

Access to Care (AC) Section

LOOP_01
=====

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
AC01-END_LP01

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 PLANS 7 {AC04}
DON'T USE DOCTORS/TREAT MYSELF 8 {AC04}
COST OF MEDICAL CARE 9 {AC04}
OTHER REASON 91

REF -7 {END_LP01}
DK -8 {END_LP01}

[Code One]

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
REF -7
DK -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

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

| OTHERWISE, GO TO END_LP01 |

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

AC04OV
=====

ENTER OTHER REASON:

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

AC05

====

{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'.

NOTE: FOR QUESTIONS AC06 - AC12, THE CONTEXT
HEADER WILL DISPLAY THE PERSON-PROVIDER NAME IF
THE USC PROVIDER BEING ASKED ABOUT IS FLAGGED AS
'PERSON-TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-
PROVIDER'. IF THE USC PROVIDER BEING ASKED ABOUT
IS FLAGGED AS 'FACILITY-TYPE-PROVIDER', THE
CONTEXT HEADER WILL DISPLAY THE FACILITY-PROVIDER
NAME.

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]

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-----
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.
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AC080V
 =====

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]

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IF CODED '91' (OTHER REASON) ALONE OR IN
COMBINATION WITH OTHER CODES, CONTINUE WITH AC090V
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OTHERWISE, GO TO AC09A
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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.'
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AC090V
=====

ENTER OTHER REASON:

[Enter Other Specify]
REF -7
DK -8

AC09A
=====

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

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

BOX_04
=====

| IF THIS USC PROVIDER IS FLAGGED AS 'PERSON-
| TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-PROVIDER'
| AND AC10 WAS NOT ALREADY ASKED FOR THIS USC
| PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC10
|
|
| OTHERWISE, GO TO END_LP01
|

AC10
=====

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

Is (PROVIDER) a medical doctor?

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

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

AC11
=====

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

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

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

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

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

AC110V

=====

ENTER OTHER:

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

AC12
=====

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

What is (PROVIDER)'s specialty?

| | | |
|-------------------------------|----|------------|
| GENERAL/FAMILY PRACTICE | 1 | {END_LP01} |
| INTERNAL MEDICINE | 2 | {END_LP01} |
| PEDIATRICS | 3 | {END_LP01} |
| OB/GYN | 4 | {END_LP01} |
| SURGERY | 5 | {END_LP01} |
| CHIROPRACTOR | 6 | {END_LP01} |
| OTHER | 91 | |
| REF | -7 | {END_LP01} |
| DK | -8 | {END_LP01} |

[Code One]

AC12OV
=====

ENTER OTHER:

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

END_LP01
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| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
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| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_01 AND CONTINUE WITH BOX_05 |
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BOX_05
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| IF AT LEAST ONE PROVIDER FLAGGED AS 'USC PROVIDER' |
| ON THE RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH |
| LOOP_02 |
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| OTHERWISE, GO TO AC22 |
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LOOP_02
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| FOR EACH ELEMENT IN THE RU-MEDICAL-PROVIDERS- |
| ROSTER, ASK AC13-END_LP02 |
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| LOOP DEFINITION: LOOP_02 COLLECTS DETAILED |
| INFORMATION ON EACH UNIQUE USUAL SOURCE OF CARE |
| PROVIDER IDENTIFIED FOR THIS RU. THIS LOOP CYCLES |
| ON PROVIDERS WHO MEET THE FOLLOWING CONDITION: |
|-----|

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- 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]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON IDENTIFIED PROVIDER BEING ASKED ABOUT AS PERSON'S USC PROVIDER FOR THE CURRENT ROUND

AC14
=====

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

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

YES = 1
NO = 2

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

PRESS F1 FOR DEFINITION OF PREVENTIVE HEALTH CARE AND REFERRAL.

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

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

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

OTHERWISE, CONTINUE WITH AC15

AC15
=====

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

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

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

AC16
=====

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

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

| | |
|--|-----------|
| HAVE APPOINTMENT | 1 |
| JUST WALKS IN | 2 {AC19} |
| SOMETIMES APPOINTMENT, SOMETIMES WALKS IN | 3 |
| REF | -7 {AC19} |
| DK | -8 {AC19} |

[Code One]

AC17
=====

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

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

Would you say it is ...

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

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

[Code One]

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-----  
| DISPLAY 'IF ASKED ... person.' IF USC PROVIDER  
| BEING LOOPED ON IS FLAGGED AS A 'FACILITY-TYPE-  
| PROVIDER'. OTHERWISE, USE A NULL DISPLAY.  
|-----
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AC18
=====

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

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

| | |
|--------------------------------|---|
| LESS THAN 5 MINUTES | 1 |
| 5 TO 15 MINUTES | 2 |
| 16 TO 30 MINUTES | 3 |
| 31 MINUTES TO 59 MINUTES | 4 |
| 1 TO 2 HOURS | 5 |
| MORE THAN 2 HOURS | 6 |

REF -7
DK -8

[Code One]

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

AC19
=====

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

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

Would you say it is ...

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

[Code One]

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

AC19A
=====

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

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

YES 1
NO 2
REF -7
DK -8

AC19B
=====

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

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

YES 1
NO 2
REF -7
DK -8

AC19C
=====

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

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

YES 1
NO 2
REF -7
DK -8

AC19D
=====

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

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

Would you say ...

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

[Code One]

PRESS F1 FOR DEFINITION OF PROFESSIONAL STAFF.

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

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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]

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

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END_LP02
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-----
| CYCLE ON NEXT PROVIDER IN THE RU-MEDICAL-        |
| PROVIDERS-ROSTER WHO MEETS THE CONDITIONS STATED |
| IN THE LOOP DEFINITION.                          |
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| IF NO OTHER PROVIDERS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH AC20                |
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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} |

| | | | |
|-----|-------|----|--------|
| REF | ..... | -7 | {AC24} |
| DK | ..... | -8 | {AC24} |

AC21
=====

Why did this change occur?

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

[Code One]

AC21OV
=====

ENTER OTHER:

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

AC22
=====

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

| | | |
|-----------|----|--------|
| YES | 1 | |
| NO | 2 | {AC24} |
| REF | -7 | {AC24} |
| DK | -8 | {AC24} |

AC23
=====

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

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

[Code One]

AC23OV
=====

ENTER OTHER:

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

AC24
=====

During the last year, did any family member not receive a

doctor's care or prescription medications because the family needed the money to buy food, clothing, or pay for housing?

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

AC24A
=====

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

Would you say ...

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

[Code One]

AC25
=====

SHOW CARD AC-1.

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

| | | |
|-----|----|----------|
| YES | 1 | |
| NO | 2 | {BOX_06} |
| REF | -7 | {BOX_06} |
| DK | -8 | {BOX_06} |

AC25A
=====

SHOW CARD AC-1.

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

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

[Code One]

SHOW CARD AC-1 WILL HAVE TOPIC HEADINGS. ANSWER
CATEGORIES WERE ABBREVIATED IN ORDER TO SAVE
SCREEN SPACE.

AC26
=====

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]

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.'

SHOW CARD AC-1 WILL HAVE TOPIC HEADINGS. ANSWER
CATEGORIES WERE ABBREVIATED IN ORDER TO SAVE
SCREEN SPACE.

BOX_06
=====

GO TO NEXT QUESTIONNAIRE SECTION

Assets (AS) Section

AS01
=====

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.

AS02
=====

Does anyone in the family own this home?

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

PRESS F1 FOR DEFINITION OF 'OWN THIS HOME'.

AS03
=====

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. |
-----

```

AS04
=====

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.

```

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

```

AS05
=====

SHOW CARD AS-1.

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

| | |
|---------------------------|----|
| 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]

AS06
=====

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

| | | |
|-----------|----|--------|
| YES | 1 | |
| NO | 2 | {AS09} |
| REF | -7 | {AS09} |
| DK | -8 | {AS09} |

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

AS07
=====

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 |
| DK | -8 |

PRESS F1 FOR DEFINITION OF STILL OWED.

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

AS08
=====

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]

AS09
=====

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.

AS10
=====

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] ... |

[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. |
-----

```

AS11
=====

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'.

| | | |
|------------------------------|----|--------|
| [Enter Whole \$ Worth] | | {AS13} |
| NOTHING | 0 | {AS13} |
| REF | -7 | |
| DK | -8 | |

PRESS F1 FOR DEFINITION OF VALUE.

```

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

```

AS12
=====

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 |

| | |
|---------------------|----|
| 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]

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 |
| DK | -8 |

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 | {AS24} |
| REF | -7 | {AS24} |
| DK | -8 | {AS24} |

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]

AS24
=====

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.

AS25
=====

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]

| 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. |

AS26
=====

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
DK -8

PRESS F1 FOR DEFINITION OF VALUE.

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

AS27
=====

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)?

| | |
|---------------------------|----|
| 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]

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.

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

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 |
| DK | -8 |

PRESS F1 FOR DEFINITION OF STILL OWED.

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

AS30
====

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]

AS31
====

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} |

AS32
====

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  |
-----

```

AS33
====

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] ...

[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.            |
-----

```

AS34
====

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} |
|------------------------------|--------|

NOTHING 0 {AS36}
 REF -7
 DK -8

PRESS F1 FOR DEFINITION OF VALUE.

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

AS35
 =====

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]

AS36
 =====

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 {AS39}
 REF -7 {AS39}
 DK -8 {AS39}

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

AS37
 =====

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
 DK -8

PRESS F1 FOR DEFINITION OF STILL OWED.

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

AS38
 =====

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]

AS39
====

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.

AS40
====

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

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

| SOFT RANGE CHECK: 1 - 15 |

AS41
====

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 | |
| DK | -8 | |

PRESS F1 FOR DEFINITION OF VALUE.

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

AS42
====

SHOW CARD AS-1.

Which category on the card best indicates the value of the recreational vehicles (such as motorcycles, trailers, motor

homes, boats, or airplanes)?

| | |
|---------------------|----|
| 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]

AS43
====

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.

AS44
====

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 |

AS45
====

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]

AS46
=====

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.

AS47
=====

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]

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.

AS48
=====

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.

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

AS49
=====

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 |

| | |
|---------------------|----|
| 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]

AS49A
=====

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.

AS49B
=====

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 |
| DK | -8 |

PRESS F1 FOR DEFINITION OF STILL OWED.

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

AS49C
=====

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]

AS50
=====

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.

AS51
====

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]

| 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. |

AS52
====

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
DK -8

PRESS F1 FOR DEFINITION OF WORTH.

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

AS53
====

SHOW CARD AS-1.

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

| | |
|---------------------|----|
| 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]

BOX_01
=====

OMITTED.

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.

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

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 |

[Code One]

AS57
=====

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.

AS58
=====

How many IRA or Keogh accounts does the family have?

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

```
-----
|  SOFT RANGE CHECK:  1 - 20  |
-----
```

AS59
=====

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.  |
-----
```

AS60
=====

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  |
-----
```

AS61
=====

SHOW CARD AS-1.

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

AS62
=====

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]?

| | | |
|-----------|----|--------|
| YES | 1 | |
| NO | 2 | {AS67} |
| REF | -7 | {AS67} |
| DK | -8 | {AS67} |

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

AS63
=====

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

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

```
-----
|  SOFT RANGE CHECK:  1 - 50  |
-----
```

AS64
=====

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]

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.

AS65
=====

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

AS66
=====

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]

AS67
=====

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.

AS68
=====

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

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

| SOFT RANGE CHECK: 1 - 20 |

AS69
=====

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]

| 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. |

AS70
=====

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

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

AS71
=====

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]

AS72
=====

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
NO 2 {AS76}
REF -7 {AS76}
DK -8 {AS76}

PRESS F1 FOR DEFINITION OF 'OTHER SAVINGS OR ASSETS'.

AS73
=====

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. |

AS74
=====

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] {AS76}
NOTHING 0 {AS76}
REF -7
DK -8

PRESS F1 FOR DEFINITION OF WORTH.

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

AS75
=====

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 |

PRESS F1 FOR DEFINITION OF 'DEBTS AMOUNT TO'.

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

AS79
=====

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]

BOX_02
=====

| GO TO NEXT QUESTIONNAIRE SECTION. |

Calendar (CA) Section

BOX_01
=====

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

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

BOX_02
=====

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

| OTHERWISE, CONTINUE WITH CA01
|-----

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
VOLUNTEERED: NO EVENTS TO RECORD 5 {BOX_03}
REF -7
DK -8

[Code One]

CA04
=====

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

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

CIRCLE {TODAY'S DATE/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

BOX_04
=====

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

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

CA05
=====

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

HOLD UP SUMMARY OF HEALTH CARE EVENTS FOR THIS RU.

PRESS ENTER TO CONTINUE.

BOX_05
=====

| GO TO NEXT QUESTIONNAIRE SECTION
|-----

Condition Enumeration (CE) Section

BOX_01
=====

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

LOOP_01
=====

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

LOOP DEFINITION: LOOP_01 COLLECTS GENERAL HEALTH RATINGS AND ENUMERATES THE MEDICAL CONDITIONS OF EACH PERSON IN THE RU. THIS LOOP CYCLES ON EACH PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT OR INSTITUTIONALIZED RU MEMBER
AND
- PERSON IS NOT DECEASED

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).

CE02
=====

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

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

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

[Code One]

CE02OV
=====

INTERVIEWER: WHO ANSWERED THIS QUESTION?

(PERSON) 1
SOMEONE ELSE 2

[Code One]

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

| IF FIRST CYCLE OF LOOP, CONTINUE WITH CE03 |

| OTHERWISE, GO TO CE04 |

CE03
=====

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

We're interested in learning about health problems that may have bothered (PERSON) {since (START DATE)/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
=====

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

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

problems, accidents, or injuries?}

[Please include all of (PERSON)'s conditions, accidents or injuries regardless of whether (PERSON) saw a medical provider, received treatment, or took medications {since (START DATE)/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.

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

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

FLAG RESPONSE(S) AS COLLECTED IN CE SECTION.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.'
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

OTHERWISE, GO TO BOX_09

BOX_03
=====

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

OTHERWISE, GO TO BOX_06

LOOP_02
=====

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

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

- PERSON IS FEMALE AND 15-45 YEARS OF AGE,
INCLUSIVE, OR IN AGE CATEGORIES 4-6

AND

- PERSON WAS FLAGGED AS 'STILL PREGNANT' (PG01
CODED '1' (YES)) DURING THE PREVIOUS ROUND

LOOP_03
=====

FOR EACH OF THE FOLLOWING:

PREVIOUS ROUND PREGNANCY
PREGNANCY 1
PREGNANCY 2
PREGNANCY 3

ASK BOX_04-END_LP03

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

BOX_04
=====

ASK PREGNANCY DETAIL (PG) SECTION

WHEN PG SECTION COMPLETED, CONTINUE WITH BOX_05

BOX_05
=====

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

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

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

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

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

CE06
=====

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

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

BOX_07
=====

ASK THE PREGNANCY DETAIL (PG) SECTION.
WHEN PG SECTION COMPLETED, CONTINUE WITH BOX_08

BOX_08
=====

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

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

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

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

CE09
=====

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

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

YES 1
NO 2
REF -7
DK -8

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

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 |

BOX_09
=====

| GO TO NEXT QUESTIONNAIRE SECTION |

Closing (CL) Section

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

BOX_01
=====

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

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

OTHERWISE, GO TO BOX_02

SAMPLING BOX (FOR ROUND 1):
PERSON-PROVIDER-PAIRS ELIGIBLE FOR MPS PERMISSION FORM COLLECTION:

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

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

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

SAMPLING BOX (FOR ROUNDS 2-5):

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

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

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

DURING THE CURRENT REFERENCE PERIOD.

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

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

- A MEDICAL DOCTOR WAS SEEN DURING THE VISIT (MV03 = 1)
- MEDICAL DOCTORS WORK AT THE SAME LOCATION AS THE PROVIDER SEEN (MV06 = 1)

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

SAMPLING BOX (FOR ROUNDS 2-5) CONT'D:

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

- 100% OF RUs WITH AT LEAST ONE RU MEMBER COVERED BY MEDICAID OR GOV'T HOSPITAL (PHYSICIAN) AT ANY TIME DURING THE REFERENCE PERIOD
- 75% OF THE REMAINING RUs (THAT IS, RUs WITH NO RU MEMBER COVERED BY MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE REFERENCE PERIOD) WITH AT LEAST ONE RU MEMBER WITH HMO COVERAGE AT ANY TIME DURING THE REFERENCE PERIOD. HMO COVERAGE IS DEFINED AS:
IF AT LEAST ONE PRIVATE INSURANCE PLAN IN RU MEETS THE FOLLOWING CONDITIONS:
 - FLAGGED AS 'PROVIDING HOSPITAL/PHYSICIAN BENEFITS' (EXCLUDE INSURERS WHERE HOSPITAL/PHYSICIAN BENEFITS ARE PROVIDED SOLELY THROUGH MEDIGAP)
 - ESTABLISHMENT OR INSURER IS FLAGGED AS 'HMO'
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)
- 25% OF THE REMAINING RUs (THAT IS, RUs WITH NO RU MEMBER COVERED BY MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN AND HMO COVERAGE AT ANY TIME DURING THE REFERENCE PERIOD).

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

NOTE: IF THE PERSON-PROVIDER-PAIR IS OUTSTANDING FROM A PREVIOUS ROUND AND THERE IS A NEW ELIGIBLE EVENT FOR THIS PAIR IN THE CURRENT ROUND, THE PAIR WILL NOT BE TREATED AS IF IT IS OUTSTANDING. THAT IS, THE DISPLAYS FOR PREVIOUS ROUND STATUS WILL

| NOT BE SHOWN, ETC. |

CL01
=====

{[As I mentioned during the last interview], it/It} is important for us to get accurate names and addresses for medical providers so that we can contact them for more information about the services they provide. To do this, we must have written permission from the family members receiving these services. I would like to get permission from the following people:

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

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

[HAND RESPONDENT THE BLUE PERMISSION FORM BOOKLET.]

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

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

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

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'.

CL02
=====

OMITTED.

LOOP_01
=====

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

LOOP DEFINITION: LOOP_01 PRESENTS EACH UNIQUE PERSON-PROVIDER-PAIR ELIGIBLE FOR PERMISSION FORM COLLECTION (THIS INCLUDES NEW AND OUTSTANDING FORMS) FOR THE INTERVIEWER TO COMPLETE THE PERMISSION FORM. THIS LOOP CYCLES ON RU-PERSON-

PROVIDER-PAIRS WITH AN EVENT-PROVIDER-PAIR THAT MEET THE FOLLOWING CONDITION(S):
- PAIR IS ELIGIBLE FOR PERMISSION FORM COLLECTION FOR THE CURRENT ROUND (SEE BOX_01 SAMPLING SPECIFICATIONS)
OR
- PAIR WAS ELIGIBLE FOR PERMISSION FORM COLLECTION IN PREVIOUS ROUND, AND
- CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PAIR IN THE PREVIOUS ROUND

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

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 | {CL06} |
| 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.'

CL040V1
=====

ENTER PROBLEM:

[Enter Problem-45] {CL05}

CL040V2
=====

ENTER OTHER:

[Enter Other Specify-45] {END_LP02}

CL05
=====

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.

EDIT: NUMBER ENTERED MUST BE 8 CHARACTERS LONG
AND MUST BEGIN AND END WITH AN ALPHA CHARACTER.
THE FIRST ALPHA MUST BE A-M, T, OR Y. THE LAST
ALPHA MUST BE G-L. THE FIRST NUMERIC DIGIT
(SECOND CHARACTER OF ENTRY) MUST BE 0, 1, 2, 3,
4, OR 9.

CL050V
=====

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
=====

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

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

ENTER MAIN REASON FOR REFUSAL:

DOESN'T WANT TO BOTHER PROVIDER 1 {END_LP02}
CONFIDENTIALITY/SENSITIVE INFORMATION .. 2 {END_LP02}
PAYMENT PROBLEM WITH PROVIDER 3 {END_LP02}
HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP02}
WANTS MORE INFORMATION BEFORE SIGNING .. 5 {END_LP02}
NOT INTERESTED IN STUDY 6 {END_LP02}
NO REASON GIVEN 7 {END_LP02}
OTHER 91

[Code One]

CL060V
=====

ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45]

END_LP02
=====

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

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

BOX_02
=====

IF 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

OTHERWISE, GO TO BOX_03

LOOP_02A
=====

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

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_02A AND CONTINUE WITH BOX_03

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 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):

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

- ALL PAIRS WHERE THE PERSON IS THE POLICYHOLDER OF THIS INSURANCE ON THE DATE OF THE ROUND 3 INTERVIEW AND THE ESTABLISHMENT IS A **PRIVATE SOURCE OF INSURANCE** (DEFINED LATER) HELD ON THE DATE OF THE ROUND 3 INTERVIEW (DEFINED LATER) WITH FOUR **EXCEPTIONS**:
 1. ESTABLISHMENT IS FLAGGED AS 'EMPLOYER' AND EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2

- OR HP13=1)
2. ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)
 3. PERSON IS THE POLICYHOLDER OF THIS INSURANCE AND IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN DU'
 4. ESTABLISHMENT ONLY PROVIDES LONG TERM CARE IN A NURSING HOME, EXTRA CASH FOR HOSPITAL STAYS, SERIOUS DISEASE OR DREAD DISEASE, DISABILITY, WORKER'S COMPENSATION, OR ACCIDENT INSURANCE (HX48, OE10, OE24, OR OE37 IS CODED ONLY COMBINATIONS OF CODES '6', '7', '8', '9', '10', AND '11').

