEES, FLAG  |
EMPLOYER AS ‘FIRM-SIZE-1’.
----------------------------------------------------

IF A NUMBER > 1 ENTERED FOR THE NUMBER OF
EMPLOYEES, FLAG EMPLOYER AS ‘FIRM-SIZE-GREATER-
THAN-1’.

----------------------------------------------------

IF CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW),
RETAIN EMPLOYER SIZE FLAG USED DURING THE PREVIOUS
ROUND.

----------------------------------------------------

RJ09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST} {JOB-ED}

When did (PERSON) last stop working at (ESTABLISHMENT) for pay?

[Enter Year-4, Month-2, Day-2] ........
REF ................................... -7
DK .................................... -8

----------------------------------------------------

EDIT: JOB END DATE MUST BE = OR > REFERENCE
PERIOD START DATE AND < OR = TO REFERENCE PERIOD
END DATE.

----------------------------------------------------

RJ10
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST} {JOB-ED}

What is the main reason (PERSON) no longer (have/has) this job?

JOB ENDED .................................. 1 {END LP01}
BUSINESS DISSOLVED OR SOLD ............ 2 {END~LP01}
RETIRED .................................... 3 {END LP01}
ILLNESS OR INJURY ....................... 4 {END LP01}
LAID OFF ................................. 5 {END LP01}
QUIT TO HAVE A BABY .................... 6 {END LP01}
QUIT TO GO TO SCHOOL ................. 7 {END LP01}
QUIT TO TAKE CARE OF HOME OR FAMILY ... 8 {END LP01}
QUIT BECAUSE WANTED TIME OFF ......... 9 {END LP01}
QUIT TO TAKE OTHER JOB ............. 10 {END LP01}
UNPAID LEAVE ........................... 11 {END LP01}
OTHER ..................................... 91
REF ...................................... -7 {END LP01}
DK ....................................... -8 {END LP01}

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]

RJ10OV
======

ENTER OTHER:

[Enter Other Specify] ............
REF ...................................... -7
DK .................................... -8

END LP01
======

----------------------------------------------------
CYCLE ON NEXT JOB IN THE PERSON’S-JOBS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

IF NO OTHER JOBS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_06

CONTINUE WITH EMPLOYMENT A SUBSECTION (EM-A)
Information Screen (RS) Section

NOTE: THIS SECTION DOES NOT REQUIRE DISPLAYS OF ANY PREVIOUSLY ENTERED INFORMATION. IT CONSISTS ONLY OF QUESTIONS ASKED TO THE INTERVIEWER AND INFORMATIONRecorded ON HARD COPY MATERIALS.

ALL INFORMATION IS SAVED BY ROUND. THE INFORMATION USED FOR THE FACE SHEET WILL BE THE ENTIRE HISTORY.

---

BOX_00

---

IF NOT ROUND 5, CONTINUE WITH RS01

---

OTHERWISE (I.E., IF ROUND 5), GO TO RS05

---

RS01

REFER TO THE RU FACE SHEET AND RU FOLDER FOR INFORMATION REQUIRED TO COMPLETE THIS SECTION.

BASED ON YOUR EXPERIENCE WITH THE RU AND YOUR REVIEW OF THE FACE SHEET AND RECORD OF CALLS, ARE THERE ANY {ADDITIONAL} SPECIAL INSTRUCTIONS THAT SHOULD BE CARRIED OVER TO THE NEXT ROUND? INCLUDE SUCH THINGS AS SPECIAL PROBLEMS WITH THE RU OR SPECIAL NEEDS OF THE RESPONDENT.

YES .................................... 1
NO ..................................... 2 {RS03}

(Code One)

---

IF ROUND > 1, DISPLAY THE WORD 'ADDITIONAL'.
IF ROUND 1, USE A NULL DISPLAY.

---

RS02

ENTER SPECIAL INSTRUCTIONS:

[Enter Text] ....................

---

THIS ITEM COLLECTS SPECIAL INSTRUCTIONS IN STANDARD MEMO SCREEN FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS PER LINE THAT THE SCREEN WILL PERMIT.

---

RS03

BASED ON YOUR EXPERIENCE USING THE PREPRINTED ADDRESS INFORMATION ON THE RU FOLDER AND FACE SHEET TO FIND THE HOUSEHOLD, ARE THERE ANY {ADDITIONAL OR DIFFERENT} LOCATING DIRECTIONS THAT SHOULD BE CARRIED OVER TO THE NEXT ROUND? INCLUDE SUCH THINGS AS LANDMARKS, MILEAGE, ROAD SIGNS AND SO FORTH.