SAMPLING BOX 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:

- ALL PAIRS WHERE THE ESTABLISHMENT IS FLAGGED AS 'EMPLOYER' AND THE JOB SUBTYPE OF THAT EMPLOYER IS FLAGGED AS 'CURRENT MAIN' AND THE JOB IS NOT FLAGGED AS 'PROVIDES HEALTH INSURANCE' (PERSON IS THE JOBHOLDER OF THIS CURRENT MAIN JOB ON THE DATE OF THE ROUND 3 INTERVIEW) AS OF THE ROUND 3 INTERVIEW DATE WITH THREE **EXCEPTIONS:**
 1. ESTABLISHMENT IS THE FEDERAL GOVERNMENT (EM96 = 2)
 2. ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE=1
 3. ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)

ISSUE: WE HAVE OMITTED THE CONDITION THAT THE PERSON MUST BE A KEY RU MEMBER. HOWEVER, WE WILL EVENTUALLY NEED TO BE ABLE TO IDENTIFY WHICH PERSONS (OF THE PERSON-ESTABLISHMENT-PAIRS) WERE NOT KEY.

NOTE: PRIVATE INSURANCE IS DEFINED AS:

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

NOTE: HELD ON THE DATE OF THE ROUND 3 INTERVIEW:

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

NOTE: ESTABLISHMENTS WHICH ARE EMPLOYERS AND PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS

'SELF-EMPLOYED' WITH A FIRM-SIZE=1 ARE TREATED AS DIRECT PURCHASED INSURANCE, THAT IS, HIPS WILL CONTACT THE ESTABLISHMENT PROVIDING THE INSURANCE, (I.E., CREATED FROM THE HX03 SERIES) **NOT** THE EMPLOYER.

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
=====

OMITTED.

CL09OV2
=====

OMITTED.

CL10
=====

OMITTED.

CL11
=====

OMITTED.

CL11OV
=====

OMITTED.

END_LP03
=====

OMITTED.

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.

CL15OV
=====

OMITTED.

CL16
=====

OMITTED.

CL17
=====

OMITTED.

CL17OV
=====

OMITTED.

END_LP04
=====

OMITTED.

BOX_07
=====

OMITTED.

CL18
=====

OMITTED.

CL18OV
=====

OMITTED.

CL19
=====

OMITTED.

CL20
=====

OMITTED.

CL20OV
=====

OMITTED.

BOX_08
=====

OMITTED.

LOOP_04A
=====

OMITTED.

CL21
=====

OMITTED.

END_LP04A
=====

OMITTED.

BOX_09
=====

OMITTED.

CL22
=====

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.

CL23
=====

OMITTED.

CL24
=====

OMITTED.

LOOP_05
=====

OMITTED.

CL25
=====

OMITTED.

END_LP05
=====

OMITTED.

CL26
=====

OMITTED.

BOX_12
=====

OMITTED.

CL27
=====

OMITTED.

LOOP_06
=====

OMITTED.

CL28
=====

OMITTED.

END_LP06
=====

OMITTED.

BOX_13
=====

OMITTED.

CL29
=====

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.

CL30
=====

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.

| | |
|---------------------------------|----------------------------|
| ROSTER. PERSON | CL30_01. PHARMACY |
| [First, [Middle], Last Name-35] | [Name of Pharmacy.....-30] |
| [First, [Middle], Last Name-35] | [Name of Pharmacy.....-30] |
| [First, [Middle], Last Name-35] | [Name of Pharmacy.....-30] |

[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
-----

```

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.

CL31
=====

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.

CL32
====

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.'

CL32OV1
=====

ENTER PROBLEM:

[Enter Problem-45] {CL33}

CL32OV2
=====

ENTER OTHER:

[Enter Other Specify-45] {END_LP08}

CL33
====

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

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

ENTER PHARMACY PERMISSION FORM NUMBER:

[Enter Number-8] {END_LP08}

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

EDIT: NUMBER ENTERED MUST BE 8 CHARACTERS LONG

AND MUST BEGIN AND END WITH AN ALPHA CHARACTER.
THE FIRST ALPHA MUST BE R-S, Z, OR Y. THE LAST
ALPHA MUST BE G-L. THE FIRST NUMERIC DIGIT
(SECOND CHARACTER OF ENTRY) MUST BE 7, 8, OR 9.

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]

CL340V
=====

ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45]

END_LP08
=====

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END
LOOP_08 AND GO TO CL41

Subsection 5: Self-Administered Questionnaire (Not collected for Panel 3)

BOX_15
=====

GO TO CL41

CL35
=====

OMITTED

LOOP_09
=====

OMITTED

CL36
=====

OMITTED

CL36OV
=====

OMITTED

CL37
=====

OMITTED

CL37OV
=====

OMITTED

END_LP09
=====

OMITTED

BOX_16
=====

OMITTED

CL38
=====

OMITTED

LOOP_10
=====

OMITTED

CL39
=====

OMITTED

CL39OV
=====

OMITTED

CL40
=====

OMITTED

CL40OV
=====

OMITTED

END_LP10
=====

OMITTED

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
=====

ENTER OTHER:

[Enter Other Specify]

BOX_17
=====

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

OTHERWISE, CONTINUE WITH CL43

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.

CL44
=====

[What is that telephone number?]

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

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS

ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [2ND_TELEPHONE]

[Enter Area Code,Exchange,Local]

| EDIT: DISALLOW LEADING ZEROS AS AN ENTRY. |

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

| EDIT: IF CURRENT SECOND PHONE AVAILABLE, AT LEAST |
| ONE FIELD MUST BE 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}
OTHER91
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.'

CL47
=====

[What is that address?]

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

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

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

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

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

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

FLAG MAILING ADDRESS INFORMATION FOR THE RU WITH
THE ADDRESS ENTERED OR CORRECTED AT CL47 FOR THE
CURRENT ROUND.

BOX_17A
=====

IF NOT ROUND 5, CONTINUE WITH CL48

| OTHERWISE (I.E., IF ROUND 5), GO TO CL62 |

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.'

CL49
=====

[What is the address and phone number of that home?]

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

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

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

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

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

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

FLAG SECOND HOME ADDRESS FOR THE RU WITH THE
ADDRESS AND PHONE ENTERED OR CORRECTED AT CL49
FOR THE CURRENT ROUND.

CL50
=====

**ITEM: LOCATING CONTACT - RELATIVE OR FRIEND WHO DOES NOT LIVE
HERE WHO WILL ALWAYS KNOW HOW TO GET IN TOUCH WITH FAMILY.**

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

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

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

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

CL51
=====

[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.

CL52
=====

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.

CL53
=====

**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).

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

FLAG ALTERNATE RESPONDENT RELATIONSHIP FOR THE RU
WITH THE RELATIONSHIP ENTERED OR CORRECTED AT CL56
FOR THE CURRENT ROUND.

CL57
====

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

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

CL58
====

Who is that?

PROBE: Anyone else?

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

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

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

LOOP_11
=====

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

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

CL59
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

1ST_STR_ADDRESS (CL59_01): [_____
2ND_STR_ADDRESS (CL59_02): [_____
CITY (CL59_03): [_____
STATE (CL59_04): [_____]

ZIP CODE (CL59_05): [_____]
TELEPHONE (CL59_06): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| REFUSED AND DON'T KNOW ALLOWED FOR EACH FIELD. |

| FLAG PERSON AS 'PROCESSED FUTURE MOVER'. |

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

| OTHERWISE, CONTINUE WITH CL60 |

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 |

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_11 AND CONTINUE WITH BOX_18

BOX_18
=====

IF CURRENT RESPONDENT IS A PROXY, CONTINUE WITH
BOX_18A

OTHERWISE, GO TO CL62

BOX_18A
=====

IF NOT ROUND 5, CONTINUE WITH CL61A

OTHERWISE (I.E., IF ROUND 5), GO TO CL62

CL61A
=====

**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.'

CL61B
=====

[What is your address and phone number?]

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

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

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

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

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

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

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

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.  
-----
```

CL64
=====

INTERVIEWER: CODE ALL OTHER PERSONS PRESENT DURING INTERVIEW.

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

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

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

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

CL65
=====

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.

CL66
=====

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 'the summer of 1998' IF ROUND 1. DISPLAY
'early 1999' IF ROUND 2. DISPLAY 'the summer of
1999' IF ROUND 3. DISPLAY 'early 2000' IF ROUND 4.

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

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

| OTHERWISE, GO TO BOX_20

CL68
=====

WHICH OTHER MEMORY AIDS?

 Yes No

CL68_01
=====

DOCTOR'S CARD OR
APPOINTMENT SLIP 1 2

CL68_02
=====

INSURANCE POLICY 1 2

CL68_03
=====

INSURANCE CARDS 1 2

CL68_04
=====

TELEPHONE BOOK 1 2

CL68_05
=====

OTHER 1 2

| IF CL68_01 THROUGH CL68_05 ARE ALL CODED `2' (NO),
| CAPI DISPLAYS THE FOLLOWING MESSAGE: `AT LEAST
| ONE FIELD SHOULD BE CODED 1.' THE INTERVIEWER
| MUST RE-ENTER RESPONSES TO CL68_01 THROUGH
| CL68_05.

| IF CL68_05 IS CODED '1' (YES), CONTINUE WITH
| CL68OV

| OTHERWISE, GO TO BOX_20 |

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

| ROSTER. CONDITION | CN02_02. ACCIDENT/ INJURY? | CN02_03. ON LIST? |
|----------------------------------|-------------------------------|----------------------|
| {PERSON'S CN MEDICAL CONDITION.} | () | () |
| {PERSON'S CN MEDICAL CONDITION.} | () | () |
| {PERSON'S CN MEDICAL CONDITION.} | () | () |
| {PERSON'S CN MEDICAL CONDITION.} | () | () |

PRESS F1 FOR DEFINITION OF ACCIDENT/INJURY AND LIST OF PRIORITY CONDITIONS.

```

-----
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL MEDICAL |
|-----|
  
```

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
- -----

BOX_04
=====

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}
{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.

CN04
=====

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

Was the last time (PERSON) saw or talked with a doctor or medical person about the (CONDITION) before or after (START DATE)?

BEFORE START DATE 1
AFTER START DATE 2
REF -7
DK -8

[Code One]

IF CONDITION FLAGGED AS BOTH 'DUE TO ACCIDENT/INJURY' AND 'ON PRIORITY LIST', GO TO CN06

IF CONDITION FLAGGED ONLY AS 'DUE TO ACCIDENT/INJURY', GO TO CN06

IF CONDITION FLAGGED ONLY AS 'ON PRIORITY LIST', CONTINUE WITH CN05

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.

CN05
=====

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

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.

| CN05_01. PROVIDER | ROSTER. EVENT DATE | CN05_03. EVENT TYPE |
|------------------------|-------------------------------|----------------------|
| 1. Medical Provider-35 | [Display Month Day Year-4] | [Display Event Code] |
| 2. Medical Provider-35 | [Display Month Day Year-4] | [Display Event Code] |
| 3. Medical Provider-35 | [Display Month Day Year-4] | [Display Event Code] |

[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
AND
- 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

CN05OV1
=====

ENTER MONTH AND DAY:

```

[Enter Month-2, Day-2] ..... {BOX_06}
REF ..... -7 {BOX_06}
DK ..... -8 {BOX_06}

```

CN05OV2
=====

ENTER MONTH:

```

[Enter Month-2] ..... {BOX_06}
REF ..... -7 {BOX_06}
DK ..... -8 {BOX_06}

```

EDIT/RANGE CHECK:

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

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

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

CN06
=====

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

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.

| CN06_01. PROVIDER | ROSTER. EVENT DATE | CN06_03. EVENT TYPE |
|------------------------|----------------------------|----------------------|
| 1. Medical Provider-35 | [Display Month Day Year-4] | [Display Event Code] |
| 2. Medical Provider-35 | [Display Month Day Year-4] | [Display Event Code] |
| 3. Medical Provider-35 | [Display Month Day Year-4] | [Display Event Code] |

```

[Enter Year-4] .....
REF ..... -7 {BOX_05}
DK ..... -8 {BOX_05}

```

ROSTER DEFINITION: THIS ITEM DISPLAYS EVENTS ON THE PERSON'S-MEDICAL-EVENTS-ROSTER THAT MEET THE FOLLOWING CONDITIONS:

- EVENT IS LINKED TO THE CONDITION BEING ASKED

ABOUT
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]

CN10
=====

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

SHOW CARD CN-1.

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

CODE ALL THAT APPLY.

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

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

BOX_06
=====

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

 | IF CONDITION FLAGGED ONLY AS 'DUE TO ACCIDENT/
 | INJURY' AND CN03 IS CODED '2' (NO-PERSON HAS NEVER
 | SEEN A DOCTOR OR OTHER MEDICAL PERSON ABOUT THE
 | CONDITION), '-7' (REFUSED), OR '-8' (DON'T KNOW)
 | GO TO CN12
 |-----

 | IF CONDITION FLAGGED ONLY AS 'ON PRIORITY LIST'
 | AND CN03 IS CODED '2' (NO-PERSON HAS NEVER SEEN A
 | DOCTOR OR OTHER MEDICAL PERSON ABOUT THE
 | CONDITION), '-7' (REFUSED), OR '-8' (DON'T KNOW)
 | GO TO CN13
 |-----

 | OTHERWISE, CONTINUE WITH CN11
 |-----

CN11
=====

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

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

- YES 1 {CN13}
- NO 2

REF -7
DK -8

PRESS F1 FOR DEFINITION OF STILL BEING TREATED.

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

```

CN13OV
=====

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

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 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.

CN190V
=====

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]

[3. Medical Condition]

| | | |
|-----------------------------|----|----------|
| YES | 1 | |
| NO | 2 | {BOX_12} |
| NEVER IN ARMED FORCES | 3 | {BOX_12} |
| REF | -7 | {BOX_12} |
| DK | -8 | {BOX_12} |

[Code One]

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

CN21
====

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

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.

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

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

ROSTER BEHAVIOR SPECIFICATIONS:

1. AT LEAST ONE CONDITION SHOULD BE SELECTED.
 2. CONDITIONS MAY NOT BE ADDED OR DELETED.
 3. SELECTION OF CONDITIONS AT THIS QUESTION SHOULD NOT FLAG THE CONDITION AS 'SELECTED' OR 'CREATED' FOR THIS ROUND.
-

BOX_12
=====

 | GO TO NEXT QUESTIONNAIRE SECTION |



Charge Payment (CP) Section

BOX_00
=====

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

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

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

OTHERWISE, CONTINUE WITH BOX_01

BOX_01
=====

IF EVENT TYPE IS PM, CONTINUE WITH BOX_02

OTHERWISE, GO TO BOX_03

BOX_02
=====

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

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

OTHERWISE, CONTINUE WITH CP01

CP01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

| | | |
|--|---|----------|
| FAMILY SENDS IN CLAIM FORMS | 1 | {CP03} |
| PHARMACY AUTOMATICALLY FILES CLAIM | 2 | {BOX_26} |
| NOT EITHER TYPE OF SITUATION | 3 | {BOX 26} |

REF -7 {CP03}
DK -8 {CP03}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

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

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

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}
REF -7 {CP03}
DK -8 {CP03}

[Code One]

PRESS F1 FOR DEFINITION OF COPAYMENT.

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

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

CP020V

=====

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
=====

{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..}}

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

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

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

[Code One]

CP04
====

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

Is this the type of situation where (PERSON) (or someone in the family) only paid the {\$ AMT COPAY} copayment for {this visit/these services} and (PERSON) (do/does) not know the total charge?

YES 1
NO 2
REF -7
DK -8

[Code One]

PRESS F1 FOR DEFINITION OF COPAYMENT AND TOTAL CHARGE.

IF CODED '1' (YES), COPY ALL PREVIOUS COPAYMENT CHARGE PAYMENT DATA FOR THE PERSON-PROVIDER PAIR TO THIS EVENT-PROVIDER-PAIR. THEN GO TO CP37

IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), IGNORE 'COPAYMENT SITUATION' FLAG FOR THIS PERSON-PROVIDER PAIR FOR THIS EVENT (THAT IS, COLLECT CHARGE/PAYMENT INFORMATION FOR THIS EVENT-PROVIDER PAIR) AND CONTINUE WITH CP05

CP05
====

{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..}}

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

PROBE: Include anything in writing received by family members living with (PERSON) as well as those living somewhere else.

YES, AND DOCUMENTATION AVAILABLE 1 {CP08}
 YES, BUT DOCUMENTATION NOT AVAILABLE ... 2 {CP08}
 NO 3
 NO, FREE SAMPLE 4 {CP37}
 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

OTHERWISE, GO TO CP10

CP08
=====

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

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

{CODE '95' IF THIS IS A FLAT FEE SITUATION.}

YES 1 {CP09}
NO 2
INCLUDED WITH OTHER CHARGES 95
REF -7
DK -8

PRESS F1 FOR DEFINITIONS OF TOTAL CHARGE AND FLAT FEE.

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

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

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

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

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

IF:

```

CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T
KNOW)
AND
EVENT TYPE IS ER, OP, MV, DN, OR EVENT-PROVIDER
PAIR IS FLAGGED AS 'SEPARATELY BILLING',
GO TO CP10

```

CP09
====

```

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

```

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

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

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

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

```

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

```

[Code One]

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

```

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

```

```

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

```

```

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

```

```

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

```

```

-----
IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND
THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT
-----

```


STEM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A REPEAT VISIT GROUP. PRESS ENTER TO CONTINUE.'

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

CP090V
=====

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 CP090V 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 CPO9A

OTHERWISE, GO TO CP11

CP09A
=====

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

Let me be sure I recorded this correctly. The total charge for
the services received at home from (PROVIDER) **during (MONTH)**
for (PERSON) was {\$ AMOUNT}.

Is that correct?

YES 1 {CP11}

NO 2
REF -7 {CP11}
DK -8 {CP11}

IF CODED '2' (NO), DISPLAY THE FOLLOWING MESSAGE:
'USE CTRL/B TO CORRECT TOTAL CHARGE FOR THIS
MONTH. PRESS ENTER TO CONTINUE.'

CP10
=====

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

Is this a situation in which (PERSON) (are/is) required to pay
a certain set amount each time {(PERSON) (visit/visits)
(PROVIDER) regardless of what happens during the
visit/(PERSON) (receive/receives) services of this
type}?

PROBE: For example, is this the type of situation in which
(PERSON) always (make/makes) the same set dollar amount copayment?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF SET AMOUNT AND COPAYMENT.

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  |
|-----|

```

CP110V2
=====

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:  |
|  CP110V1 OR CP110V2 IS CODED '-7' (REFUSED) OR '-8'  |
|  (DON'T KNOW)  |
|  AND  |
|  CP08 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'  |
|  (DON'T KNOW)  |
|  AND  |
|  CP10 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'  |
|  (DON'T KNOW),  |
|  DISPLAY THE FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT  |
|  RESOLUTION WILL BE NEEDED FOR THIS CASE. PRESS  |
|  ENTER TO CONTINUE.' THEN GO TO CP37  |
|-----|
|  OTHERWISE, CONTINUE WITH LOOP_01  |
|-----|

```

LOOP_01
=====

```

-----
FOR EACH OF THE FOLLOWING:

SOURCE OF DIRECT PAYMENT 1
SOURCE OF DIRECT PAYMENT 2
SOURCE OF DIRECT PAYMENT 3
SOURCE OF DIRECT PAYMENT 4

ASK BOX_LP01-END_LP01
-----

```

```

-----
LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ON
SOURCES OF DIRECT PAYMENTS AND ASSOCIATED PAYMENT
AMOUNTS, OTHER THAN PERSON/FAMILY. THE RESPONSE TO
CP130V DETERMINES WHETHER THE LOOP CYCLES AGAIN.
SUBSEQUENT CYCLES, IF ANY, COLLECT ADDITIONAL
SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS.
IF CP130V IS CODED '1' (YES), THE LOOP CYCLES
AGAIN. IF CP130V 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 CP110V1 OR CP110V2
-----

```