YES .................................... 1
NO ..................................... 2 {RS05}

(Code One)
ENTER **DIRECTIONS** THAT WILL HELP TO LOCATE THE RU IN THE NEXT ROUND.

[Enter Text] ........................................

**RS05**

**RS06**

ENTER COMMENTS OR QUESTIONS OR DESCRIBE THE SITUATION:

[Enter Text] ........................................

**RS07**

OMITTED

**RS08**

OMITTED

**RS09**

WAS THE INTERVIEW FOR THIS RU OBSERVED THIS ROUND?

YES ............................................. 1
NO ............................................. 2

[Code One]

**BOX_01A**
RS10
====

MESSAGE FROM DATA PREP:

{MESSAGE TEXT}

THIS DISPLAY SHOULD ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS PER LINE THAT THE SCREEN WILL PERMIT.

RS11
====

PLEASE PROVIDE ENOUGH INFORMATION TO CLARIFY THE SITUATION AND/OR DESCRIBE THE ACTION TAKEN TO CORRECT THE SITUATION:

[Enter Text] ............

THIS ITEM COLLECTS INFORMATION IN STANDARD MEMO SCREEN FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS PER LINE THAT THE SCREEN WILL PERMIT.

RS12
====

HAS THIS RU MOVED INTO A NEW PSU SINCE THE START OF THIS ROUND?

YES .................................... 1
NO ..................................... 2 {BOX_01}

RS12A
=====

PLEASE INDICATE THE NEW REGION AND PSU FOR THIS RU:

REGION:

[Enter Region] ...............

PSU:

[Enter PSU] ...............

BOX_01
=====

| END OF RU INFORMATION SCREEN (RS) SECTION. |
Satisfaction with Health Plan (SP) Section

BOX_01
======
----------------------------------------------------
| IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON- |  
| INSURER-TRIPLE WHERE THE ESTABLISHMENT IS PRIVATE |  
| AND THE INSURER IS FLAGGED AS PROVIDING 'HOSPITAL |  
| AND PHYSICIAN BENEFITS' OR IS FLAGGED AS PROVIDING |  
| 'MEDICARE SUPPLEMENT/MEDIGAP BENEFITS', CONTINUE  |  
| WITH LOOP_01 |  
----------------------------------------------------

| OTHERWISE, GO TO BOX_03 |  
----------------------------------------------------

LOOP_01
=======
----------------------------------------------------
| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON- |  
| INSURER-TRIPLES-ROSTER, ASK SP01-END_LP01 |  
----------------------------------------------------

LOOP DEFINITION: LOOP_01 COLLECTS SATISFACTION INFORMATION ON ALL PRIVATE HEALTH INSURANCE PLANS CURRENTLY HELD BY THE RU THAT PROVIDE HOSPITAL AND PHYSICIAN BENEFITS OR MEDIGAP BENEFITS. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP AND
- PERSON IS A CURRENT RU MEMBER WHO IS THE POLICYHOLDER OF THE PRIVATE HEALTH INSURANCE OBTAINED THROUGH THIS ESTABLISHMENT AND
- INSURER IS THE SOURCE OF THE BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY) AND IS FLAGGED AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' OR 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS' AND
- PERSON IS CURRENTLY INSURED BY THIS TRIPLE

NOTE: PRIVATE INSURANCE IS DEFINED AS:
- ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND FLAGGED AS 'PROVIDES HEALTH INSURANCE' (ESTABLISHMENTS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1 ARE TREATED AS DIRECT PURCHASED, SEE NOTE BELOW)
- DIRECT PURCHASED INSURANCE, THAT IS, ESTABLISHMENTS CREATED FROM THE HX23 SERIES

NOTE: HELD ON THE DATE OF THE CURRENT ROUND’S INTERVIEW DATE:
- FOR PRIVATE SOURCES -- POLICYHOLDER HELD INSURANCE AT THE TIME OF THE CURRENT ROUND’S INTERVIEW DATE [HQ01 IS CODED ‘1’ (WHOLE TIME) OR [OE01 OR OE12 OR OE26 IS CODED ‘1’ (YES, COVERED NOW) FOR THE POLICYHOLDER) OR [OE01 OR OE12 OR OE26 IS CODED ‘I’ (YES) FOR THE PLAN]
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS DECEASED OR THE POLICYHOLDER WAS ORIGINALLY SELECTED AS ‘POLICYHOLDER NOT IN RU/DU’ -- AT LEAST ONE DEPENDENT (SELECTED AT HP16) IS COVERED BY THE INSURANCE AT THE TIME OF THE CURRENT ROUND’S INTERVIEW DATE [HQ01 IS CODED
SP01

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT............)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

The next questions ask about (POLICYHOLDER)’s (and other family member’s) experience(s) with (PLAN NAME), that is, (POLICYHOLDER)’s [hospital and physician/Medicare Supplement or Medigap] coverage through (ESTABLISHMENT).

PRESS ENTER TO CONTINUE.

DISPLAY ‘hospital and physician’ IF THIS INSURER IS FLAGGED AS PROVIDING HOSPITAL AND PHYSICIAN BENEFITS. DISPLAY ‘Medicare Supplement or Medigap’ IF THIS INSURER IS FLAGGED AS PROVIDING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS, BUT NOT HOSPITAL AND PHYSICIAN BENEFITS.

SP02

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT............)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

SHOW CARD SP-1.

Looking at this card, how would you rate (POLICYHOLDER)’s (and the family’s) overall satisfaction with (PLAN NAME)?

Would you say ...

very satisfied, ......................... 1
somewhat satisfied, ..................... 2
not too satisfied, or .................... 3
not at all satisfied? ..................... 4
REF ..................................... -7
DK ...................................... -8

[Code One]

SP03

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT............)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)
How likely (are/is) (POLICYHOLDER) (or anyone in the family) to recommend the (PLAN NAME) insurance plan to family or friends?

Would you say ...

not at all likely, ...................... 1
not too likely, ......................... 2
somewhat likely, or .................... 3
very likely? ........................... 4
REF ..................................... -7
DK ...................................... -8

[Code One]

SP04
====

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT........)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

SHOW CARD SP-1.

In general, how satisfied (are/is) (POLICYHOLDER) (and the family) with the selection of health care providers (POLICYHOLDER) (and the family) can choose from under the plan?

Would you say ...

very satisfied, ......................... 1
somewhat satisfied, ...................... 2
not too satisfied, or .................... 3
not at all satisfied? ..................... 4
IF VOLUNTEERED: PLAN LETS FAMILY CHOOSE ANY DOCTOR ..................... 95
REF ..................................... -7
DK ...................................... -8

[Code One]

SP05
====

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT........)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

When (POLICYHOLDER) first joined (PLAN NAME), did (POLICYHOLDER) (or anyone in the family) have to change primary care providers?

CODE ‘2’ IF RESPONDENT VOLUNTEERS THAT CHANGED PROVIDERS BECAUSE OF A MOVE TO ANOTHER AREA.

YES ...................................... 1
YES, BECAUSE MOVED TO ANOTHER AREA ..... 2
NO ........................................... 3
IF VOLUNTEERED: DIDN’T HAVE A PRIMARY CARE PROVIDER ..................... 95
REF ...................................... -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF PRIMARY CARE PROVIDER.

BOX_02
=====

OMITTED
How difficult is it for (POLICYHOLDER) (or other family members) to get a referral to see a specialist?

IF A REFERRAL WAS NEVER NEEDED, PROBE: How difficult do you think it would be to get a referral if you needed to see a specialist in the future?

Would you say ...

very difficult, .......................... 1
somewhat difficult, ...................... 2
not too difficult, or .................... 3
not at all difficult? .................... 4
REF ..................................... -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST AND REFERRAL.

In general, how difficult is it for (POLICYHOLDER) (or other family members) to get an appointment with a specialist?

CODE ‘95’ IF RESPONDENT VOLUNTEERS THAT THE FAMILY NEVER TRIED TO MAKE AN APPOINTMENT WITH A SPECIALIST.

Would you say ...

very difficult, .......................... 1
somewhat difficult, ...................... 2
not too difficult, or .................... 3
not at all difficult? .................... 4
NEVER MADE APPOINTMENT .............. 95
REF ..................................... -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST.

Looking at this card, please tell me how satisfied (POLICYHOLDER) (and the family) (are/is) with the coverage (PLAN NAME) provides for ...