```

-----
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}

```

{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP...}/FLAT FEE
GROUP: {NAME OF FLAT FEE EVENT GROUP..}}

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

Who else paid? PROBE: Anyone else?

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

- [1. Name of Source of Direct Payment-35]
- [2. Name of Source of Direct Payment-35]
- [3. Name of Source of Direct Payment-35]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES
ON THE RU-SOURCES-OF-PAYMENT-ROSTER.

WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-
PAYMENTS-ROSTER.

SOURCE ROSTER BEHAVIOR SPECIFICATIONS:

- 1. INTERVIEWER MAY SELECT A SOURCE(S) ALREADY LISTED ON THE ROSTER.
 - 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF SOURCES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF SOURCES).
 - 3. INTERVIEWER SHOULD BE ABLE TO DELETE A SOURCE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A SOURCE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN SOURCE IS FIRST ENTERED.'
-

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: {\$XXXXXXXXXX}

| ROSTER. SOURCE OF PAYMENT | CP13_02. DOLLAR AMOUNT PAID | CP13_03. PERCENT AMOUNT PAID |
|-----------------------------|--------------------------------|---------------------------------|
| PERSON/Family | [Display \$ Amount] | [Display % Amount] |
| [Display Source of Payment] | [Enter \$ Amount] | [Enter % 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 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.
5. WHEN CURSOR LEAVES THE CELL AND A DOLLAR OR
PERCENTAGE AMOUNT HAS BEEN ENTERED AND THERE
IS A TOTAL CHARGE, THE RECIPROCAL AMOUNT WILL
BE DISPLAYED. FOR EXAMPLE, IF THE
INTERVIEWER ENTERS A PERCENTAGE, THE DOLLAR
AMOUNT WILL BE CALCULATED USING THE TOTAL
CHARGE. THIS DOLLAR AMOUNT WOULD THEN BE
DISPLAYED IN THE DOLLAR AMOUNT PAID COLUMN
(NEXT TO THE PERCENT AMOUNT PAID COLUMN).
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.
8. THE CURSOR SHOULD FIRST APPEAR IN THE DOLLAR
AMOUNT PAID COLUMN FOR THE FIRST SOURCE ADDED/
SELECTED AT THE PREVIOUS SCREEN (NOT IN THE
PERSON/FAMILY COLUMN).

CP130V
=====

DID ANY OTHER SOURCES MAKE ANY PAYMENTS DIRECTLY TO THE
PROVIDER?

YES 1
NO 2

PRESS F1 FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.

END_LP01
=====

IF CP130V IS CODED '1' (YES), CYCLE TO COLLECT
NEXT SOURCE OF PAYMENT.

IF CP130V 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
CP150V DETERMINES WHETHER THE LOOP CYCLES AGAIN.
SUBSEQUENT CYCLES, IF ANY, COLLECT ADDITIONAL
SOURCES OF REIMBURSEMENT AND ASSOCIATED AMOUNTS.
IF CP150V IS CODED '1' (YES), THE LOOP CYCLES
AGAIN. IF CP150V 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

NO 2 {END_LP02}
 REF -7 {END_LP02}
 DK -8 {END_LP02}

PRESS F1 FOR DEFINITION OF SOURCE AND REIMBURSEMENT.

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. |

 | WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF- |
 | PAYMENTS-ROSTER. |

 | NOTE: SOURCES OF PAYMENTS AND SOURCES OF |
 | REIMBURSEMENTS ARE SELECTED FROM THE SAME RU LEVEL |
 | ROSTER OF SOURCES AND ROSTER BEHAVIOR IS THE SAME. |

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: {\$XXXXXXXX} TOTAL CHARGE: {\$XXXXXXXX}

| ROSTER. SOURCE OF REIMBURSEMENT | CP15_02. DOLLAR AMOUNT REIMBURSED | CP15_03. PERCENT AMOUNT REIMBURSED |
|-----------------------------------|-----------------------------------|------------------------------------|
| [Display Source of Reimbursement] | [Enter \$ Amount] | [Enter % Amount] |
| [Display Source of Reimbursement] | [Enter \$ Amount] | [Enter % Amount] |

 | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES |
 | ON THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER, THAT IS, |
 | ALL SOURCES SELECTED AT CP14A FOR THIS EVENT- |
 | PROVIDER PAIR. |

TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS
'REIMBURSEMENT'.

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.
4. WHEN CURSOR LEAVES THE CELL AND A DOLLAR OR PERCENTAGE AMOUNT HAS BEEN ENTERED AND THERE IS A TOTAL CHARGE, THE RECIPROCAL AMOUNT WILL BE DISPLAYED. FOR EXAMPLE, IF THE INTERVIEWER ENTERS A PERCENTAGE, THE DOLLAR AMOUNT WILL BE CALCULATED USING THE TOTAL CHARGE. THIS DOLLAR AMOUNT WOULD THEN BE DISPLAYED IN THE DOLLAR AMOUNT REIMBURSED COLUMN (NEXT TO PERCENT AMOUNT REIMBURSED).
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.

CP150V
=====

ARE THERE ANY OTHER SOURCES OF REIMBURSEMENT?

YES 1
NO 2

PRESS F1 FOR DEFINITION OF REIMBURSEMENT.

END_LP02
=====

IF CP150V CODED '1' (YES), CYCLE TO COLLECT
NEXT SOURCE OF REIMBURSEMENT

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-----
| IF CP15OV IS NOT ASKED OR IS CODED '2' (NO), |
| END LOOP_02 AND CONTINUE WITH BOX_07 |
-----

```

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...} {OME ITEM GROUP NAME.....}

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

| ROSTER. SOURCE OF PAYMENT | DOLLAR AMOUNT PAID | PERCENT AMOUNT PAID |
|-----------------------------|---------------------|---------------------|
| PERSON/Family | [Display \$ Amount] | [Display % Amount] |
| [Display Source of Payment] | [Display \$ Amount] | [Display % Amount] |
| [Display Source of Payment] | [Display \$ Amount] | [Display % Amount] |

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 {CP17OV2}

[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]
REF -7
DK -8

SOFT RANGE CHECK: 1% - 100%

BOX_11
=====

IF CP14 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'
(DON'T KNOW) AND CP10 IS CODED '1' (YES), GO TO
BOX_09

OTHERWISE, CONTINUE WITH BOX_10

NOTE: THIS BOX SKIPS PEOPLE OVER CP18 (EXPECT
ANY REIMBURSEMENT) FOR INDIVIDUALS WHO HAVE
ALREADY TOLD US THAT THE PAYMENT WAS A COPAYMENT
(CP10 IS CODED '1') AND THEY HAVE NOT BEEN
REIMBURSED FOR ANY AMOUNT PAID (CP14 IS CODED
'2', '-7', OR '-8').

BOX_10
=====

| IF AMOUNT PAID BY PERSON/FAMILY IS > \$0, CONTINUE |
| WITH CP18 |

| OTHERWISE, GO TO BOX_09 |

CP18
=====

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

Do you expect any {other} source to reimburse anyone in the
family for what has been paid?

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

PRESS F1 FOR DEFINITION OF REIMBURSEMENT.

| DISPLAY 'OTHER' IN THE QUESTION TEXT IF CP14 IS |
| CODED '1' (YES). |

CP19
=====

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

How much does anyone in the family expect to be reimbursed?

PROBE: Include amounts to be reimbursed from all sources.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS 1
PERCENT 2 {CP19OV2}

[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]

REF -7
DK -8

| SOFT RANGE CHECK: 1% - 100% |

CP20
=====

{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..}}

From whom do you expect these reimbursements to come?

IF MORE THAN ONE SOURCE OF REIMBURSEMENT, PROBE FOR THE MAIN
SOURCE (I.E., THE SOURCE REIMBURSING THE MOST).

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]

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES
| ON THE RU-SOURCES-OF-PAYMENT-ROSTER EXCLUDING THE
| 'PERSON/FAMILY' RECORD.

| WRITE SOURCES SELECTED TO THE EVENT'S-SOURCES-OF-
| PAYMENTS-ROSTER.

| REFER TO CP12 FOR SOURCE OF PAYMENT ROSTER
| BEHAVIOR SPECIFICATIONS.

BOX_09
=====

| DETERMINE IF THERE IS AN OVERPAYMENT OR
| UNDERPAYMENT: SUBTRACT THE TOTAL PAYMENT FROM
| THE TOTAL CHARGE AT CP09. IF THE ABSOLUTE VALUE
| OF THE REMAINDER IS > 3% OR \$5 (WHICHEVER IS
| HIGHER) OF THE TOTAL CHARGE, CONTINUE WITH BOX_12

| OTHERWISE, DISPLAY THE FOLLOWING MESSAGE: 'NO
| CHARGE-PAYMENT RESOLUTION NEEDED FOR THIS CASE.
| PRESS ENTER TO CONTINUE.' THEN GO TO CP37

BOX_12
=====

| IF CP09 (TOTAL CHARGE) OR 'AMOUNT PAID' BY ANY
| SOURCE OF DIRECT PAYMENT (INCLUDING PERSON/FAMILY,
| BUT EXCLUDING REIMBURSEMENTS) IS CODED '-7'
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY THE
| FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT RESOLUTION
| NEEDED FOR THIS CASE. PRESS ENTER TO CONTINUE.'
| THEN GO TO CP37

| OTHERWISE, CONTINUE WITH BOX_13 |

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 CP22OV1 OR AT CP22OV2
OR IF CP22OV1 OR CP22OV2 ARE CODED '-7'
(REFUSED) OR '-8' (DON'T KNOW), DISPLAY THE
FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT
RESOLUTION NEEDED FOR THIS CASE. PRESS ENTER TO
CONTINUE.' THEN GO TO CP37

LOOP_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
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} {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 CP12A FOR SOURCE OF PAYMENT ROSTER |
 | BEHAVIOR SPECIFICATIONS. |

CP24
 =====

{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..}}

At the moment, it appears that {AMOUNT REMAINING} of the total
 charge for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT
 DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last
 purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the
 services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP
 NAME.....} used by (PERSON) since (START DATE)/services
 received at home from (PROVIDER) during (MONTH) for (PERSON)/
 (PROVIDER)'s services as part of the visit made on (VISIT DATE)}
 is still unpaid. Let me be sure I have entered everything
 correctly.

REVIEW CHARGES AND PAYMENTS WITH RESPONDENT. WORK WITH
 RESPONDENT TO CORRECT ERRONEOUS INFORMATION, IF ANY.

IF TOTAL CHARGE NEEDS CORRECTION, JUMPBACK TO CP09.
 IF TOTAL CHARGE WAS DISCOUNTED, WAIT TO RECORD AT CP27.
 TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

UNDERPAYMENT: {\$XXXXXXXXXX} TOTAL CHARGE: {\$XXXXXXXXXX}

| 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: {\$XXXXXXXXX}

| ROSTER. SOURCE OF PAYMENT | CP26_02. DOLLAR AMOUNT PAID | CP26_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 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.

END_LP04
 =====

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} {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.

| ROSTER. SOURCE OF PAYMENT | DOLLAR AMOUNT PAID | PERCENT AMOUNT PAID |
|-----------------------------|-----------------------|------------------------|
| PERSON/Family | [Display \$ Amount] | [Display % Amount] |
| [Display Source of Payment] | [Display \$ Amount] | [Display % Amount] |
| [Display Source of Payment] | [Display \$ Amount] | [Display % Amount] |

TOTAL CHARGE: {\$XXXXXXXX} DIFFERENCE: {\$XXXXXXXX}

{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]
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

OTHERWISE, GO TO BOX_19

BOX_18
=====

RECALCULATE UNDERPAYMENT TAKING INTO ACCOUNT CP28

(DISCOUNT). IF UNDERPAYMENT IS STILL > 3% OR \$5
(WHICH EVER IS HIGHER) OF TOTAL CHARGE, CONTINUE
WITH CP29 USING THE NEW DIFFERENCE IN THE DISPLAY.

IF UNDERPAYMENT IS NOT > 3% OR \$5 (WHICHEVER IS
HIGHER) OF THE TOTAL CHARGE, GO TO BOX_22

CP29
=====

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

| ROSTER. SOURCE OF PAYMENT | DOLLAR AMOUNT PAID | PERCENT AMOUNT PAID |
|-----------------------------|-----------------------|------------------------|
| PERSON/Family | [Display \$ Amount] | [Display % Amount] |
| [Display Source of Payment] | [Display \$ Amount] | [Display % Amount] |
| [Display Source of Payment] | [Display \$ Amount] | [Display % Amount] |

TOTAL CHARGE: {\$XXXXXXXX} DIFFERENCE: {\$XXXXXXXX}

**Do you know if any portion of the total charge was disallowed
or disapproved by (PERSON)'s insurance, Medicare, or Medicaid?**

YES 1
NO 2 {BOX_19}
REF -7 {BOX_19}
DK -8 {BOX_19}

PRESS F1 FOR DEFINITION OF DISALLOWED/DISAPPROVED.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES
ON THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER THAT ARE
FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED
DIRECT PAYMENT AMOUNTS.

SOURCE OF PAYMENT MATRIX IS READ ONLY.

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}

REF -7 {BOX_19}
 DK -8 {BOX_19}

 | SOFT RANGE CHECK: \$0 - \$10,000 |

CP30OV2
 =====

ENTER PERCENT:

[Enter % Amount]
 REF -7
 DK -8

 | 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..}}

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

| ROSTER. SOURCE OF PAYMENT | DOLLAR AMOUNT PAID | PERCENT AMOUNT PAID |
|-----------------------------|---------------------|---------------------|
| PERSON/Family | [Display \$ Amount] | [Display % Amount] |
| [Display Source of Payment] | [Display \$ Amount] | [Display % Amount] |
| [Display Source of Payment] | [Display \$ Amount] | [Display % Amount] |

TOTAL CHARGE: {\$XXXXXXXX} DIFFERENCE: {\$XXXXXXXX}

Do you expect anyone in the family to pay any {amount/more}?

YES 1
 NO 2 {BOX_22}
 REF -7 {BOX_22}
 DK -8 {BOX_22}

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES
ON THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER THAT ARE
FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED
DIRECT PAYMENT AMOUNTS.

SOURCE OF PAYMENT MATRIX IS READ ONLY.

DISPLAY 'AMOUNT' IF PERSON FAMILY PAYMENT IS
\$0/0%. DISPLAY 'MORE' IF PERSON/FAMILY PAYMENT IS
NOT EQUAL TO \$0/0%

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

====

{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.

| ROSTER. SOURCE OF PAYMENT | DOLLAR AMOUNT PAID | PERCENT AMOUNT PAID |
|-----------------------------|---------------------|---------------------|
| PERSON/Family | [Display \$ Amount] | [Display % Amount] |
| [Display Source of Payment] | [Display \$ Amount] | [Display % Amount] |
| [Display Source of Payment] | [Display \$ Amount] | [Display % Amount] |

TOTAL CHARGE: {\$XXXXXXXXX} DIFFERENCE: {\$XXXXXXXXX}

Is anyone in the family expecting any reimbursement for this overpayment?

- YES 1
- NO 2 {BOX_22}
- REF -7 {BOX_22}
- DK -8 {BOX_22}

PRESS F1 FOR DEFINITION OF REIMBURSEMENT.

 | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES |
 | ON THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER THAT ARE |
 | FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED |
 | DIRECT PAYMENT AMOUNTS. |

 | SOURCE OF PAYMENT MATRIX IS READ ONLY. |

CP34
====

{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 a reimbursement does anyone in the family expect?
IS ANSWER IN DOLLARS OR PERCENT?

- DOLLARS 1
- PERCENT 2 {CP34OV2}

[Code One]

CP34OV1
=====

ENTER DOLLARS:

- [Enter \$ Amount] {BOX_22}
- REF -7 {BOX_22}
- DK -8 {BOX_22}

 | SOFT RANGE CHECK: \$0 - \$10,000 |

CP34OV2
=====

ENTER PERCENT:

[Enter % Amount]
REF -7
DK -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. |

CP37
=====

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

INTERVIEWER: WHAT RECORDS WERE USED IN COMPLETING THE CHARGE/PAYMENT INFORMATION FOR THE VISIT TO (PROVIDER) ON (VISIT DATE)/THE VISITS FOR (FLAT FEE GROUP)/THE LAST PURCHASE OF {NAME OF PRESCRIBED MEDICINE...}/THE {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
=====

{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: 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 CP11OV1,
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. |

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

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 WHEN IT IS NOT ALLOWED |
(I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY |
THE FOLLOWING ERROR MESSAGE: "DELETE ALLOWED |
ONLY WHEN CONDITION IS FIRST ENTERED." |

FLAG ALL CONDITIONS SELECTED OR ADDED AS BEING |
ASSOCIATED WITH MISSED SCHOOL DAYS IN THIS ROUND. |

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. |

BOX_02
=====

CHECK AGE AND WORK STATUS: |
IF LESS THAN 16 YEARS OF AGE OR AGE CATEGORIES |
1-3), GO TO BOX_03 |

IF 16 YEARS OF AGE OR OLDER (OR AGE CATEGORIES |
4-9) AND DD02 IS **NOT** CODED '996' (DOES NOT WORK |
OTHER THAN AROUND THE HOUSE), CONTINUE WITH DD10 |

IF 16 YEARS OF AGE OR OLDER (OR AGE CATEGORIES |
4-9) AND DD02 IS CODED '996' (DOES NOT WORK |
OTHER THAN AROUND THE HOUSE), GO TO BOX_03 |

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.' |

BOX_03

=====

| GO TO NEXT QUESTIONNAIRE SECTION |

Dental Care (DN) Section

DN01
=====

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

Was this visit because of an accident or injury?

- YES 1
- NO 2 {DN03}
- REF -7 {DN03}
- DK -8 {DN03}

PRESS F1 FOR DEFINITION OF ACCIDENT/INJURY.

DN02
=====

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

What kind of dental injury did (PERSON) have?

PROBE: Any other injury?

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

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

- [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).
 |-----

DN03
=====

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

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.

DN04
=====

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

SHOW CARD DN-1.

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}

PROVIDER.....} {EV} {EVN-DT}

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 MISPELLED/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 MISPELLED/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 MISPELLED/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

PROVIDER.....} {EV} {EVN-DT}

INTERVIEWER: RE-TYPE THE ENTIRE EVENT DATE(S) TO CORRECT.

[Enter Month,Day,Year-2] - [Enter Month,Day,Year-2]

| REFUSED AND DON'T KNOW ARE ALLOWED IN THE DAY AND |
| YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD. |

| COLLECT DISCHARGE DATE ONLY IF EVENT TYPE IS HS. |

| WRITE CORRECTION TO PERSON'S-MEDICAL-EVENTS-ROSTER. |

| GO TO END_LP02 |

ED05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV} {EVN-DT}

INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.

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

- [1. First Name,[Middle Name],Last
Name-35]
- [2. First Name,[Middle Name],Last
Name-35]
- [3. First Name,[Middle Name],Last
Name-35]

[Code One]

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

| FLAG EVENT FOR DELETION FROM PERSON'S-MEDICAL- |
| EVENTS-ROSTER FOR PERSON ORIGINALLY 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. |

| GO TO END_LP02 |

ED06
=====

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

INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

GLASSES OR CONTACT LENSES 1
INSULIN 2
OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3

[Code One]

| IF CODED '2' (INSULIN), ADD 'INSULIN' TO
PERSON'S-PRESCRIBED-MEDICINES-ROSTER.

| IF CODED '3' (OTHER DIABETIC EQUIPMENT OR
SUPPLIES), ADD 'OTHER DIABETIC EQUIP/SUPPLIES'
TO PERSON'S-PRESCRIBED-MEDICINES-ROSTER.

| CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH
THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP
SELECTED IN ED06.

| GO TO END_LP02 |

ED06A
=====

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

INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

AMBULANCE SERVICES 1 {BOX_ED06A}
ORTHOPEDIC ITEMS 2 {BOX_ED06A}
HEARING DEVICES 3 {BOX_ED06A}
PROSTHESES 4 {BOX_ED06A}
BATHROOM AIDS 5 {BOX_ED06A}
MEDICAL EQUIPMENT 6 {BOX_ED06A}
DISPOSABLE SUPPLIES 7 {BOX_ED06A}
ALTERATIONS/MODIFICATIONS 8 {BOX_ED06A}
OTHER 91

[Code One]

ED06AOV
=====

ENTER OTHER GROUPING OF OTHER MEDICAL EXPENSES:

[Enter Other Specify]
REF -7
DK -8

BOX_ED06A
=====

| CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH
THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP

| SELECTED IN ED06A OR ENTERED IN ED06AOV. |

| GO TO END_LP02 |

ED07
=====

{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.

CHANGE THE EVENT TYPE ORIGINALLY ASSOCIATED WITH
THE EVENT BEING ASKED ABOUT TO THE EVENT TYPE
SELECTED IN ED07. IF EVENT TYPE WAS HOSPITAL
STAY, THE NEW EVENT DATE WILL BE THE ADMIT DATE
COLLECTED FOR THE HOSPITAL STAY.

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
BEFORE CHANGING THE EVENT TYPE.'

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]

| WRITE CORRECTION TO PERSON'S-MEDICAL-EVENTS-ROSTER. |

| GO TO END_LP02 |

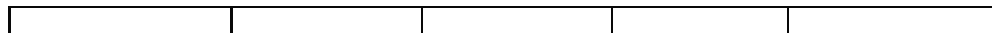
REFUSED AND DON'T KNOW ARE ALLOWED IN THE DAY AND
YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD.