1 = VERY SATISFIED 3 = NOT TOO SATISFIED
2 = SOMEWHAT SATISFIED 4 = NOT AT ALL SATISFIED
95 = SERVICE NOT COVERED 96 = DON’T KNOW IF SERVICE IS COVERED

a. Preventive health care? ( )
SP08
b. Hospitalization? ( )
c. Prescription medications? ( )
d. Mental health services? ( )

PRESS F1 FOR DEFINITIONS OF HEALTH CARE SERVICES LISTED.

-------------------------------------
| ALLOW ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ON ALL |
| FORM ITEMS.----------------------------------------|

SP09

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

Over the last year, has the plan refused to pay for or approve medical care (POLICYHOLDER) (or the family) thought was covered?

YES .................................... 1
NO ...................................... 2
REF ................................. -7
DK ................................. -8

SP10

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

Over the last year, has the plan paid substantially less than (POLICYHOLDER) (or the family) thought was expected for services the plan covered?

YES .................................... 1
NO ...................................... 2
REF ................................. -7
DK ................................. -8

SP11

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

Over the last year, (have/has) (POLICYHOLDER) (or anyone in the family) called (PLAN NAME)‘s customer service department or anyone in the plan’s administration offices?

YES .................................... 1
NO ...................................... 2
REF ................................. -7
DK ................................. -8

SP12

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

How satisfied (were/was) (POLICYHOLDER) (or the family) with the information received or with how the problem was resolved?
Would you say...

very satisfied, ........................... 1
somewhat satisfied, ........................ 2
not too satisfied, or ........................ 3
not at all satisfied? .......................... 4
REF ......................................... -7
DK ............................................ -8

[Code One]

SP13
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT........)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

SHOW CARD SP-1.

How satisfied (are/is) (POLICYHOLDER) (or the family) with the
amount and difficulty of the paperwork associated with the plan?

CODE ‘95’ IF RESPONDENT VOLUNTEERS NO PAPERWORK.

Would you say...

very satisfied, ........................... 1
somewhat satisfied, ........................ 2
not too satisfied, or ........................ 3
not at all satisfied? .......................... 4
NO PAPERWORK ............................... 95
REF ......................................... -7
DK ............................................ -8

[Code One]

SP14
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT........)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

SHOW CARD SP-1.

Given the plan’s benefits, how satisfied (are/is) (POLICYHOLDER)
(and the family) with the amount you pay for health care?

CODE ‘95’ IF RESPONDENT VOLUNTEERS NO AMOUNT PAID.

Would you say...

very satisfied, ........................... 1
somewhat satisfied, ........................ 2
not too satisfied, or ........................ 3
not at all satisfied? .......................... 4
NO AMOUNT PAID .............................. 95
REF ......................................... -7
DK ............................................ -8

[Code One]

PRESS F1 FOR DEFINITION OF ‘YOU PAY FOR HEALTH CARE’.

SP15
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT........)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)
When choosing (POLICYHOLDER)’s (and the family’s) health care plan, was (PLAN NAME) chosen primarily because of cost, primarily because of quality, or were both cost and quality equally important?

CODE ’95’ IF RESPONDENT VOLUNTEERS THAT THERE WAS NO CHOICE.

PRIMARILY QUALITY ....................... 1
PRIMARILY COST .......................... 2
COST AND QUALITY EQUALLY IMPORTANT ...... 3
HAD NO CHOICE ......................... 95
REF ..................................... -7
DK ...................................... -8

[Code One]

END_LP01

----------------------------------------------------
| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION                     |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS,    |
| END LOOP_01 AND CONTINUE WITH BOX_03              |
----------------------------------------------------

BOX_03

----------------------------------------------------
| IF AT LEAST ONE CURRENT RU MEMBER IS A COVERED BY |
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN DURING THE    |
| CURRENT ROUND, CONTINUE WITH SP16                 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_04                           |
----------------------------------------------------

SP16

({NAME OF ESTABLISHMENT.........})

({PLAN NAME: (NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER})

The next questions ask about the family’s experience with
{(PLAN NAME), that is, their coverage through} {{Medicaid/{STATE
NAME FOR MEDICAID}}/the program sponsored by a state or local
government agency which provides hospital and physician benefits).