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.



| ED09_01. NAME MEDICAL PROVIDER | ED09_02. EVENT TYPE | ROSTER. DATE-DATE | ED09_04. UTIL | ED09_05. C/P |
|--|-------------------------|----------------------------------|------------------------|------------------------|
| 1. [Display Medical Provider-35] | [Display Event Code] | [Display Month Day Year-4] | [Display Selection] | [Display Selection] |
| 2. [Display Medical Provider-35] | [Display Event Code] | [Display Month Day Year-4] | [Display Selection] | [Display Selection] |
| 3. [Display Medical Provider-35] | [Display Event Code] | [Display Month Day Year-4] | [Display Selection] | [Display Selection] |

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL CURRENT
ROUND EVENTS AND ALL EVENTS HELD OVER FROM THE
PREVIOUS ROUND (I.E., UTILIZATION AND CHARGE/
PAYMENT WERE NOT MARKED AS PROCESSED) ON PERSON'S-
MEDICAL-EVENTS-ROSTER EXCEPT EVENTS WITH EVENT
TYPE 'PM'. THE ROSTER IS DISPLAYED IN THE THIRD
COLUMN OF THE GRID. THE FIRST COLUMN OF THE GRID
WILL DISPLAY THE PROVIDER ASSOCIATED WITH THAT
PARTICULAR ROW ENTRY OF PERSON'S-MEDICAL-EVENTS-
ROSTER. THE SECOND COLUMN OF THE GRID WILL
DISPLAY THE EVENT TYPE ASSOCIATED WITH THAT
PARTICULAR ROW ENTRY OF PERSON'S-MEDICAL-EVENTS-
ROSTER.

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.

END_LP02
=====

| IF ED02 IS CODED '1' (INFORMATION OK), CONTINUE |
| WITH END_LP01 |

| OTHERWISE, CYCLE ON THE SAME EVENT TO COLLECT ANY |
| ADDITIONAL CORRECTION. |

END_LP01
=====

| ASK APPROPRIATE UTILIZATION SECTION FOR THIS EVENT. |
| WHEN UTILIZATION IS COMPLETED FOR THIS EVENT, |
| CYCLE ON NEXT EVENT IN PERSON'S-MEDICAL-EVENTS- |
| ROSTER THAT MEETS THE CONDITIONS STATED IN THE |
| LOOP DEFINITION. |

| IF NO MORE EVENTS MEET THE STATED CONDITIONS, END |
| LOOP_01 AND CONTINUE WITH BOX_05 |

BOX_05
=====

| GO TO THE NEXT QUESTIONNAIRE SECTION |

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
AND
- PERSON IS AN RU MEMBER DURING THE CURRENT ROUND

BOX_01
=====

ASK REVIEW OF EMPLOYMENT (RJ) SECTION

END_LP00
=====

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_00 AND CONTINUE WITH THE HEALTH
INSURANCE (HX) SECTION

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.

| IF CODED '1' (YES), GO TO EM05 |

| IF CODED '2' (NO), '-7' (REF), or '-8' (DK) |
| AND PERSON WAS ASKED EMPLOYMENT SECTION ANY |
| PREVIOUS ROUND, GO TO BOX_19A |

| IF CODED '2' (NO), '-7' (REF), or '-8' (DK) |
| AND PERSON WAS NOT ASKED EMPLOYMENT SECTION |
| ANY PREVIOUS ROUND, GO TO EM65 |

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.

| 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 RU-ESTABLISHMENTS-ROSTER, GO TO |

EM08

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.

| ROSTER. EMPLOYER | EM06_02. STREET | EM06_03. CITY |
|---------------------|------------------------------------|--------------------------|
| 1. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 2. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 3. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |

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}

CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)

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

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

1ST_STR_ADDRESS (EM09_01): [_____
2ND_STR_ADDRESS (EM09_02): [_____
CITY (EM09_03): [_____
STATE (EM09_04): [_____
ZIP CODE (EM09_05): [_____
TELEPHONE (EM09_06): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU- |
| ESTABLISHMENTS-ROSTER. |

BOX_02
=====

| FLAG JOB SUBTYPE AS 'CURRENT MAIN'. |

| FLAG JOB AS 'NOT RETIRED FROM'. |

EM10
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {STR-DT}
{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}
{END-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.

| ROSTER. EMPLOYER | EM12_02. STREET | EM12_03. CITY |
|---------------------|------------------------------------|--------------------------|
| 1. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 2. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 3. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |

| 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}
{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_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

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.

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.

| ROSTER. EMPLOYER | EM19_02. STREET | EM19_03. CITY |
|---------------------|------------------------------------|--------------------------|
| 1. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 2. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 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:
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

====

{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_06}
ADD NEW ADDRESS FOR EMPLOYER 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION 3 {EM24}
SELECTED WRONG EMPLOYER/ADDRESS 4
REF -7 {BOX_06}
DK -8 {BOX_06}

[Code One]

IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND EM17 IS CODED '1' (YES), GO TO EM22

IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND EM17 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO EM23

IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), CAPI REDISPLAYS EM19 SO THAT THE INTERVIEWER CAN SELECT ANOTHER EMPLOYER.

EM21
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {STR-DT} {END-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.} {ESTABLISHMENT CITY....., ST}

- PARTIAL ADDRESS CORRECT 1 {BOX_06}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM23}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS 4
REF -7 {BOX_06}
DK -8 {BOX_06}

[Code One]

IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), CAPI REDISPLAYS EM19 SO THAT THE INTERVIEWER CAN SELECT ANOTHER EMPLOYER.

EM21A
====

{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 (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}
{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}
{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): [_____]

CITY (EM23_03): [_____]
STATE (EM23_04): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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
=====

{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 (EM24_01): [_____]
2ND_STR_ADDRESS (EM24_02): [_____]
CITY (EM24_03): [_____]
STATE (EM24_04): [_____]
ZIP CODE (EM24_05): [_____]
TELEPHONE (EM24_06): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE
RU-ESTABLISHMENTS-ROSTER.

BOX_06
=====

FLAG JOB SUBTYPE AS 'CURRENT MISCELLANEOUS JOB
WITHIN REFERENCE PERIOD'.

FLAG JOB AS 'NOT RETIRED FROM'.

EM25
=====

{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 EM25OV1 |

| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM25OV2 |

| OTHERWISE, GO TO BOX_07 |

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.

| ROSTER. EMPLOYER | EM28_02. STREET | EM28_03. CITY |
|---------------------|------------------------------------|--------------------------|
| 1. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 2. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 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:
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

EM29
====

{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_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]

[1ST_STR_ADDRESS]
[CITY]
[STATE]

1ST_STR_ADDRESS (EM30A_01): [_____
CITY (EM30A_02): [_____
STATE (EM30A_03): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| WRITE ADDRESS CORRECTIONS TO THE |
| RU-ESTABLISHMENTS-ROSTER. |

| GO TO BOX_08 |

EM31
=====

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

What is the {new} address {where (PERSON) worked for that job/
of (PERSON)'s business}?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF
ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION
WHERE PERSON WORKED.

ESTABLISHMENT (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 |

EM32
=====

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

What is the {new} address {where (PERSON) worked for that job/
of (PERSON)'s business}?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF
ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE
PERSON WORKED.

ESTABLISHMENT (EM32_01): [_____
1ST_STR_ADDRESS (EM32_02): [_____
CITY (EM32_03): [_____
STATE (EM32_04): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

IF EM29 WAS CODED '2' (ADD NEW ADDRESS FOR
EMPLOYER) OR IF EM30 WAS CODED '2' (ADD NEW
PARTIAL ADDRESS FOR EMPLOYER), THE EMPLOYER IS
DISPLAYED IN THE ESTABLISHMENT FIELD. ALSO,
EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER.

WRITE ESTABLISHMENT TO THE
RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT
AS 'EMPLOYER'.

GO TO BOX_08

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

```

| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM34OV1 |
-----
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM34OV2 |
-----
| OTHERWISE, GO TO EM35 |
-----

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EM34OV1
=====

```

[Enter Month-2, Day-2] ..... {EM35}
REF ..... -7 {EM35}
DK ..... -8 {EM35}

```

EM34OV2
=====

```

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

```

```

-----
EDIT/RANGE CHECK:

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

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

```

```

-----
EDIT: JOB START DATE MUST BE = OR > THAN THE
PERSON'S DATE OF BIRTH + 12 YEARS AND < OR = THE
REFERENCE PERIOD END DATE FOR THIS PERSON. IF A
DATE OF BIRTH IS NOT AVAILABLE, THAN JOB START
DATE MUST BE < OR = THE REFERENCE PERIOD END DATE
FOR THIS PERSON.
-----

```

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] .....
REF ..... -7 {EM36}
DK ..... -8 {EM36}

```

```

-----
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM35OV1 |
-----
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM35OV2 |
-----

```

OTHERWISE, GO TO BOX_09

EM35OV1
=====

[Enter Month, Day-2] {BOX_09}
REF -7 {BOX_09}
DK -8 {BOX_09}

EM35OV2
=====

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

EDIT: COMPLETE DATE AT EM35 MUST BE = OR >
COMPLETE DATE AT EM34

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND
TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
- ALLOWABLE VALUES = 01 - 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
=====

{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 {BOX_10}
REF -7 {BOX_10}
DK -8 {BOX_10}

[Code One]

EM37
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {STR-DT}
{END-DT}

INTERVIEWER: RESPONDENT REPORTED IN EM02 THAT (PERSON) HAD A JOB/BUSINESS SINCE (START DATE), BUT IS NOW REPORTING THAT THE JOB ENDED BEFORE (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS BEFORE THE BEGINNING OF THE REFERENCE PERIOD, JUMPBACK (CTRL/J) TO SCREEN EM02 AND CODE AS '2' (NO).

IF DATE STOPPED WORKING IS AFTER THE REFERENCE PERIOD START DATE, JUMPBACK (CTRL/J) TO SCREEN EM35 AND RE-ENTER THE CORRECT JOB END DATE.

BOX_10
=====

| 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 |

EM38
=====

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

{Other than {EMPLOYER FROM EM19/EM22/EM23..}, did/Did} (PERSON) have a job between (START DATE) and the time the job with {EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31/EM32} started [other than what we have already discussed]?

DO NOT INCLUDE CURRENT JOBS.

YES 1
NO 2 {EM51}
REF -7 {EM51}
DK -8 {EM51}

| NOTE: IN ROUNDS 1 AND 2 THE PHRASE, "[other than |
| what we have already discussed]" WAS NOT PART OF THE |
| QUESTION TEXT. |

EM39
=====

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

Please think about the employer or business where (PERSON) worked before {EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31/EM32}.

IF PERSON HAD MORE THAN ONE EMPLOYER, PROBE: Please think about (PERSON)'s main job at the time.

At any time {since (START DATE)/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'. |

EM40
=====

{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'. |

EM41
=====

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

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.

| ROSTER. EMPLOYER | EM41_02. STREET | EM41_03. CITY |
|---------------------|------------------------------------|--------------------------|
| 1. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 2. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 3. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |

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

EM42
=====

{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_11}
ADD NEW ADDRESS FOR EMPLOYER 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION 3 {EM46}
SELECTED WRONG EMPLOYER/ADDRESS 4
REF -7 {BOX_11}
DK -8 {BOX_11}

[Code One]

IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND
EM39 IS CODED '1' (YES), GO TO EM44

IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND
EM39 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'
(DON'T KNOW), GO TO EM45

IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS),
CAPI REDISPLAYS EM41 SO THAT THE INTERVIEWER CAN
SELECT ANOTHER EMPLOYER.

EM43
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {STR-DT}
{END-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT CITY....., ST}

PARTIAL ADDRESS CORRECT 1 {BOX_11}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM45}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS 4
REF -7 {BOX_11}
DK -8 {BOX_11}

[Code One]

IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS),
CAPI REDISPLAYS EM41 SO THAT THE INTERVIEWER CAN
SELECT ANOTHER EMPLOYER.

EM43A
=====

{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 (EM43A_01): [_____]
CITY (EM43A_02): [_____]
STATE (EM43A_03): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| WRITE ADDRESS CORRECTIONS TO THE |
| RU-ESTABLISHMENTS-ROSTER. |

| GO TO BOX_11 |

EM44
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {STR-DT}
{END-DT}

What is the {new} address {where (PERSON) worked for that
job/of (PERSON)'s business}?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF
ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE
PERSON WORKED.

ESTABLISHMENT (EM44_01): [_____]
1ST_STR_ADDRESS (EM44_02): [_____]
2ND_STR_ADDRESS (EM44_03): [_____]
CITY (EM44_04): [_____]
STATE (EM44_05): [_____]
ZIP CODE (EM44_06): [_____]
TELEPHONE (EM44_07): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| 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
=====

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

What is the {new} address {where (PERSON) worked for that job/
of (PERSON)'s business}?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF
ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE
PERSON WORKED.

ESTABLISHMENT (EM45_01): [_____]
1ST_STR_ADDRESS (EM45_02): [_____]
CITY (EM45_03): [_____]
STATE (EM45_04): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

IF EM42 IS CODED '2' (ADD NEW ADDRESS FOR
EMPLOYER) OR IF EM43 IS CODED '2' (ADD NEW PARTIAL
ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN
ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED
IN THE CONTEXT HEADER.

WRITE ESTABLISHMENT TO THE
RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT
AS 'EMPLOYER'.

GO TO BOX_11

EM46
=====

{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 (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

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-----
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM47OV1 |
-----
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM47OV2 |
-----
| OTHERWISE, GO TO EM48 |
-----

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EM47OV1
=====

```

[Enter Month-2, Day-2] ..... {EM48}
REF ..... -7 {EM48}
DK ..... -8 {EM48}

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EM47OV2
=====

```

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

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-----
| 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
=====

{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 {EM51}
REF -7 {EM51}
DK -8 {EM51}

[Code One]

EM50
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {STR-DT}
{END-DT}

INTERVIEWER: RESPONDENT REPORTED IN EM38 THAT (PERSON) HAD A JOB/BUSINESS BETWEEN (START DATE) AND ANOTHER EMPLOYER, BUT IS NOW REPORTING THAT THIS JOB ENDED BEFORE (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS BEFORE THE BEGINNING OF THE REFERENCE PERIOD, JUMPBACK (CTRL/J) TO SCREEN EM38 AND CODE AS '2' (NO).

IF DATE STOPPED WORKING IS AFTER THE REFERENCE PERIOD START DATE, JUMPBACK (CTRL/J) TO SCREEN EM48 AND RE-ENTER THE CORRECT JOB END DATE.

EM51
====

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

{Since (START DATE), (have/has)/Between (START DATE) and (END DATE), did} (PERSON) {had/have} 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
====

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

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
====

{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'. |

EM54
====

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

What is the name of {the {next most recent} employer where (PERSON)
worked at that job/(PERSON)'s {next most recent} business}?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE
LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO
ENTER A NEW EMPLOYER.

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

| ROSTER. EMPLOYER | EM54_02. STREET | EM54_03. CITY |
|---------------------|---------------------------------------|--------------------------|
| 1. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| | | |

| | | |
|---------------------|------------------------------------|--------------------------|
| 2. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 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}
{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 (EM59_01): [_____
2ND_STR_ADDRESS (EM59_02): [_____
CITY (EM59_03): [_____
STATE (EM59_04): [_____
ZIP CODE (EM59_05): [_____
TELEPHONE (EM59_06): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE
RE-ESTABLISHMENTS-ROSTER.

EM60
=====

{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 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}

EM60OV2
=====

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

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,

- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
 - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
 - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
 - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996 (LEAP YEAR);
 - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED '02' AND YEAR IS NOT 1996 (I.E., NOT LEAP YEAR).

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

EDIT: JOB START DATE MUST BE = OR > THE PERSON'S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

EM61
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {STR-DT}
{END-DT}

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}

| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM61OV1 |

| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM61OV2 |

| OTHERWISE, GO TO BOX_13 |

EM61OV1
=====

[Enter Month-2, Day-2] {BOX_13}
REF -7 {BOX_13}
DK -8 {BOX_13}

EM61OV2
=====

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

EDIT: COMPLETE DATE AT EM61 MUST BE = OR >
COMPLETE DATE AT EM60.

EDIT/RANGE CHECK:

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

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

EDIT: JOB END DATE MUST BE = OR > THE
PERSON'S DATE OF BIRTH + 12 YEARS AND < OR = THE
REFERENCE PERIOD END DATE FOR THIS PERSON. IF A
DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END
DATE MUST BE < OR = THE REFERENCE PERIOD END DATE
FOR THIS PERSON.

IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE
PERIOD START DATE, GO TO EM63

IF JOB END DATE = ON > (I.E., ON OR AFTER) THE
REFERENCE PERIOD START DATE, GO TO BOX_14

IF MONTH OF JOB END DATE IS MISSING (THAT IS,
EM61OV1 OR EM61OV2 IS CODED '-7' (REFUSED) OR '-8'
(DON'T KNOW)) AND IF THE YEAR OF JOB END DATE
(EM61) IS REFERENCE YEAR, CONTINUE WITH EM62

BOX_13
=====

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 {BOX_14}
REF -7 {BOX_14}
DK -8 {BOX_14}

[Code One]

EM63
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED

ABOUT....} {STR-DT}
{END-DT}

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.'

BOX_14
=====

IF EM61 (JOB END DATE) IS CODED '0' (STILL AT JOB), FLAG JOB SUBTYPE AS 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND FLAG JOB AS 'NOT RETIRED FROM'.

IF
A DATE IS ENTERED AT EM61 (JOB END DATE),
OR
EM62 IS CODED '2' (ON OR AFTER START DATE),
'-7' (REFUSED), OR '-8' (DON'T KNOW),
FLAG JOB SUBTYPE AS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'.

EM64
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{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]
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]
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,
EM66OV1 OR EM66OV2 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.

| ROSTER. EMPLOYER | EM71_02. STREET | EM71_03. CITY |
|---------------------|------------------------------------|--------------------------|
| 1. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 2. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 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:
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]

IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS),
CAPI REDISPLAYS EM71 SO THAT THE INTERVIEWER CAN
SELECT ANOTHER EMPLOYER.

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
=====

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

What is the {new} address {where (PERSON) worked for that job/of (PERSON)'s business}?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (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
====

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

What is the {new} address {where (PERSON) worked for that job/ of (PERSON)'s business}?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

ESTABLISHMENT (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

EM76

====

{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 (EM76_01): [_____
2ND_STR_ADDRESS (EM76_02): [_____
CITY (EM76_03): [_____
STATE (EM76_04): [_____
ZIP CODE (EM76_05): [_____
TELEPHONE (EM76_06): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE |
| RU-ESTABLISHMENTS-ROSTER. |

BOX_16
=====

| FLAG JOB SUBTYPE AS 'LAST JOB OUTSIDE REFERENCE |
| PERIOD'. |

BOX_17
=====

| IF PERSON IS < 55 YEARS OLD OR IN AGE CATEGORIES |
| 4-7, GO TO BOX_19A |

| OTHERWISE, CONTINUE WITH EM77 |

EM77
=====

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

{I have recorded that (PERSON) (have/has) retired from (READ JOB(S) BELOW):}

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

{ESTABLISHMENT PERSON RETIRED FROM..}
{ESTABLISHMENT PERSON RETIRED FROM..}
{ESTABLISHMENT PERSON RETIRED FROM..}

{(Have/Has)/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}

DK -8 {BOX_19A}

PRESS F1 FOR DEFINITION OF RETIRED.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL JOBS IN
PERSON'S-JOBS-ROSTER THAT ARE FLAGGED AS 'RETIRED
FROM' DURING ANY ROUND.

EM78
=====

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

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.

BOX_18
=====

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

EM79
=====

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

Were any of the following jobs a job from which (PERSON)
retired? (READ JOBS BELOW):

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

{EMPLOYER BEING ASKED ABOUT....} {JOBSTR} - {JOBEND}
{EMPLOYER BEING ASKED ABOUT....} {JOBSTR} - {JOBEND}
{EMPLOYER BEING ASKED ABOUT....} {JOBSTR} - {JOBEND}

YES 1
NO 2 {LOOP_02}
REF -7 {LOOP_02}
DK -8 {LOOP_02}

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.

EM80
=====

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

Which job did (PERSON) retire from {between (START DATE) and

(END DATE)}?}

PROBE: Any others?

TO TURN CHECK MARK 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 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.

```

-----
| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH |
| INSURANCE'.                                     |
-----

```

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.

```

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

```

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.

| ROSTER. EMPLOYER | EM83_02. STREET | EM83_03. CITY |
|---------------------|------------------------------------|--------------------------|
| 1. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 2. Employer Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 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:
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. |

| GO TO BOX_19 |

EM86
=====

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

What is the {new} address {where (PERSON) worked for that
job/of (PERSON)'s business}?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION
WHERE PERSON WORKED.