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| DISPLAY ‘PLAN NAME: ... INSURER’ IF THERE IS AN |
| INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR |
| GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE     |
| CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.    |
| FOR ‘NAME OF ... INSURER’, DISPLAY THE NAME OF   |
| THE CURRENT ROUND’S INSURER FOR THE FAMILY’S    |
| MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE. |
| DISPLAY ‘(PLAN NAME), ... through’ IF THERE IS AN |
| INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR |
| GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE    |
| CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.   |
| DISPLAY ‘{Medicaid/{STATE NAME FOR MEDICAID}}’ IF |
| FAMILY HAS MEDICAID. OTHERWISE, DISPLAY ‘the     |
| program ... benefits’.                           |
Looking at this card, how would you rate the family’s overall satisfaction with {(PLAN NAME)/the coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits)?

Would you say ...

very satisfied, ......................... 1
somewhat satisfied, ..................... 2
not too satisfied, or .................... 3
not at all satisfied? ................... 4
REF ..................................... -7
DK ...................................... -8

[Code One]
How likely is the family to recommend {(PLAN NAME)/the coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits} to family or friends?

Would you say...

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all likely,</td>
<td>1</td>
</tr>
<tr>
<td>not too likely,</td>
<td>2</td>
</tr>
<tr>
<td>somewhat likely, or</td>
<td>3</td>
</tr>
<tr>
<td>very likely?</td>
<td>4</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

| SEE FILL SPECIFICATIONS FROM SP17 |

SP19

(NAME OF ESTABLISHMENT........)

{PLAN NAME: (NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER})

SHOW CARD SP-1.

In general, how satisfied is the family with the selection of health care providers they can choose from under {(PLAN NAME)/the coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}}/this program}?

Would you say...

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>very satisfied,</td>
<td>1</td>
</tr>
<tr>
<td>somewhat satisfied,</td>
<td>2</td>
</tr>
<tr>
<td>not too satisfied, or</td>
<td>3</td>
</tr>
<tr>
<td>not at all satisfied?</td>
<td>4</td>
</tr>
<tr>
<td>IF VOLUNTEERED: PLAN LETS FAMILY CHOOSE ANY DOCTOR</td>
<td>95</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

<table>
<thead>
<tr>
<th>DISPLAY ‘PLAN NAME: ... INSURER’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR ‘NAME OF ... INSURER’, DISPLAY THE NAME OF THE CURRENT ROUND’S INSURER FOR THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE.</td>
</tr>
<tr>
<td>DISPLAY ‘(PLAN NAME)’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, DISPLAY ‘the coverage through’.</td>
</tr>
<tr>
<td>DISPLAY ‘{Medicaid/{STATE NAME FOR MEDICAID}}’ IF FAMILY HAS MEDICAID AND THERE IS NO INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID INSURANCE DURING THE CURRENT ROUND. DISPLAY ‘this program’ IF THE FAMILY HAS GOV’T-HOSPITAL/PHYSICIAN AND THERE IS NO INSURER ASSOCIATED WITH THE FAMILY’S GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND.</td>
</tr>
<tr>
<td>DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME</td>
</tr>
</tbody>
</table>
(NAME OF ESTABLISHMENT........)

(PLAN NAME: (NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER))

When the family first joined {(PLAN NAME)/(Medicaid/{STATE NAME FOR MEDICAID})/this program}, did anyone in the family have to change primary care providers?

CODE ‘2’ IF RESPONDENT VOLUNTEERS THAT CHANGED PROVIDERS BECAUSE OF A MOVE TO ANOTHER AREA.

YES .................................... 1
YES, BECAUSE MOVED TO ANOTHER AREA ..... 2
NO ..................................... 3
IF VOLUNTEERED: DIDN’T HAVE A PRIMARY CARE PROVIDER ....................... 95
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF PRIMARY CARE PROVIDER.

DISPLAY ‘PLAN NAME: ... INSURER’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.

FOR ‘NAME OF ... INSURER’, DISPLAY THE NAME OF THE CURRENT ROUND’S INSURER FOR THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY ‘(PLAN NAME)’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. DISPLAY '{Medicaid/(STATE NAME FOR MEDICAID)}’ IF FAMILY HAS MEDICAID AND THERE IS NO CURRENT ROUND MEDICAID INSURER. DISPLAY ‘this program’ IF FAMILY HAS GOV’T-HOSPITAL/PHYSICIAN AND THERE IS NO CURRENT ROUND’S GOV’T-HOSPITAL/PHYSICIAN INSURER.

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

SP21

====

(NAME OF ESTABLISHMENT........)

(PLAN NAME: (NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER))

How difficult is it for family members to get a referral to see a specialist?