ESTABLISHMENT (EM86_01): [_____]
1ST_STR_ADDRESS (EM86_02): [_____]
2ND_STR_ADDRESS (EM86_03): [_____]
CITY (EM86_04): [_____]
STATE (EM86_05): [_____]
ZIP CODE (EM86_06): [_____]
TELEPHONE (EM86_07): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

IF EM84 WAS CODED '2' (ADD NEW ADDRESS FOR
EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT
FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT
HEADER.

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-
ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.

| GO TO BOX_19 |

EM87
=====

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

What is the {new} address {where (PERSON) worked for that job/
of (PERSON)'s business}?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF
ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE
PERSON WORKED.

ESTABLISHMENT (EM87_01): [_____]
1ST_STR_ADDRESS (EM87_02): [_____]
CITY (EM87_03): [_____]
STATE (EM87_04): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

IF EM84 WAS CODED '2' (ADD NEW ADDRESS FOR
EMPLOYER) OR EM85 WAS CODED '2' (ADD NEW PARTIAL
ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN
ESTABLISHMENT. ALSO, EMPLOYER IS DISPLAYED IN
THE CONTEXT HEADER.

WRITE ESTABLISHMENT TO THE
RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT
AS 'EMPLOYER'.

| GO TO BOX_19 |

EM88
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {STR-DT}
{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 |

EM89OV1
=====

[Enter Month-2, Day-2] {END_LP02}
REF -7 {END_LP02}
DK -8 {END_LP02}

EM89OV2
=====

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

EDIT/RANGE CHECK:

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

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

EDIT: JOB END DATE MUST BE = OR > THE
PERSON'S DATE OF BIRTH + 12 YEARS AND < OR = THE
REFERENCE PERIOD END DATE FOR THIS PERSON. IF A
DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END
DATE MUST BE < OR = THE REFERENCE PERIOD END DATE
FOR THIS PERSON.

END_LP02
=====

IF ALL RETIREMENT JOBS ARE NOT YET ACCOUNTED FOR
(THAT IS, IF EM78 > 1, AND THE NUMBER OF CYCLES OF
LOOP < NUMBER OF RETIRED JOBS AT EM78 MINUS THE
NUMBER OF JOBS SELECTED AT EM80), CYCLE TO COLLECT
NEXT JOB RETIRED FROM.

WHEN ALL RETIREMENT JOBS ARE ACCOUNTED FOR
(THAT IS, ALL 'TIMES RETIRED' CODED AT EM78 ARE
ACCOUNTED FOR), OR IF EM78 IS CODED '1', '-7'
(REFUSED), OR '-8' (DON'T KNOW), END LOOP_02 AND
CONTINUE WITH BOX_19A

BOX_19A
=====

IF:
NOT ROUND 1
AND
NO JOB WITH JOB SUBTYPE FLAGGED AS 'CURRENT MAIN'
(AND PERSON IS STILL AT THAT JOB, RJ01=1)
AND
AT LEAST ONE JOB WITH JOB SUBTYPE FLAGGED AS
'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE
PERIOD' THAT HAS NOT ENDED (I.E., RJ01 IS CODED

'1' OR RJ06 IS CODED '1' OR EM61 IS CODED '0')
CONTINUE WITH BOX_19B

OTHERWISE, GO TO BOX_20

BOX_19B
=====

IF ONLY ONE JOB WITH JOB SUBTYPE FLAGGED AS
'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'
CAPI AUTOMATICALLY CODES THAT JOB AT EM89A. THEN
GO TO BOX_20

OTHERWISE, CONTINUE WITH EM89A

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.

BOX_20
=====

CONTINUE WITH EMPLOYMENT B SUBSECTION (EM-B)

Employment (EM) Section Subsection B

BOX_21
=====

IF EM65 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'
(DON'T KNOW) FOR THE CURRENT ROUND, GO TO BOX_36

IF NOT ROUND 1
AND
EM65 WAS CODED '2' (NO), '-7' (REFUSED), OR '-8'
(DON'T KNOW) IN A PREVIOUS ROUND
AND
THERE ARE NO JOBS ON PERSON'S-JOBS-ROSTER, GO TO
BOX_36

OTHERWISE, CONTINUE WITH BOX_22

BOX_22
=====

IF:
JOB CREATED DURING THE CURRENT ROUND,
OR
JOB SUBTYPE SWITCHED FROM 'CURRENT MISCELLANEOUS
JOB WITHIN REFERENCE PERIOD' TO
- 'CURRENT MAIN' OR
- 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE
PERIOD' AND IS FLAGGED AS 'RETIRED FROM'
DURING THE CURRENT ROUND,
OR
JOB SUBTYPE WAS 'FORMER MISCELLANEOUS JOB WITHIN
REFERENCE PERIOD' DURING THE PREVIOUS ROUND AND
IS FLAGGED AS 'RETIRED FROM' DURING THE CURRENT
ROUND,
CONTINUE WITH LOOP_03

OTHERWISE, GO TO BOX_31

LOOP_03
=====

FOR EACH ELEMENT IN PERSON'S-JOBS-ROSTER,
ASK EM90 - END_LP03

LOOP DEFINITION: LOOP_03 COLLECTS DETAILED
INFORMATION ABOUT EACH JOB REPORTED FOR PERSON.
THIS LOOP CYCLES ON JOBS WHICH MEET THE FOLLOWING
CONDITIONS:

- JOB CREATED DURING THE CURRENT ROUND
- JOB SUBTYPE SWITCHED FROM 'CURRENT MISCELLANEOUS
JOB WITHIN REFERENCE PERIOD' TO
- 'CURRENT MAIN' OR
- 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE

```
PERIOD' AND IS FLAGGED AS 'RETIRED FROM'  
DURING THE CURRENT ROUND,  
- JOB SUBTYPE WAS 'FORMER MISCELLANEOUS JOB WITHIN  
REFERENCE PERIOD' DURING THE PREVIOUS ROUND AND  
IS FLAGGED AS 'RETIRED FROM' DURING THE CURRENT  
ROUND
```

EM90
=====

```
{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED  
ABOUT....} {JOB-ST}  
{JOB-ED}
```

I'd like to talk about (PERSON)'s {job at (EMPLOYER)/
business, that is (EMPLOYER)}.

PRESS ENTER TO CONTINUE.

```
-----  
DISPLAY 'JOB AT (EMPLOYER)' IF JOB IS NOT FLAGGED  
AS SELF-EMPLOYED. DISPLAY 'BUSINESS, THAT IS  
(EMPLOYER)' IF JOB IS FLAGGED AS SELF-EMPLOYED.  
-----
```

BOX_23
=====

```
-----  
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'),  
-----
```

| GO TO EM94 |

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
REF -7 {EM98}
DK -8

PRESS F1 FOR DEFINITION OF INCORPORATED.

EM95
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

{Is/Was} this business a sole proprietorship or a partnership?

SOLE PROPRIETORSHIP 1 {EM98}
PARTNERSHIP 2 {EM98}
REF -7 {EM98}
DK -8 {EM98}

[Code One]

PRESS F1 FOR DEFINITION OF SOLE PROPRIETORSHIP/PARTNERSHIP.

EM96
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

{(Are/Is)/(Were/Was)} (PERSON) an employee of:

A private company, individual or
organization, 1 {EM98}
The Federal government, 2
State government, 3 {EM99}
Local government, 4 {EM99}
The Armed Forces, or 5 {EM99}
Foreign (non U.S.) government 6 {EM98}
REF -7 {EM98}
DK -8 {EM98}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EM97
=====

{PERSON'S FIRST MIDDLE LAST NAME} {EMPLOYER BEING ASKED
ABOUT...} {JOB-ST}
{JOB-ED}

{(Do/Does)/Did} (PERSON) work for the United States
Postal Service?

YES 1 {EM99}
NO 2 {EM99}
REF -7 {EM99}
DK -8 {EM99}

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] .....
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
```


EM103
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

(Do/Does) (PERSON) expect to be recalled or return to
(EMPLOYER) within the next 30 days?

YES 1
NO 2
REF -7
DK -8

EM104
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

For the next questions, please remember that we are talking
about the period between {START DATE OF REFERENCE PERIOD} and
{END DATE OF REFERENCE PERIOD}.

Often the actual number of hours people work is different from
the number of hours on which their salaries are based.
How many hours per week {(do/does)/did} (PERSON) usually work at
(EMPLOYER)? Include all the hours (PERSON) usually
{spends/spent} working on this job, except for any unpaid
travel to and from the job.

[Enter Hours Per Week] {EM105A}
REF -7
DK -8

PRESS F1 FOR DEFINITION OF ACTUAL HOURS WORKED PER WEEK.

| NOTE: ALLOW ONLY WHOLE HOURS, NO FRACTIONS. |

EM105
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

{(Do/Does)/Did} (PERSON) work at least 35 hours a week at this
job?

YES 1
NO 2
REF -7
DK -8

EM105A
=====

{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

| ALLOW CODE '95' (HOURS VARY) AS ENTRY IN FIRST |
| FIELD ONLY. |

| IF CODED '95' IN FIRST FIELD, GO TO EM105B |

| OTHERWISE, ALLOW CODING OF REMAINING FIELDS. |

EM105AOV
=====

END WORK TIME:

[Enter HH:MM-AM/PM]
REF -7
DK -8

PRESS F1 FOR DEFINITION OF MOST DAYS.

EM105B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT...} {JOB-ST}
{JOB-ED}

{(Do/Does)/Did} (PERSON) usually work on a rotating shift at
(EMPLOYER); that is, a shift that {changes/changed}
periodically from days to evenings or nights?

PROBE: Please do not include flextime hours within a day,
evening, or night schedule.

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF ROTATING SHIFT.

BOX_26
=====

| IF JOB IS FLAGGED AS 'SELF-EMPLOYED', GO TO BOX_28 |

| OTHERWISE, CONTINUE WITH BOX_26A |

BOX_26A
=====

| ASK THE EMPLOYMENT WAGE (EW) SECTION |
| AT COMPLETION OF EMPLOYMENT WAGE (EW) SECTION, |
| CONTINUE WITH BOX_26B |

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

OTHERWISE, GO TO EM107

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
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}

{JOB-ED}

Not including Social Security or Railroad Retirement,
{(are/is)/(were/was)} (PERSON) covered by a pension or retirement
plan or {(do/does)/did} (PERSON) have a 401K plan on this job?

YES 1 {BOX_28}
NO 2 {BOX_28}
REF -7 {BOX_28}
DK -8 {BOX_28}

PRESS F1 FOR DEFINITIONS OF PENSION/RETIREMENT PLAN.

BOX_27
=====

IF JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN
REFERENCE PERIOD' AND JOB DOES NOT PROVIDE HEALTH
INSURANCE (EM52 IS CODED '2' (NO)), GO TO EM114
IF JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN
REFERENCE PERIOD' AND JOB IS FLAGGED AS 'PROVIDES
HEALTH INSURANCE' (EM52 IS CODED '1'(YES)),
GO TO EM115
IF JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN
REFERENCE PERIOD' AND EM52 IS CODED '-7' (REFUSED)
OR '-8' (DON'T KNOW), GO TO EM116
OTHERWISE (I.E., JOB SUBTYPE IS 'CURRENT
MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'),
CONTINUE WITH EM111

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.

EM111A
=====

{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

| ALLOW CODE '95' (HOURS VARY) AS ENTRY IN FIRST |
| FIELD ONLY. |

| IF CODED '95' IN FIRST FIELD, GO TO EM111B |

| OTHERWISE, ALLOW CODING OF REMAINING FIELDS. |

EM111AOV
=====

END WORK TIME:

[Enter HH:MM-AM/PM]
REF -7
DK -8

PRESS F1 FOR DEFINITION OF MOST DAYS.

EM111B
=====

{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 |

IS NOT 'CURRENT MAIN' AND JOB IS FLAGGED AS
'PROVIDES HEALTH INSURANCE', GO TO EM115

IF EM96 IS NOT CODED '5' AND JOB SUBTYPE IS NOT
'CURRENT MAIN' AND JOB IS **NOT** FLAGGED AS
'PROVIDES HEALTH INSURANCE' (I.E., CODED '2' (NO))
GO TO EM114

IF EM96 IS NOT CODED '5' AND JOB SUBTYPE IS NOT
'CURRENT MAIN' AND 'PROVIDES HEALTH INSURANCE'
STATUS FLAG IS '-7' (REFUSED) OR '-8' (DON'T KNOW)
GO TO EM116

IF EM96 IS NOT CODED '5' AND JOB SUBTYPE
IS 'CURRENT MAIN', CONTINUE WITH EM113

EM113
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

At any time {since {START DATE OF REFERENCE PERIOD}/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
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}

{JOB-ED}

{Even though (PERSON) chose not to take health insurance, did/Did} (PERSON) have a choice of different health insurance plans that provided hospital and physician benefits or was only one health insurance plan offered through this {job/business}?

| | |
|-------------------------------|----|
| YES, MORE THAN ONE PLAN | 1 |
| NO, ONLY ONE PLAN | 2 |
| REF | -7 |
| DK | -8 |

[Code One]

PRESS F1 FOR DEFINITION OF CHOICE OF HEALTH INSURANCE PLANS.

EM116
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {JOB-ST}
{JOB-ED}

{(Do/Does)/Did} (PERSON) belong to a labor union at (EMPLOYER)?

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

PRESS F1 FOR DEFINITION OF LABOR UNION.

```

-----
| IF CODED '1' (YES) AND JOB IS FLAGGED AS 'PROVIDES |
| HEALTH INSURANCE', CONTINUE WITH EM117 |
-----

```

```

-----
| OTHERWISE, GO TO BOX_30 |
-----

```

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 |
-----

```

EM118
=====

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

What is the name of the union providing the health insurance?

SELECT UNION NAME BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF UNION IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW UNION.

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

| ROSTER. NAME OF UNION | EM118_02. STREET | EM118_03. CITY |
|-----------------------|------------------------------------|--------------------------|
| 1. Union Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 2. Union Name-30 | [Display Truncated Street Address] | [Display Truncated City] |
| 3. Union Name-30 | [Display Truncated Street Address] | [Display Truncated City] |

| 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 |

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. |

EM120

=====

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

{What is the name of the union providing the health insurance?}
What {is/was} the {new} address of (PERSON)'s union?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF UNION HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON HAD MEMBERSHIP.

ESTABLISHMENT (EM120_01): [_____]
1ST_STR_ADDRESS (EM120_02): [_____]
2ND_STR_ADDRESS (EM120_03): [_____]
CITY (EM120_04): [_____]
STATE (EM120_05): [_____]
ZIP CODE (EM120_06): [_____]
TELEPHONE (EM120_07): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| DISPLAY 'What is the name of the union providing |
| the health insurance?' IF NO ESTABLISHMENTS |
| FLAGGED AS 'UNION' ON RU-ESTABLISHMENTS-ROSTER |
| (THAT IS, EM118 WAS NOT ASKED). |

| IF EM119 IS CODED '2' (ADD NEW ADDRESS FOR UNION), |
| THE UNION NAME (EM120_01) IS DISPLAYED IN THE |
| ESTABLISHMENT FIELD. ALSO, UNION IS DISPLAYED IN |
| THE CONTEXT HEADER. |

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER |

| GO TO BOX_29 |

EM121
=====

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

CORRECT ADDRESS OR TELEPHONE FOR: (NAME OF UNION BELOW)

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

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

1ST_STR_ADDRESS (EM121_01): [_____]
2ND_STR_ADDRESS (EM121_02): [_____]
CITY (EM121_03): [_____]
STATE (EM121_04): [_____]
ZIP CODE (EM121_05): [_____]
TELEPHONE (EM121_06): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| WRITE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER |

| GO TO BOX_30 |

BOX_29
=====

| FLAG ESTABLISHMENT AS 'UNION' . |

BOX_30
=====

| 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}

DK -8 {BOX_34}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EM126OV
=====

ENTER OTHER:

[Enter Other Specify]
REF -7
DK -8

EM127
=====

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

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

Please think about all the time (PERSON) (have/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 |
| WANTED SOME TIME OFF | 8 |
| WAITING TO START NEW JOB | 9 |
| OTHER | 91 |
| REF | -7 |
| DK | -8 |

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

```

-----
| IF CODED '91' (OTHER) ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH EM133OV      |
-----

```

```

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

```

EM133OV
=====

ENTER OTHER:

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

END_LP04
=====

```

-----
| IF ALL PERIODS OF UNEMPLOYMENT ARE NOT YET   |
| ACCOUNTED FOR (THAT IS, THE NUMBER OF LOOP  |
| CYCLES IS < THE NUMBER ENTERED AT EM131),   |
| CYCLE ON NEXT PERIOD OF UNEMPLOYMENT.      |
-----

```

```

-----
| WHEN ALL PERIODS OF UNEMPLOYMENT ARE        |
| ACCOUNTED FOR, END LOOP_04 AND CONTINUE     |
| WITH EM134                                 |
-----

```

EM134
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{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 | {BOX_34} |
| REF | -7 | {BOX_34} |
| DK | -8 | {BOX_34} |

PRESS F1 FOR DEFINITION OF UNPAID LEAVE.

EM135
=====

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

How many weeks was that?

NUMBER OF WEEKS IN REFERENCE PERIOD: {NUMBER OF WEEKS}

IF UNPAID LEAVE THE WHOLE TIME, ENTER '96' FOR NUMBER OF WEEKS.

[Enter Number of Weeks]
REF -7 {LOOP_05}
DK -8 {LOOP_05}
THE WHOLE TIME 96 {LOOP_05}

IF NUMBER OF WEEKS REPORTED IN EM135 < NUMBER OF
WEEKS IN PERSON'S REFERENCE PERIOD,
CONTINUE WITH EM136

OTHERWISE, GO TO LOOP_05

EDIT: NUMBER OF WEEKS ENTERED MUST BE EQUAL TO OR
GREATER THAN ONE AND CANNOT BE GREATER
THAN NUMBER OF WEEKS IN REFERENCE PERIOD.

EM136
=====

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

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}

[Code One]

EM137
=====

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

How many different periods of time did (PERSON) have unpaid
leave since (START DATE)?

[Enter Number of Periods]
REF -7
DK -8

LOOP_05
=====

FOR EACH OF THE FOLLOWING:

PERIOD OF UNPAID LEAVE #1
PERIOD OF UNPAID LEAVE #2
PERIOD OF UNPAID LEAVE #3
PERIOD OF UNPAID LEAVE #4
PERIOD OF UNPAID LEAVE #5
PERIOD OF UNPAID LEAVE #6
PERIOD OF UNPAID LEAVE #7
PERIOD OF UNPAID LEAVE #8
PERIOD OF UNPAID LEAVE #9

PERIOD OF UNPAID LEAVE #10

ASK EM138-END_LP05

LOOP DEFINITION: LOOP_05 COLLECTS INFORMATION ON PERIODS OF UNPAID LEAVE FROM ALL CURRENT JOBS. THE RESPONSE TO EM135, EM136 OR 137 DETERMINES THE NUMBER OF LOOP CYCLES. IF EM135 IS CODED '96' (THE WHOLE TIME), '-7' (REFUSED), OR '-8' (DON'T KNOW) OR IF EM136 IS CODED '1' (ALL AT ONE TIME), '-7' (REFUSED), OR '-8' (DON'T KNOW) OR IF EM137 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CYCLE ONLY ONE TIME. OTHERWISE, CYCLE THE NUMBER OF TIMES ENTERED AT EM137.

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 |

| OTHERWISE, GO TO END_LP05 |

EM139OV
=====

ENTER OTHER:

[Enter Other Specify]
REF -7
DK -8

END_LP05
=====

| IF ALL PERIODS OF UNPAID LEAVE ARE NOT YET |
| ACCOUNTED FOR (THAT IS, THE NUMBER OF LOOP CYCLES |
| IS < THE NUMBER ENTERED AT EM137), CYCLE ON NEXT |
| PERIOD OF UNPAID LEAVE. |

| WHEN ALL PERIODS OF UNPAID LEAVE ARE ACCOUNTED FOR, |
| END LOOP_05 AND CONTINUE WITH BOX_34 |

BOX_34
=====

| IF: |
| ROUND 1 |
| OR |
| PERSON ADDED TO RU THIS ROUND |
| OR |
| PERSON NOT ADDED TO RU THIS ROUND BUT TURNED 16 |
| DURING THE CURRENT ROUND (CHECK REAL DATE OF BIRTH |
| ONLY), |
| CONTINUE WITH BOX_35 |

| IF: |
| PERSON WAS NOT ADDED TO RU THIS ROUND |
| AND |
| PERSON WAS = OR > 16 YEARS OF AGE OR IN AGE |
| CATEGORIES 4-9 DURING THE PREVIOUS ROUND, |
| GO TO BOX_36 |

BOX_35
=====

| IF: |
| PERSON'S AGE = > 65 (OR AGE CATEGORY 9) |
| OR |
| PERSON'S AGE < = 21 (OR AGE CATEGORY 4), |
| GO TO BOX_36 |

| OTHERWISE, CONTINUE WITH EM140 |

EM140
=====

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

{END-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

| EDIT: IF AGE OF PERSON IS KNOWN (I.E., NOT AN |
| AGE CATEGORY), NUMBER OF YEARS ENTERED |
| CANNOT BE GREATER THAN PERSON'S AGE |
| MINUS 21. |
|-----

BOX_36
=====

| 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.'
-

ER05
=====

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

SHOW CARD ER-2.

**Looking at this card, which of these services, if any,
did (PERSON) have during this visit?**

CODE '95' IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.

| | |
|------------------------------|----|
| LABORATORY TESTS | 1 |
| SONOGRAM OR ULTRASOUND | 2 |
| X-RAYS | 3 |
| MAMMOGRAM | 4 |
| MRI OR CATSCAN | 5 |
| EKG OR ECG | 6 |
| EEG | 7 |
| VACCINATION | 8 |
| ANESTHESIA | 9 |
| OTHER DIAGNOSTIC TEST | 10 |
| NO SERVICES RECEIVED | 95 |
| REF | -7 |
| DK | -8 |

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS
FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4

THROUGH 9).

ALLOW CODE '95' (NO SERVICES RECEIVED), '-7' (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN THE FIRST ENTRY FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.

EDIT: IF CODED '95' (NO SERVICES RECEIVED), NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.'

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

CODE '1' = 'LAB'
CODE '2' = 'ULTRA'
CODE '3' = 'XRAY'
CODE '4' = 'MAMMO'
CODE '5' = 'MRI'
CODE '6' = 'EKG'
CODE '7' = 'EEG'
CODE '8' = 'VACIN'
CODE '9' = 'ANEST'
CODE '10' = 'OTHER'
CODE '95' = 'NONE'

NOTE: 'OTHER DIAGNOSTIC TESTS' AND 'NO SERVICES RECEIVED' ARE NOT DISPLAYED ON SHOW CARD.

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

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ER08
====

{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 {ER10}
- REF -7 {ER10}
- DK -8 {ER10}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

ER09
====

{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.' |

ER10
====

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

Now I would like to ask about the physicians and surgeons who treated (PERSON) during this emergency room visit. (Have/Has) (PERSON) seen any of these doctors or surgeons at a place of practice outside of (PROVIDER)?

- YES 1

NO 2 {BOX_03}
REF -7 {BOX_03}
DK -8 {BOX_03}

NOTE: IN ROUNDS 1 AND 2, THE SECOND SENTENCE OF THE
QUESTION WAS WORDED, "Do any of these doctors or
surgeons have a place of practice outside of
(PROVIDER) where (PERSON) (was/were) seen as a
patient?"

ER11
=====

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

Please give me the names of the medical places or private
doctor's office where (PERSON) saw each of these doctors or
surgeons outside of (PROVIDER).

PRESS ENTER TO CONTINUE.

LOOP_01
=====

FOR EACH OF THE FOLLOWING:

PROVIDER 1
PROVIDER 2
PROVIDER 3
PROVIDER 4

ASK BOX_01 - END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS NAMES AND
INFORMATION ABOUT EACH SEPARATELY BILLING
PROVIDER. THE RESPONSE TO ER12 DETERMINES WHETHER
THE LOOP CYCLES AGAIN. IF ER12 IS CODED '1'
(YES), THE LOOP CYCLES TO COLLECT THE NEXT
SEPARATELY BILLING PROVIDER. IF ER12 IS CODED '2'
(NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE
LOOP ENDS.

BOX_01
=====

ASK THE PROVIDER ROSTER (PV) SECTION.
AT THE COMPLETION OF THE PROVIDER ROSTER (PV)
SECTION, CONTINUE WITH BOX_02

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.

ER12
=====

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

Was there anyone else?

PROBE: Were there any other doctors or surgeons who treated
(PERSON) during the emergency room visit and who (PERSON)
(have/has) seen at a place of practice outside of (PROVIDER)?

YES 1
NO 2
REF -7
DK -8

NOTE: IN ROUNDS 1 AND 2 THE PROBE PART OF THE
QUESTION WAS WORDED, "...and who have a place of
practice outside of (PROVIDER) where (PERSON)
(was/were) seen as a patient?"

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
|-----

EV02A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

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]

EV03
=====

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

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                                     |
-----

```

EV03A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} JAN 01
DEC 31

SHOW CARD PP-4A OR PP-12

IF KNOWN, SELECT CORRECT ADDITIONAL OME ITEM GROUP

OTHERWISE, ASK: Looking at this card, what type of other
medical expenses did (PERSON) obtain, purchase or rent during
the calendar year 1999?

| | |
|---------------------------------|----|
| AMBULANCE SERVICES | 1 |
| ORTHOPEDIC ITEMS | 2 |
| HEARING DEVICES | 3 |
| PROSTHESES | 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).

- 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:

- 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).
- 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.

- FRIEND/NEIGHBOR 1 {EV08}
- RELATIVE 2 {EV07}
- VOLUNTEER 3 {EV08}
- OTHER-PAID 4
- VOLUNTEERED: MEAL DELIVERY SERVICE 5 {BOX_06}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

| IF CODED '5' (VOLUNTEERED: MEAL DELIVERY SERVICE), |
| DO NOT CREATE AN EVENT RECORD. |

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?

- WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME 1 {BOX_04}
- WORKED FOR SELF 2 {BOX_04}
- REF -7 {BOX_04}
- DK -8 {BOX_04}

[Code One]

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.

- DAUGHTER 1 {BOX_04}
- DAUGHTER-IN-LAW 2 {BOX_04}
- SON 3 {BOX_04}
- SON-IN-LAW 4 {BOX_04}
- OTHER RELATIVE 5

[Code One]

EV07OV1
=====

CODE RELATIONSHIPS OF ALL DIFFERENT TYPES OF RELATIVES WHO PROVIDED HOME CARE SERVICES SINCE (START DATE) TO (PERSON).

| | |
|--------------------|----|
| MOTHER | 1 |
| FATHER | 2 |
| SISTER | 3 |
| BROTHER | 4 |
| GRANDPARENT | 5 |
| GRANDCHILD | 6 |
| AUNT/UNCLE | 7 |
| NIECE/NEPHEW | 8 |
| COUSIN | 9 |
| OTHER | 91 |
| REF | -7 |
| DK | -8 |

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

```

-----
| IF EV07OV1 IS CODED '91' (OTHER), ALONE OR IN |
| COMBINATION WITH ANY OTHER CODES, CONTINUE WITH |
| EV07OV2 |
-----
| OTHERWISE, GO TO EV08 |
|-----|

```

EV07OV2
=====

ENTER OTHER:

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

EV08
=====

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

How many different {friends or neighbors/volunteers/relatives, other than daughters, daughters-in-law, sons, and sons-in-law} provided home care services for (PERSON) since (START DATE)?

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

[Code One]

```

-----
| 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 |

| 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 |

EV11
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV} {STR-DT}
{END-DT}

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 NOT CODED '91' (OTHER), AND ROUND 1, |
| GO TO 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
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV} {STR-DT}
{END-DT}

Did {someone from} (PROVIDER) **ever** provide home care services
for (PERSON) before January 1, 1998?

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

[Code One]

| DISPLAY 'someone from' IF PROVIDER IS A FACILITY. |
| OTHERWISE, USE A NULL DISPLAY. |

| NOTE: EV12 SHOULD ONLY BE ASKED IF ROUND 1. IT |
| WAS, HOWEVER, ASKED IN ROUND 2, BUT NOT IN ROUND 3 |
| AND BEYOND. |

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:
1. THE NUMBER AND NAMES OF THE MONTHS LISTED ARE
DETERMINED BY THE NUMBER OF MONTHS BETWEEN THE
MONTH OF THE START DATE AND THE MONTH OF THE
END DATE FOR THIS PERSON. FOR EXAMPLE, IF THE
START DATE IS JANUARY 1 AND THE END DATE IS
APRIL 10 FOR THIS PERSON'S REFERENCE PERIOD,
'JANUARY', 'FEBRUARY', 'MARCH', AND 'APRIL'
ARE DISPLAYED. THAT IS, THE MONTHS ARE ALL THE
MONTHS OF THE PERSON'S REFERENCE PERIOD.
2. '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE
ALLOWED FOR EV13_01, EV13_02, EV13_03, AND
EV13_04. HOWEVER, THEY WILL BE TREATED AS A
'NO' WHEN CREATING EVENTS.

| NOTE: THE SCREEN LAYOUT SHOULD ACCOMMODATE AS |
| MANY MONTHS AS POSSIBLE. |

| DISPLAY FIRST PARAGRAPH IF A HOME HEALTH EVENT FOR |
| THE MONTH OF THE PREVIOUS ROUND'S INTERVIEW DATE |

FOR THIS PERSON-PROVIDER PAIR WAS CREATED DURING THE PREVIOUS ROUND (HOWEVER, IT WOULD NOT HAVE BEEN ASKED ABOUT). OTHERWISE, USE A NULL DISPLAY.

DISPLAY THE MONTH OF THE PREVIOUS ROUND'S INTERVIEW DATE FOR '{PRV RD INTV MTH}'.

DISPLAY 'someone from' IF PROVIDER IS A FACILITY. OTHERWISE, USE A NULL DISPLAY.

EDIT: ALL MONTHS DURING THE REFERENCE PERIOD CANNOT BE CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW). IF ALL ARE, DISPLAY THE FOLLOWING MESSAGE: 'MUST RECEIVE HOME CARE DURING AT LEAST ONE MONTH.'

MESSAGE: IF CURRENT INTERVIEW MONTH IS CODED '1' (YES), DISPLAY THE FOLLOWING MESSAGE: 'HOME HEALTH UTILIZATION SEC FOR {INT MONTH} WILL NOT BE ASKED UNTIL NEXT ROUND.'

EACH MONTH CODED '1' (YES) BECOMES A SEPARATE HOME HEALTH EVENT FOR THIS PERSON-PROVIDER PAIR. HOWEVER, IF THE CURRENT INTERVIEW MONTH IS CODED '1' (YES), IT WILL NOT BE ASKED ABOUT UNTIL THE NEXT ROUND. IF THE MONTH OF THE PREVIOUS ROUND'S INTERVIEW DATE IS CODED '1' (YES), IT IS ONLY ASKED ABOUT ONE TIME. THAT IS, IT IS NOT A SEPARATE EVENT FOR BOTH THE PREVIOUS ROUND AND THIS ROUND, IT IS ONLY ONE EVENT.

NOTE: A SEAM MONTH WILL BE ASKED **ONLY ONE** HOME HEALTH UTILIZATION SECTION WHENEVER IT RECEIVES (OR RECEIVED) A CODE OF '1' (YES) IN EITHER THE CURRENT ROUND OR THE PREVIOUS ROUND.

BOX_06
=====

RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN PP OR ED.

Employment Wage (EW) Section

EW01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

{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] {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}

EW04
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

How many hours {(do/does)/did} (PERSON) usually work per day?

[Enter Hours]..... {EW23}
REF -7 {EW23}
DK -8 {EW23}

EW05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

How much {(do/does)/did} (PERSON) usually make this way?

AMOUNT:

[Enter \$ Amount]
REF -7 {EW08}
DK -8 {EW07}

EW05OV1
=====

PER PERIOD:

PER HOUR 1 {EW06}
PER DAY 2 {EW06}
PER WEEK 3 {EW06}
PER TWO-WEEK PERIOD 4 {EW06}
PER MONTH 5 {EW06}
PER YEAR 6 {EW06}
OTHER 91
REF -7 {EW06}
DK -8 {EW06}

[Code One]

EW05OV2
=====

ENTER OTHER:

[Enter Other Specify]
REF -7
DK -8

EW06
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

If (PERSON) worked an extra hour, how much would (PERSON) earn
for that hour?

[Enter \$ Per Hour] {EW23}
REF -7 {EW23}
DK -8 {EW23}

EW07
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}

{JOB-ED}

I would just like to get a rough idea of how much (PERSON) {(earn/earns)/earned} at this job? Approximately how much {(do/does)/did} (PERSON) make per hour?

| | | |
|---------------------------|----|--------|
| [Enter \$ Per Hour] | 1 | {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} |

EW11OV1
=====

PER PERIOD:

| | | |
|---------------------------|----|--------|
| PER YEAR | 1 | {EW12} |
| PER MONTH | 2 | {EW17} |
| PER TWO-WEEK PERIOD | 3 | {EW17} |
| PER WEEK | 4 | {EW17} |
| OTHER | 91 | |
| REF | -7 | {EW14} |
| DK | -8 | {EW13} |

[Code One]

EW11OV2
=====

ENTER OTHER:

| | | |
|-----------------------------|----|--------|
| [Enter Other Specify] | | {EW17} |
| REF | -7 | {EW17} |
| DK | -8 | {EW17} |

BOX_01
=====

OMITTED.

EW12
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

On how many weeks of work per year {is/was} this salary based?

| | | |
|-------------------------------|----|--------|
| [Enter Number of Weeks] | | {EW17} |
| REF | -7 | {EW17} |
| DK | -8 | {EW17} |

EW13
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

I would just like to get a rough idea of how much (PERSON)
{(earn/earns)/earned} at this job. Approximately how much
{(do/does)/did} (PERSON) make per hour?

| | | |
|---------------------------|----|--------|
| [Enter \$ Per Hour] | | {EW17} |
| REF | -7 | {EW17} |
| DK | -8 | |

EW14
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

Could you just tell me if (PERSON) {(make/makes)/made} more or
less than \$10 an hour at this job?

| | | |
|----------------------|----|--------|
| \$10 OR MORE | 1 | |
| LESS THAN \$10 | 2 | {EW16} |
| REF | -7 | {EW17} |
| DK | -8 | {EW17} |

[Code One]

EW15
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

More or less than \$15 an hour?

| | | |
|----------------------|----|--------|
| \$15 OR MORE | 1 | {EW17} |
| LESS THAN \$15 | 2 | {EW17} |
| REF | -7 | {EW17} |
| DK | -8 | {EW17} |

[Code One]

EW16
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

More or less than \$5.15 an hour?

| | |
|------------------------|----|
| \$5.15 OR MORE | 1 |
| LESS THAN \$5.15 | 2 |
| REF | -7 |
| DK | -8 |

[Code One]

EW17
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

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. |

EW18
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

What {is/was} (PERSON)'s hourly wage rate for (PERSON)'s regular work time, **not including** tips, commissions, or bonuses at (EMPLOYER)?

| | |
|---------------------------|-----------|
| [Enter \$ Per Hour] | |
| REF | -7 {EW20} |
| DK | -8 {EW20} |

EW19
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

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 ...

EW23_01
 =====

| | YES | NO | REF | DK |
|-------|-----|----|-----|----|
| 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}

EW24AOV1
=====

PER PERIOD:

| | | |
|---------------------------|----|----------|
| PER HOUR | 1 | {BOX_02} |
| PER DAY | 2 | {BOX_02} |
| PER WEEK | 3 | {BOX_02} |
| PER TWO-WEEK PERIOD | 4 | {BOX_02} |
| PER MONTH | 5 | {BOX_02} |
| PER YEAR | 6 | {BOX_02} |
| OTHER | 91 | |
| REF | -7 | {BOX_02} |
| DK | -8 | {BOX_02} |

[Code One]

EW24AOV2
=====

ENTER OTHER:

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

BOX_02
=====

 | IF EW23_02 IS CODED '2' (NO), '-7' (REFUSED) OR
 | '-8' (DON'T KNOW), GO TO BOX_03
 |-----

 | OTHERWISE, CONTINUE WITH EW24B
 |-----

EW24B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
 ABOUT....} {JOB-ST}
 {JOB-ED}

How much {are/were} (PERSON)'s bonuses on average?

BONUSES:

AMOUNT:

| | |
|-------------------------|-------------|
| [Enter \$ Amount] | |
| REF | -7 {BOX_03} |
| DK | -8 {BOX_03} |

EW24BOV1
=====

PER PERIOD:

| | | |
|---------------------------|----|----------|
| PER HOUR | 1 | {BOX_03} |
| PER DAY | 2 | {BOX_03} |
| PER WEEK | 3 | {BOX_03} |
| PER TWO-WEEK PERIOD | 4 | {BOX_03} |
| PER MONTH | 5 | {BOX_03} |
| PER YEAR | 6 | {BOX_03} |
| OTHER | 91 | |
| REF | -7 | {BOX_03} |
| DK | -8 | {BOX_03} |

[Code One]

EW24BOV2
=====

ENTER OTHER:

[Enter Other Specify]
 REF -7
 DK -8

BOX_03
=====

 | IF EW23_03 IS CODED '2' (NO), '-7' (REFUSED) OR |
 | '-8' (DON'T KNOW), GO TO BOX_04 |

 | OTHERWISE, CONTINUE WITH EW24C |

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]
 REF -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]
 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: SINCE THIS ROSTER WILL INCLUDE ALL FLAT FEE  
| GROUPS, CURRENT ROUND SINGLE EVENTS CAN BE ADDED  
| TO ANY FLAT FEE GROUP CREATED DURING THE CURRENT  
| ROUND OR A PREVIOUS ROUND.  
|-----
```

FF02
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.} {EV} {EVN-DT}

Let me review the list of health care events I have recorded for (PERSON). Please tell me which of these were included in the same charge that covered {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)/(PROVIDER)'s services as part of the visit made on (VISIT DATE)}.

REVIEW EVENTS WITH RESPONDENT.
 SELECT EVENTS COVERED BY SAME CHARGE AS EVENT BEING ASKED ABOUT.

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

| ROSTER. PROVIDER | FF02_02. STAY TYPE | FF02_03. ADMIT DATE | FF02_04 DISCH DATE |
|-------------------------------|----------------------|----------------------------|----------------------------|
| [Display Medical Provider-35] | [Display Event Code] | [Display Month Day Year-4] | [Display Month Day Year-4] |
| [Display Medical Provider-35] | [Display Event Code] | [Display Month Day Year-4] | [Display Month Day Year-4] |
| [Display Medical Provider-35] | [Display Event Code] | [Display Month Day Year-4] | [Display Month Day Year-4] |

 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
=====

{STR-DT}
{END-DT}

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

HE02
=====

{STR-DT}
{END-DT}

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. |

 | FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS |
 | OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC |
 | SUPPLEMENT: IADL SECTION. |

LOOP_01
=====

 | FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
 | ASK HE03 - END_LP01 |

 | LOOP DEFINITION: LOOP_01 DETERMINES IF PERSONS |
 | < 13 YEARS OF AGE RECEIVE HELP OR SUPERVISION WITH |
 | INSTRUMENTAL ACTIVITIES OF DAILY LIVING BECAUSE OF |
 | AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH |
 | PROBLEM. THIS LOOP CYCLES ON RU MEMBERS WHO MEET |
 | THE FOLLOWING CONDITIONS: |
 | - PERSON IS NOT DECEASED |
 | - PERSON RECEIVES HELP WITH INSTRUMENTAL |
 | ACTIVITIES OF DAILY LIVING (I.E., PERSON |
 | SELECTED AT HE02) |
 | - PERSON < 13 YEARS OF AGE OR IN AGE CATEGORY 1-3 |

HE03
=====

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

(Do/Does) (PERSON) receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry or going shopping **because of an impairment or a physical or mental health problem?**

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

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

 | IF CODED '1' (YES), FLAG PERSON FOR THE LTC |
 | SUPPLEMENT: IADL SECTION. |

END_LP01
=====

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_01 AND CONTINUE WITH HE04

HE04
=====

{STR-DT}
{END-DT}

Does anyone in the family receive help or supervision with personal care such as bathing, dressing, or getting around the house?

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

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION.

IF CODED '1' (YES) AND A SINGLE-PERSON RU,
AUTOMATICALLY CODE PERSON AS 'RECEIVES HELP' AT
HE05 BY CAPI AND GO TO BOX_02

IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE
WITH HE05

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 CAPI, 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?

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]

HE17
====

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

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have reaching up overhead, for example to remove something from a shelf?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY 1
SOME DIFFICULTY 2
A LOT OF DIFFICULTY 3
COMPLETELY UNABLE TO DO IT 4
REF -7
DK -8

[Code One]

HE18
====

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

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have using fingers to grasp or handle something such as picking up a glass from a table or using a pencil to write?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY 1
SOME DIFFICULTY 2
A LOT OF DIFFICULTY 3
COMPLETELY UNABLE TO DO IT 4
REF -7
DK -8

[Code One]

END_LP03
=====

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_03 AND CONTINUE WITH HE19 |

HE19
====

{STR-DT}
{END-DT}

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
=====

{STR-DT}
{END-DT}

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,
|-----

DO HOUSEWORK, OR GO TO SCHOOL (I.E., PERSON
SELECTED AT HE20)
- PERSON = OR > 5 YEARS OF AGE OR IN AGE
CATEGORIES 3-9

BOX_04
=====

OMITTED.

HE20A
=====

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

Which activities is (PERSON) limited in doing because of an
impairment or a physical or mental health problem - working at
a job, doing housework, or going to school?

CODE ALL THAT APPLY.

WORKING AT A JOB 1
DOING HOUSEWORK 2
GOING TO SCHOOL 3
REF -7
DK -8

[Code All That Apply]

HE21
=====

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

{At the time (PERSON) entered the institution, was/(Are/Is)}
{(PERSON) completely unable to {work at a job}{,/ and}
{ do housework}{ and}{ go to school}?

YES 1
NO 2
REF -7
DK -8

DISPLAY 'At the time (PERSON) entered the
institution, was'. IF PERSON BEING ASKED ABOUT
CODED AS BEING INSTITUTIONALIZED AT END DATE.
DISPLAY '(Are/Is)' IF PERSON BEING ASKED ABOUT IS
A CURRENT RU MEMBER LIVING IN THE RU.

DISPLAY 'work at a job' IF HE20A IS CODED '1'
(WORKING AT A JOB), EITHER ALONE OR IN COMBINATION
WITH OTHER CODES OR IF HE20A IS CODED '-7'
(REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT
CODED '1', '-7', OR '-8', USE A NULL DISPLAY.

DISPLAY ', ' IF HE20A IS CODED '1', '2', AND '3' OR
IF HE20A IS CODED EITHER '-7' OR '-8'.
DISPLAY ' and' IF HE20A IS CODED '1' AND EITHER
'2' OR '3'. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ' do housework' IF HE20A IS CODED '2'
(DOING HOUSEWORK), EITHER ALONE OR IN COMBINATION
WITH OTHER CODES OR IF HE20A IS CODED '-7'
(REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT
CODED '2', '-7', OR '-8', USE A NULL DISPLAY.

DISPLAY ' and' IF ONLY CODES '2' AND '3' ARE
SELECTED AT HE20A OR IF CODES '1', '2', AND '3'
ARE ALL SELECTED AT HE20A OR IF CODED EITHER '-7'
OR '-8' AT HE20A. OTHERWISE, USE A NULL DISPLAY.