IF A REFERRAL WAS NEVER NEEDED, PROBE: How difficult do you think it would be to get a referral if you needed to see a specialist in the future?

Would you say ...

very difficult, ............................. 1
somewhat difficult, ........................ 2
not too difficult, or ........................ 3
In general, how difficult is it for family members to get an appointment with a specialist?

CODE ‘95’ IF RESPONDENT VOLUNTEERS THAT THE FAMILY NEVER TRIED TO MAKE AN APPOINTMENT WITH A SPECIALIST.

Would you say ...

very difficult, .......................... 1
somewhat difficult, ........................ 2
not too difficult, or ........................ 3
not at all difficult? ........................ 4
NEVER MADE APPOINTMENT ................. 95
REF ....................................... -7
DK ......................................... -8

PRESS F1 FOR DEFINITION OF SPECIALIST.

[Code One]

SHOW CARD SP-1.

Looking at this card, please tell me how satisfied the family is with the coverage {{PLAN NAME}/Medicaid/{STATE NAME FOR MEDICAID}}/this program, provides for ...

1 = VERY SATISFIED                  3 = NOT TOO SATISFIED
2 = SOMEWHAT SATISFIED              4 = NOT AT ALL SATISFIED
95 = SERVICE NOT COVERED            96 = DON’T KNOW IF SERVICE IS COVERED

SP23_01 a. Preventive health care?
SP23_02  b. Hospitalization? ( )
SP23_03  c. Prescription medications? ( )
SP23_04  d. Mental health services? ( )

PRESS F1 FOR DEFINITIONS OF HEALTH CARE SERVICES LISTED.

| ALLOW ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ON ALL |
| FORM ITEMS. |

----------------------------------------------------
| SEE FILL SPECIFICATION FROM SP20. |

SP24
====

{NAME OF ESTABLISHMENT...........}

{PLAN NAME: (NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER)}

Over the last year, has {(PLAN NAME)/{Medicaid/{STATE NAME FOR MEDICAID}}/this program} refused to pay for or approve medical care the family thought was covered?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| SEE FILL SPECIFICATION FROM SP20. |

SP25
====

{NAME OF ESTABLISHMENT...........}

{PLAN NAME: (NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER)}

Over the last year, have you and the family paid substantially more than you expected for services covered by {(PLAN NAME)/{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits}?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

DISPLAY ‘PLAN NAME: ... INSURER’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.

FOR ‘NAME OF ... INSURER’, DISPLAY THE NAME OF THE CURRENT ROUND’S INSURER FOR THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY ‘(PLAN NAME)’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. DISPLAY ‘{Medicaid/{STATE NAME FOR MEDICAID})’ IF FAMILY HAS MEDICAID AND THERE IS NO CURRENT ROUND MEDICAID INSURER. DISPLAY ‘the ... benefits’ IF FAMILY HAS GOV’T-HOSPITAL/PHYSICIAN AND THERE IS NO CURRENT ROUND’S GOV’T-HOSPITAL/PHYSICIAN INSURER.

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME
Over the last year, has anyone in the family called anyone in (PLAN NAME)’s/Medicaid’s/this program’s administration offices?

YES .................................... 1
NO ..................................... 2 {SP28}
REF ................................... -7 {SP28}
DK .................................... -8 {SP28}

SHOW CARD SP-1.

How satisfied was the family with the information received or with how the problem was resolved?

Would you say ...

very satisfied, ............................ 1
somewhat satisfied, ....................... 2
not too satisfied, or ....................... 3
not at all satisfied? ....................... 4
REF ................................... -7
DK ..................................... -8

[Code One]
SHOW CARD SP-1.

How satisfied is the family with the amount and difficulty of the paperwork associated with {(PLAN NAME)/Medicaid/(STATE NAME FOR MEDICAID)}/this program?

CODE ‘95’ IF RESPONDENT VOLUNTEERS NO PAPERWORK.

Would you say …

| very satisfied, ......................... 1 |
| somewhat satisfied, ..................... 2 |
| not too satisfied, or ................... 3 |
| not at all satisfied? .................... 4 |
| NO PAPERWORK ............................ 95 |
| REF ..................................... -7 |
| DK ...................................... -8 |

[Code One]

SEE FILL SPECIFICATION FROM SP20.

[Code One]

GO TO NEXT QUESTIONNAIRE SECTION.