```
DISPLAY ' go to school' IF HE20A IS CODED '3'
(GOING TO SCHOOL), EITHER ALONE OR IN COMBINATION
WITH OTHER CODES OR IF HE20A IS CODED '-7'
(REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT
CODED '3', '-7', OR '-8', USE A NULL DISPLAY.
```

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}  
REF ..... -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

DISPLAY 'EXPERIENCE CONFUSION OR MEMORY LOSS SUCH
THAT IT INTERFERES WITH DAILY ACTIVITIES' IF
HE24_01 CODED '1' (YES).

DISPLAY '{/}HAVE PROBLEMS MAKING DECISIONS TO THE
POINT THAT IT INTERFERES WITH DAILY ACTIVITIES' IF
HE24_02 CODED '1' (YES). DISPLAY THE '/' ONLY IF
HE24_01 IS ALSO CODED '1' (YES).

DISPLAY '{/}REQUIRE SUPERVISION FOR THEIR OWN
SAFETY' IF HE24_03 IS CODED '1' (YES). DISPLAY
THE '/' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO
CODED '1' (YES).

DISPLAY 'experience confusion or memory loss such
that it interferes with daily activities' IF
HE24_01 CODED '1' (YES).

DISPLAY '{or }have problems making decisions to
the point that it interferes with daily
activities' IF HE24_02 CODED '1' (YES). DISPLAY
THE 'or ' ONLY IF HE24_01 IS ALSO CODED '1' (YES).

DISPLAY '{or }require supervision for their own
safety' IF HE24_03 IS CODED '1' (YES). DISPLAY
'or ' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO
CODED '1' (YES).

FLAG ALL SELECTED PERSONS WHO ARE = OR > 18 YEARS
OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC
SUPPLEMENT: COGNITIVE LIMITATIONS SECTION.

BOX_05
=====

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

HE25A
=====

JAN 01 1999
DEC 31 1999

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 | {BOX_10} |
| REF | ..... | -7 | {BOX_10} |
| DK | ..... | -8 | {BOX_10} |

HE25B
=====

JAN 01 1999
DEC 31 1999

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 | {BOX_10} |
| NON-RELATIVE | ..... | 2 | |
| REF | ..... | -7 | {BOX_10} |
| DK | ..... | -8 | {BOX_10} |

[Code One]

HE25C
=====

JAN 01 1999
DEC 31 1999

Where was this care **usually** provided?

IF NECESSARY SAY, Please consider only the care provided to the youngest child.

| | | | |
|---|-------|----|----------|
| CHILD'S HOME | ..... | 1 | {BOX_10} |
| OTHER PRIVATE HOME | ..... | 2 | {BOX_10} |
| NURSERY, PRESCHOOL | ..... | 3 | {BOX_10} |
| ORGANIZED (BEFORE/AFTER) SCHOOL ACTIVITIES | ..... | 4 | {BOX_10} |
| DAY CARE CENTER, NOT AT PARENT'S WORKPLACE | ..... | 5 | {BOX_10} |
| DAY CARE CENTER, AT PARENT'S WORKPLACE | ..... | 6 | {BOX_10} |
| PARENT WATCHES CHILD AT WORK | ..... | 7 | {BOX_10} |
| SOME OTHER ARRANGEMENT | ..... | 91 | {BOX_10} |
| REF | ..... | -7 | {BOX_10} |
| DK | ..... | -8 | {BOX_10} |

[Code One]

HE26
=====

{STR-DT}
{END-DT}

Does anyone in the family wear eyeglasses or contact lenses?

| | | | |
|-----|-------|----|--------|
| YES | ..... | 1 | |
| NO | ..... | 2 | {HE28} |
| REF | ..... | -7 | {HE28} |
| DK | ..... | -8 | {HE28} |

IF CODED '1' (YES) AND A SINGLE-PERSON RU,
AUTOMATICALLY CODE PERSON AT HE27 BY CAPI AND GO
TO HE28

IF CODED '1' (YES) AND A MULTI-PERSON RU,
CONTINUE WITH HE27

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]}?

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

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

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

| DISPLAY '[WITH GLASSES OR CONTACTS, IF THEY USE
| THEM]' IF HE26 IS CODED '1' (YES). OTHERWISE, USE
| A NULL DISPLAY. Display '[with glasses or
| contacts, if they use them]' IF HE26 IS CODED '1'
| (YES). OTHERWISE, USE A NULL DISPLAY.
|-----

LOOP_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}
{END-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
|-----

HE31
=====

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

{With glasses or contacts, can/Can} (PERSON) see well enough to
read ordinary newspaper print, even if (PERSON) cannot read?

YES 1 {END_LP05}
NO 2
REF -7
DK -8

DISPLAY 'With glasses or contacts, can' IF PERSON
BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE
(PERSON NOT SELECTED AT HE27), DISPLAY 'Can'.

HE32
=====

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

{With glasses or contacts, can/Can} (PERSON) see well enough to
recognize familiar people if they are two or three feet away?

YES 1
NO 2
REF -7
DK -8

DISPLAY 'With glasses or contacts, can' IF PERSON
BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE
(PERSON NOT SELECTED AT HE27), DISPLAY 'Can'.

IF CODED '2' (NO), FLAG PERSON FOR THE LTC
SUPPLEMENT: VISION SECTION.

END_LP05
=====

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_05 AND CONTINUE WITH HE33

HE33
=====

{STR-DT}
{END-DT}

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

HE34
=====

{STR-DT}
{END-DT}

Who is that?

PROBE: Does anyone else wear a hearing aid?

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

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

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

 | FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT:
 | HEARING SECTION.
 |-----

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
=====

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_06 AND CONTINUE WITH BOX_06 |
|-----

BOX_06
=====

| IF ANY RU MEMBERS < OR = 4 YEARS OF AGE OR IN |
| AGE CATEGORIES 1 OR 2, CONTINUE WITH HE40 |
|-----

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

HE40
=====

{STR-DT}
{END-DT}

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, 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
=====

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

Is (PERSON) limited in the kind or amount of play activities (PERSON) can do because of any impairment or physical or mental health problem?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.

HE43
====

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

Does (PERSON)'s impairment or physical or mental health problem keep (PERSON) from being able to take any part in the usual kind of play activities done by most children of this age?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF IMPAIRMENT AND LIMITED ACTIVITIES.

| IF HE42 OR IF HE43 IS CODED '1' (YES), CONTINUE |
| WITH HE44 |

| OTHERWISE, GO TO END_LP07 |

HE44
====

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

Does (PERSON) participate in any special program or receive any early intervention services aimed at improving (PERSON)'s ability to participate in play activities?

YES, SPECIAL PROGRAM 1 {END_LP07}
YES, EARLY INTERVENTION SERVICES 2 {END_LP07}
YES, BOTH 3 {END_LP07}
NO 4 {END_LP07}
OTHER 91
REF -7 {END_LP07}
DK -8 {END_LP07}

PRESS F1 FOR DEFINITION OF INTERVENTION SERVICES AND IMPROVING ABILITIES.

[Code One]

HE44OV
=====

ENTER OTHER:

[Enter Other Specify]
REF -7
DK -8

END_LP07
=====

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_07 AND CONTINUE WITH BOX_07

BOX_07
=====

IF ANY RU MEMBERS < OR = 6 YEARS OF AGE OR IN AGE
CATEGORIES 1-3, CONTINUE WITH LOOP_08

OTHERWISE, GO TO BOX_08

LOOP_08
=====

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
HE45 - END_LP08

LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION ON
IMMUNIZATIONS FOR PERSONS < OR = 6 YEARS OF AGE.
THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE
FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON < OR = 6 YEARS OF AGE OR IN AGE
CATEGORIES 1-3

HE45
=====

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

{The following questions are about some aspects of
children's health.}

Has (PERSON) **ever** been immunized for certain diseases, that is,
received any shots or drops to prevent the following diseases:

Diphtheria, whooping cough and tetanus [DPT or DTP shots]?

| | | |
|-----------|----|--------|
| YES | 1 | |
| NO | 2 | {HE47} |
| REF | -7 | {HE47} |
| DK | -8 | {HE47} |

DISPLAY 'The following questions are about some
aspects of children's health.' IF HE40 WAS NOT
ASKED. OTHERWISE, USE A NULL DISPLAY.

HE46
=====

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

Was this once or several times?

PROBE: Was (PERSON) immunized for diphtheria, whooping cough
and tetanus [DPT or DTP] once or several times?

| | |
|---------------------|----|
| ONCE | 1 |
| SEVERAL TIMES | 2 |
| REF | -7 |
| DK | -8 |

[Code One]

HE47
=====

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

Polio [drops by mouth]?

PROBE: Has (PERSON) ever been immunized for polio, that is, received any shots or drops to prevent this disease?

| | | |
|-----------|----|--------|
| YES | 1 | |
| NO | 2 | {HE49} |
| REF | -7 | {HE49} |
| DK | -8 | {HE49} |

HE48
=====

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

Was this once or several times?

PROBE: Was (PERSON) immunized for polio once or several times?

| | |
|---------------------|----|
| ONCE | 1 |
| SEVERAL TIMES | 2 |
| REF | -7 |
| DK | -8 |

[Code One]

HE49
=====

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

Measles or MMR [Measles, Mumps, Rubella or German Measles]?

PROBE: Has (PERSON) ever been immunized for measles or MMR [Measles, Mumps, Rubella or German Measles], that is, received any shots or drops to prevent these diseases?

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

HE49A
=====

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

Hepatitis B?

PROBE: Has (PERSON) ever been immunized for hepatitis B, that is, received any shots or drops to prevent this disease?

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

END_LP08
=====

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_08 AND CONTINUE WITH BOX_08

BOX_08
=====

IF ANY RU MEMBERS AGED 5 - 17 YEARS, INCLUSIVE, OR
IN AGE CATEGORY 3, CONTINUE WITH LOOP_09

OTHERWISE, GO TO BOX_09

LOOP_09
=====

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
HE50 - END_LP09

LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION ON
ACTIVITIES, LIMITATIONS, AND SPECIAL PROGRAMS FOR
PERSONS 5-17 YEARS OF AGE, INCLUSIVE. THIS LOOP
CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING
CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS AGED 5-17 YEARS, INCLUSIVE, OR IN AGE
CATEGORY 3

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? | () |

- HE50_10. j. Getting involved in activities like sports or hobbies? ()
- HE50_11. k. (His/Her) schoolwork? ()
- HE50_12. l. (His/Her) behavior at home? ()
- HE50_13. m. Staying out of trouble? ()

 DISPLAY '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

HE51
 =====

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

Does (PERSON) have an impairment or a physical or mental health problem which limits (PERSON)'s school attendance or which requires a special school program?

- YES 1
- NO 2 {HE54}
- REF -7 {HE54}
- DK -8 {HE54}

PRESS F1 FOR DEFINITION OF IMPAIRMENT, LIMITED ATTENDANCE, AND SPECIAL SCHOOL PROGRAM.

 IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: SCHOOL ATTENDANCE LIMITED SECTION.

HE52

====

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

Is (PERSON) enrolled in any type of special education or does (PERSON) receive related services aimed at improving (PERSON)'s ability to participate in school or recreational activities?

| | | |
|---|----|---------|
| YES, ENROLLED IN SPECIAL EDUCATION | 1 | {HE52A} |
| YES, RELATED SERVICES | 2 | {HE52B} |
| YES, BOTH | 3 | {HE52A} |
| NO | 4 | {HE53} |
| OTHER | 91 | |
| REF | -7 | {HE53} |
| DK | -8 | {HE53} |

PRESS F1 FOR DEFINITION OF SPECIAL EDUCATION AND IMPROVING ABILITIES.

[Code One]

HE52OV
=====

ENTER OTHER:

| | | |
|-----------------------------|----|--------|
| [Enter Other Specify] | | {HE53} |
| REF | -7 | {HE53} |
| DK | -8 | {HE53} |

HE52A
=====

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

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                             |
-----

```

HE52B
=====

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

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] .....
REF ..... -7
DK ..... -8

```

HE53
=====

```

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

```

Is (PERSON) limited in attendance **or** unable to attend school because of (PERSON)'s impairment or physical or mental health problem?

```

LIMITED IN ATTENDANCE ..... 1
UNABLE TO ATTEND ..... 2
NEITHER ..... 3
REF ..... -7
DK ..... -8

```

[Code One]

PRESS F1 FOR DEFINITION OF LIMITED ATTENDANCE AND IMPAIRMENT.

HE54
=====

```

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

```

Is (PERSON) limited in any way in activities other than school because of an impairment or a physical or mental health problem?

```

YES ..... 1
NO ..... 2 {END_LP09}
REF ..... -7 {END_LP09}
DK ..... -8 {END_LP09}

```

PRESS F1 FOR DEFINITION OF LIMITED ACTIVITIES AND IMPAIRMENT.

HE54OV
=====

What type of limitation is that?

```

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

```

END_LP09
=====

```

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

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
|-----

LOOP_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
|-----

HE55
=====

{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

HE55_01
=====

(PERSON) seems to resist illness very well. ()

HE55_02
=====

(PERSON) seems to be less healthy than other
children of (PERSON)'s age that I know. ()

HE55_03
=====

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.
|-----

HE56
=====

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

About how tall is (PERSON) without shoes?

PROBE FOR INCHES IF NOT REPORTED.

HE56_01
=====

ENTER FEET:

[Enter Feet]
REF -7 {HE57}
DK -8 {HE57}

| SOFT RANGE CHECK: 0 TO 7 |

HE56_02
=====

ENTER INCHES:

[Enter Inches]
REF -7
DK -8

| SOFT RANGE CHECK: 0-12 (INCLUDING 1/4, 1/2, AND
3/4 UNITS) |

| EDIT: IF FEET (HE56_01) = 0, INCHES (HE56_02)
MUST BE 1-30. IF FEET (HE56_01) > 0, INCHES
(HE56_02) MUST BE 0-12. |

HE57
=====

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

About how much does (PERSON) weigh without shoes?

PROBE FOR OUNCES IF NOT REPORTED.

HE57_01
=====

ENTER POUNDS:

[Enter Pounds]
REF -7 {END_LP10}
DK -8 {END_LP10}

| SOFT RANGE CHECK: 1 TO 300 |

HE57_02
=====

ENTER OUNCES:

[Enter Ounces]
REF -7

| 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 |
| HOMEMAKER | 6 |
| I.V. OR INFUSION THERAPIST | 7 |
| MEDICAL DOCTOR | 8 |
| NURSE/NURSE PRACTITIONER | 9 |
| NURSE'S AIDE | 10 |
| OCCUPATIONAL THERAPIST | 11 |
| PERSONAL CARE ATTENDANT | 12 |
| PHYSICAL THERAPIST | 13 |
| RESPIRATORY THERAPIST | 14 |
| SOCIAL WORKER | 15 |
| SPEECH THERAPIST | 16 |
| SOME OTHER TYPE OF HEALTH CARE WORKER . | 91 |
| REF | -7 |
| DK | -8 |

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

```
-----  
| IF '-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 |

HH02OV2
=====

ENTER OTHER TYPE OF HEALTH CARE WORKER:

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

HH03
=====

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

Thinking about the home care services (PERSON) (have/has)
received from {someone from} (PROVIDER) during (VISIT MONTH),
were any of these home care services because of a
hospitalization, either before or after {PERSON'S STR-DT}?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF HOSPITALIZATION.

[Code One]

| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |

| DISPLAY THE REFERENCE PERIOD START DATE FOR THE |
| PERSON BEING ASKED ABOUT FOR 'PERSON'S STR-DT'. |

HH04
=====

{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]

| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |

HH05
=====

{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]

ROSTER DEFINITION: THIS ITEMS DISPLAYS
PERSON'S-MEDICAL-CONDITIONS ROSTER.

DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS
'AGENCY'.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.
 3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.'
 4. ANY CONDITION ADDED TO THE CONDITION ROSTER SHOULD BE FLAGGED AS 'CREATED' THIS ROUND (WITH THE ROUND STATUS). ANY CONDITION SELECTED AT THE CONDITION ROSTER SHOULD BE FLAGGED AS 'SELECTED' THIS ROUND (WITH THE ROUND STATUS). THIS FLAGGING SHOULD OCCUR, AT ALL CONDITION 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.
-

BOX_02
=====

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.

| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |

HH07
=====

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

SHOW CARD HH-2.

Now look at the **gray** area in the middle of the card.

During (VISIT MONTH), did {someone from} (PROVIDER) provide or
teach (PERSON) or a friend or relative how to use any **medical
equipment** or **assistive device**, such as the items listed on this
card?

PROBE: For example, an oxygen tank, a wheelchair, a walker, a
hospital bed, a tub seat, or a special railing or commode.

YES, AT LEAST ONCE 1
NO 2
REF -7
DK -8

[Code One]

| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |

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]

| DISPLAY 'SHOW CARD HH-2.' AND 'Now look at the |
| bottom of this card.' IF PROVIDER IS FLAGGED AS |
| 'AGENCY' OR 'PAID INDEPENDENT'. |

| DISPLAY 'SHOW CARD HH-3.' IF PROVIDER IS FLAGGED |
| AS 'INFORMAL'. |

| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |

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]

| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |

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]

| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |

HH10OV
=====

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] .....
REF ..... -7 {BOX_03}
DK ..... -8 {BOX_03}

```

```

-----
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |
|-----|

```

```

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

```

HH14
=====

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

During (VISIT MONTH), did {someone from} (PROVIDER) come once per day or **more than once** per day?

PROBE: We just need to know **in general**.

```

ONCE PER DAY ..... 1 {HH16}
MORE THAN ONCE PER DAY ..... 2
24 HOURS PER DAY ..... 3 {BOX_03}
REF ..... -7 {BOX_03}
DK ..... -8 {BOX_03}

```

[Code One]

```

-----
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |
|-----|

```

HH15
=====

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

During (VISIT MONTH), how many **times per day** did {someone from} (PROVIDER) come to the home to help (PERSON)?

PROBE: We just need to know **in general**.

```

[Enter Number of Times Per Day] .....
REF ..... -7 {BOX_03}
DK ..... -8 {BOX_03}

```

```

-----
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |
|-----|

```

```

-----
| RANGE CHECK: 2-6 FOR NUMBER OF TIMES. |
|-----|

```

HH16
=====

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

How **long** did {each visit usually/the visit} last?

PROBE: We just need to know **in general**.

IF RESPONSE IS LESS THAN ONE HOUR, ENTER '0' FOR HOURS.

HH16_01
=====

ENTER HOURS:

[Enter Hours]
REF -7 {BOX_03}
DK -8 {BOX_03}

HH16_02
=====

ENTER MINUTES:

[Enter Minutes]
REF -7
DK -8

| 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. |
|-----

BOX_03
=====

| IF 2 OR MORE MONTHS, EXCLUDING INTERVIEW MONTH, |
| FOR THIS PROVIDER FOR THIS PERSON HAVE NOT |
| COMPLETED THE HOME HEALTH (HH) UTILIZATION SECTION |
| AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, |
| CONTINUE WITH HH17 |
|-----

| OTHERWISE, GO TO BOX_04 |
|-----

HH17
=====

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

I have recorded that (PERSON) received services from (PROVIDER)
during other months. Were the services received from (PROVIDER)
during the other months similar to the services received during
(VISIT MONTH). That is, in the other months, did (PROVIDER)
visit {the same number of times/(READ FREQUENCY BELOW)} and
provide {the same services/(READ SERVICES BELOW)}?

FREQUENCY

SERVICES

{FREQUENCY OF SERVICES...} {DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}

{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}

YES 1
NO 2 {BOX_04}
REF -7 {BOX_04}
DK -8 {BOX_04}

[Code One]

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 HH10OV
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

SERVICES

{FREQUENCY OF SERVICES...} {DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}
{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}

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

[1. Month, Year-4]

[2. Month, Year-4]
[3. 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 HH10OV
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.

HH19
====

{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 |

Private Health Insurance Detail (HP) Section

NOTE: FOR 'CATEGORY NAME FROM HX03 OR HX23',
DISPLAY THE FOLLOWING:

- 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03
 - 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03
 - 'UNION' IF CODED '3' AT HX03
 - 'HEALTH INSURANCE PURCHASING ALLIANCE' IF CODED
'4' AT HX03
 - 'INSURANCE AGENT' IF CODED '5' AT HX03
 - 'INSURANCE COMPANY' IF CODED '6' AT HX03
 - 'HMO' IF CODED '7' AT HX03
 - 'PREVIOUS EMPLOYER' IF CODED '8' AT HX03
 - 'PREVIOUS EMPLOYER (COBRA)' IF CODED '9' AT HX03
 - THE TEXT ENTERED AT HX03OV IF CODED '91' AT HX03
 - 'SOURCE THE INSURANCE WAS PURCHASED FROM 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 (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}

[Code One]

| IF CODED '2' (INSURANCE ALREADY DISCUSSED), FLAG |
| ITEM FOR SOURCE CLEAN-UP. |

LOOP_01
=====

| FOR EACH OF THE FOLLOWING: |

ESTABLISHMENT 1
ESTABLISHMENT 2
ESTABLISHMENT 3
ESTABLISHMENT 4

ASK BOX_01A-END_LP01

| LOOP DEFINITION: LOOP-01 COLLECTS DETAILED |
| INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN |
| EMPLOYER OR THE ESTABLISHMENT NAMES OF THE |
| INSURANCE SOURCE COLLECTED IN EITHER HX03 OR HX23. |
| IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER |
| ONLY ONE LOOP CYCLE IS COMPLETED. |

IF LOOPING ON INSURANCE PROVIDED THROUGH AN INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT NAME OF THE INSURANCE SOURCE. SUBSEQUENT CYCLES, IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18. IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT ESTABLISHMENT NAME. IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7' (REFUSED),

OR '-8' (DON'T KNOW), THE LOOP ENDS.

BOX_01A
=====

IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN
EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT
FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1,
GO TO HP09

OTHERWISE, CONTINUE WITH HP04

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.

| ROSTER. ESTABLISHMENT | HP04_02. STREET | HP04_03. CITY |
|-----------------------|-------------------------------------|------------------------|
| 1. Establishment | [Enter Truncated Street Address] | [Enter Truncated City] |
| 2. Establishment | [Enter Truncated Street Address] | [Enter Truncated City] |
| 3. Establishment | [Enter Truncated Street Address] | [Enter Truncated City] |

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
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION 3 {HP08}
SELECTED WRONG ESTABLISHMENT/ADDRESS ... 4
REF -7 {BOX_02}
DK -8 {BOX_02}

[Code One]

IF CODED '4' (SELECTED WRONG ESTABLISHMENT/ ADDRESS), CAPI REDISPLAYS HP04 SO THE INTERVIEWER CAN SELECT THE CORRECT ESTABLISHMENT.

HP06

====

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

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

What is the {new} address of (ESTABLISHMENT)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD
LOCATION WHERE PERSON PURCHASED INSURANCE.

Current Info: [ESTABLISHMENT]
[STREET ADDRESS1]
[STREET ADDRESS2]
[CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]

ESTABLISHMENT (HP06_01): [_____
STREET ADDRESS1 (HP06_02): [_____
STREET ADDRESS2 (HP06_03): [_____
CITY (HP06_04): [_____
STATE (HP06_05): [_____
ZIP CODE (HP06_06): [_____
TELEPHONE (HP06_07): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| DISPLAY 'new' IF HP05 IS CODED '2' (ADD NEW
| ADDRESS FOR ESTABLISHMENT). OTHERWISE, USE A
| NULL DISPLAY.
|-----

| NOTE: SINCE TYPE OF COVERAGE INFORMATION IS NOT
| COLLECTED UNTIL AFTER WE COLLECT ADDRESS
| INFORMATION, WE WILL BE COLLECTING ADDRESS
| INFORMATION FOR SOME ESTABLISHMENTS THAT WILL NOT
| BE PART OF THE HIPS SAMPLE.
|-----

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-
| ROSTER.
|-----

| 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).
|-----

HP07
====

{STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

You mentioned that someone in the family receives health
insurance from the plan of someone not living here. How
does that policyholder get this insurance?

INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW.
ADDRESS INFORMATION IS NOT NECESSARY.

[Enter Establishment Name]

NOTE: ONLY CATEGORY '12' (UNDER PLAN OF SOMEONE
NOT LIVING HERE) OF HX23 IS ASKED HP07.

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 HX23 IS CODED '1', FLAG ESTABLISHMENT AS
'GROUP'.
IF HX23 IS CODED '2', FLAG ESTABLISHMENT AS
'HEALTH ALLIANCE'.
IF HX23 IS CODED '3', FLAG ESTABLISHMENT AS
'SCHOOL'.
IF HX23 IS CODED '4', FLAG ESTABLISHMENT AS
'INSURANCE COMPANY-FROM AN AGENT'.
IF HX23 IS CODED '5', FLAG ESTABLISHMENT AS

```

'INSURANCE COMPANY'.
IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS
'HMO'.
IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS
'UNION'.
IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS
'COBRA'.
IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS
'PREVIOUS EMPLOYER, NOT COBRA'.
IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS
'SPOUSE PREVIOUS EMPLOYER'.
IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS
'EMPLOYER'.
IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS
'UNKNOWN TYPE-OUTSIDE RU'.
IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS
'UNKNOWN TYPE - COLLECTED AT OTHER'.

```

BOX_03
=====

```

-----
| IF LOOPING ON AN HX23 CATEGORY, GO TO HP11 |
-----

```

```

-----
| OTHERWISE, CONTINUE WITH HP09 |
-----

```

HP09
=====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{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'.

NOTE: WHENEVER THE POLICYHOLDER IS BEING ASKED
ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE
POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE
DISPLAYED AS 'PLCYHLDR DECEASED-' FOLLOWED BY THE
FIRST 15 CHARACTERS OF THE ENTRY AT HP11B.

LOOP_02
=====

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-
PAIRS-ROSTER, ASK BOX_04-END_LP02

LOOP DEFINITION: LOOP 02 COLLECTS INFORMATION

ABOUT THE POLICYHOLDER AND DEPENDENTS FOR EACH
ESTABLISHMENT-PERSON. THIS LOOP CYCLES ON EACH
ESTABLISHMENT-PERSON-PAIR CREATED AT HP09 AND HP11
DURING THE CURRENT ROUND FOR THE ESTABLISHMENT
BEING CYCLED ON IN LOOP_01.

BOX_04
=====

IF LOOPING ON AN ESTABLISHMENT FLAGGED IN
EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE', GO TO
BOX_07

OTHERWISE, CONTINUE WITH BOX_05

BOX_05
=====

IF HX23 IS CODED '8' (PREVIOUS EMPLOYER-COBRA),
'9' (PREVIOUS EMPLOYER-NOT COBRA), '10' (SPOUSE
PREVIOUS EMPLOYER), OR '11' (OTHER EMPLOYER)
CONTINUE WITH BOX_06

OTHERWISE, GO TO BOX_07

BOX_06
=====

IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED',
CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI
AND GO TO HP13

IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO
BOX_07

OTHERWISE, CONTINUE WITH HP12

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'.

HP12OV
=====

ENTER OTHER:

[Enter Other Specify]
REF -7
DK -8

HP13
=====

{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)'.

BOX_07
=====

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 TYPE-OUTSIDE RU' (I.E., HX23-CODE '12')
OR
'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23-
CODE '91'),

CONTINUE WITH HP14

OTHERWISE, GO TO HP15

```

-----
NOTE: FROM THE TAPES AND OBSERVATIONS, IT BECAME
OBVIOUS THAT MANY SOURCES OF INSURANCE WERE BEING
SENT THROUGH HP14 WHEN IT WAS INAPPROPRIATE.
THEREFORE, BOX_07 HAS BEEN REVISED TO SEND ONLY
SOURCES OF INSURANCE IDENTIFIED AS EMPLOYER (BUT
NOT CURRENT OR COBRA) OR UNKNOWN THROUGH HP14.
-----

```

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.

```

-----
DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF
ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5.
OTHERWISE, USE NULL DISPLAY.
-----

```

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 {HP17}
REF ..... -7 {HP17}
DK ..... -8 {HP17}

```

PRESS F1 FOR DEFINITION OF DEPENDENT.

```

-----
DISPLAY 'living here' IF LOOPING ON CODE '12'
(OUTSIDE RU) AT HX23.

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

```

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

OTHERWISE, CONTINUE WITH LOOP_03

LOOP_03
=====

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-
PERS-TRPLS-ROSTER, ASK BOX-09-END_LP03

LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD
COVERAGE FOR ALL CURRENT RU MEMBERS COVERED BY THE
INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.
THIS LOOP CYCLES ON CURRENT RU MEMBERS WHO ARE
SELECTED AS DEPENDENTS AT HP16 AND THE RU MEMBER
WHO IS FLAGGED AS THE POLICYHOLDER FOR THIS
INSURANCE.

BOX_09
=====

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION.
AT COMPLETION OF TIME PERIOD COVERED DETAIL (HQ)
SECTION, CONTINUE WITH END_LP03

END_LP03
=====

CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-
COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS
STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_03 AND CONTINUE WITH END_LP02

END_LP02
=====

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END
LOOP_02 AND CONTINUE WITH BOX_10

BOX_10
=====

IF LOOPING ON AN ESTABLISHMENT FLAGGED IN
EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT
FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO
TO END_LP01

OTHERWISE, CONTINUE WITH HP18

HP18
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-DT}

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Aside from (POLICYHOLDER)'s (ESTABLISHMENT) insurance, is there another health insurance plan that anyone in the family obtains from (a/an) (INSURANCE SOURCE)?

YES 1
NO 2
REF -7
DK -8

END_LP01
=====

| IF HP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
| ESTABLISHMENT NAME. |

| IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW) END LOOP_01 AND |
| CONTINUE WITH BOX_11 |

BOX_11
=====

| RETURN TO THE HEALTH INSURANCE (HX) SECTION. |

Time Period Covered Detail (HQ) Section

HQ01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-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'.
|-----

HQ05
=====

{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}

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.....} {ADM-DT}
{DIS-DT}

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.' |

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.....} {ADM-DT}
{DIS-DT}

SHOW CARD HS-1.

Please look at this card and tell me which category **best** describes the reason (PERSON) entered (PROVIDER) on (ADMIT DATE)?

IF NECESSARY, PROBE: What was the **main** reason (PERSON) entered (PROVIDER)?

- OPERATION OR SURGICAL PROCEDURE 1
- TREATMENT OR THERAPY, NOT INCLUDING SURGERY 2
- DIAGNOSTIC TESTS ONLY 3
- GIVE BIRTH TO A BABY - NORMAL OR CAESAREAN SECTION (MOTHER) 4
- TO BE BORN (BABY) 5
- OTHER 91
- REF -7

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

```

-----
ALLOW CODE '4' (GIVE BIRTH TO A BABY) ONLY IF
PERSON IS FEMALE.  ALLOW CODE '5' (TO BE BORN)
ONLY IF PERSON IS < OR = 1 YEAR OLD (OR AGE
CATEGORY 1).
-----
    
```

```

-----
IF HS05 IS CODED '1' (OPERATION OR SURGICAL
PROCEDURE), AUTOMATICALLY CODE HS06 AS '1' (YES)
BY CAPI AND GO TO HS07
-----
    
```

```

-----
OTHERWISE, CONTINUE WITH HS06
-----
    
```

HS06
====

```

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {ADM-DT}
{DIS-DT}
    
```

Were any operations or surgical procedures performed on
(PERSON) during this stay?

```

YES ..... 1
NO ..... 2 {HS08}
REF ..... -7 {HS08}
DK ..... -8 {HS08}
    
```

PRESS F1 FOR DEFINITION OF OPERATIONS/SURGICAL PROCEDURES.

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
    
```

[Code One]

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-
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.'

HS10
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {ADM-DT}
{DIS-DT}

Now I would like to ask about the physicians and surgeons who
treated (PERSON) during this hospital stay. (Have/Has) (PERSON)
seen any of these doctors or surgeons at a place of practice
outside of (PROVIDER)?

YES 1
NO 2 {BOX_04}
REF -7 {BOX_04}
DK -8 {BOX_04}

NOTE: IN ROUNDS 1 AND 2, THE SECOND SENTENCE OF THE
QUESTION WAS WORDED, "Do any of these doctors or surgeons
have a place of practice outside of (PROVIDER) where
(PERSON) (was/were) seen as a patient?"

HS11
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {ADM-DT}
{DIS-DT}

Please give me the names of the medical places or private
doctor's office where (PERSON) saw each of these doctors or
surgeons outside of (PROVIDER).

PRESS ENTER TO CONTINUE.

LOOP_01
=====

FOR EACH OF THE FOLLOWING:

PROVIDER 1
PROVIDER 2
PROVIDER 3
PROVIDER 4

ASK BOX_02_END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS NAMES AND
INFORMATION ABOUT EACH SEPARATELY BILLING
PROVIDER. THE RESPONSE TO HS12 DETERMINES WHETHER
THE LOOP CYCLES AGAIN. IF HS12 IS CODED '1' (YES),
THE LOOP CYCLES TO COLLECT THE NEXT SEPARATELY
BILLING PROVIDER. IF HS12 IS CODED '2' (NO), '-7'
(REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.

BOX_02
=====

ASK THE PROVIDER ROSTER (PV) SECTION.
AT COMPLETION OF THE PROVIDER ROSTER (PV) SECTION,
CONTINUE WITH BOX_03

BOX_03
=====

FOR EACH PROVIDER ADDED OR SELECTED, ADD A PAIR TO
THE PERSON'S-EVENT-PROVIDER-PAIRS ROSTER.

FLAG EACH PROVIDER ADDED OR SELECTED AS A
'SEPARATELY BILLING DOCTOR' RELATED TO THE
HOSPITAL STAY EVENT BEING ASKED ABOUT.

HS12
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {ADM-DT}
{DIS-DT}

Was there anyone else?

PROBE: Were there any other doctors or surgeons who treated
(PERSON) during the hospital stay and who (PERSON) (have/has)
seen at a place of practice outside of (PROVIDER)?

YES 1
NO 2
REF -7
DK -8

NOTE: IN ROUNDS 1 AND 2, THE PROBE PART OF THE
QUESTION WAS WORDED, "...and who have a place of
practice outside of (PROVIDER) where (PERSON)
(was/were) seen as a patient?"

END_LP01
=====

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

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.

Health Insurance (HX) Section

HX01

{STR-DT}
{END-DT}

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.

| DISPLAY '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-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. SUBSEQUENT CYCLES COLLECT |
ADDITIONAL WAYS PERSON PURCHASES INSURANCE. |
|
THE RESPONSE AT HX04 DETERMINES WHETHER THE LOOP |
CYCLES AGAIN. IF HX04 IS CODED '1' (YES), THE |
LOOP CYCLES TO COLLECT THE NEXT INSURANCE |
CATEGORY. IF HX04 IS CODED '2' (NO), '-7' |
(REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS. |
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HX03
=====

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{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.

```

-----
DISPLAY 'You mentioned that (PERSON) {(are/is)/
(were/was)} self-employed and had health insurance|
through that business.' IF FIRST CYCLE THROUGH |
LOOP_03. OTHERWISE USE A NULL DISPLAY. |
|
DISPLAY '(are/is)' IF ESTABLISHMENT IS FLAGGED AS |
A CURRENT EMPLOYER. DISPLAY '(were/was)' IF |
ESTABLISHMENT IS NOT FLAGGED AS A CURRENT |
EMPLOYER OR IF CURRENT ROUND IS ROUND 5. |
|
DISPLAY 'the main' IF FIRST CYCLE THROUGH LOOP_03.|
OTHERWISE (I.E., NOT FIRST CYCLE), DISPLAY |
'another'. |
-----

```

HX03OV
=====

ENTER OTHER:

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

BOX_06

=====

| 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 INDIANA.

DISPLAY 'or Hawk-I' FOR 'STATE CHIP NAME' IF |
STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |
IOWA.

DISPLAY 'or Kentucky CHIP' FOR 'STATE CHIP NAME' |
IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |
KENTUCKY.

DISPLAY 'or LaCHIP' 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.

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.

HX07

=====

{STR-DT}
{END-DT}

Who is covered by Medicare?

PROBE: Who else is covered by Medicare?

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

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

ROSTER DEFINITION:
IF ROUND 1, THIS ITEM DISPLAYS THE COMPLETE RU-MEMBERS-ROSTER.
IF ROUND 2, THIS ITEM DISPLAYS PERSONS ON THE RU-MEMBERS-ROSTER THAT MEET ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS A NEW RU MEMBER THIS ROUND
OR
- PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND
OR
- PERSON => 65 YEARS OLD (OR IN AGE CATEGORY 9) LAST ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND.

LOOP_04

=====

FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK BOX_09-END_LP04

LOOP DEFINITION: LOOP_04 DETERMINES IF REASON FOR MEDICARE IS CONDITION/DISABILITY FOR PERSONS < 65 WHO RECEIVE MEDICARE AND COLLECTS SOCIAL SECURITY STATUS FOR PERSONS => 65 WHO ARE NOT COVERED BY MEDICARE. THIS LOOP CYCLES ON PERSONS WHO MEET ANY OF THE FOLLOWING CONDITIONS:
- IF ROUND 1: ALL CURRENT RU MEMBERS
- IF 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

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

{PERSON'S FIRST MIDDLE AND LAST NAME}

People with Social Security usually get **Medicare**. (Do/Does)
(PERSON) receive Social Security?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF SOCIAL SECURITY.

END_LP04

| 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 |

| OTHERWISE, CONTINUE WITH BOX_12A |

BOX_12A

| IF GOVT-HOSPITAL/PHYSICIAN IS A SOURCE OF |
| INSURANCE FOR ANY RU MEMBER DURING THE CURRENT |
| ROUND, GO TO BOX_14 |

| OTHERWISE, CONTINUE WITH HX10 |

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

NO 2 {BOX_14}
REF -7 {BOX_14}
DK -8 {BOX_14}

PRESS F1 FOR DEFINITION OF MEDICAID.

| DISPLAY FIRST PARAGRAPH ('Some homes.') ONLY |
| IF ROUND 1. OTHERWISE, USE A NULL DISPLAY. |

| DISPLAY SECOND PARAGRAPH (INCLUDING REFERENCE TO |
| SHOW CARD) ONLY IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED ISSUES A CARD OR PIECE OF PAPER TO |
| MEDICAID RECIPIENTS. THIS INCLUDES ALL STATES |
| EXCEPT TENNESSEE. IF THE INTERVIEW IS BEING |
| CONDUCTED IN TENNESSEE, USE A NULL DISPLAY. |

| DISPLAY THIRD PARAGRAPH ('During... CHIP NAME}}.) |
| ONLY IF NOT ROUND 1. 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 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 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. |

| IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT |
| PERSON AUTOMATICALLY BY CAPI AT HX11 AND GO TO |
| LOOP_05 |

| IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE |
| WITH HX11 |

HX11
====

{STR-DT}
{END-DT}

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 |

| OTHERWISE, CONTINUE WITH HX12 |

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
AND
- 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 |
| AND |
| - 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'. |

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

DISPLAY 'such as...programs' IF 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
 USE A NULL DISPLAY WHEN INTERVIEW IS BEING
 CONDUCTED IN ONE OF THE STATES LISTED ABOVE.

DISPLAY THE LIST OF UP TO THREE ACTUAL NAMES OF
 STATE PROGRAMS (AS LISTED IN NEXT BOX) FOR 'STATE
 NAME FOR PROGRAM #N' IF STATE HAS OTHER STATE
 PROGRAMS. OTHERWISE, USE A NULL DISPLAY.

| STATE | OTHER PUBLIC PROGRAM(S) |
|-------------------------|---|
| ALABAMA | Hypertension Program |
| ARIZONA | Teen Prenatal Express Program (TPE) |
| ARKANSAS | Arkansas Kidney Disease Commission |
| CALIFORNIA | AIDS Drug Assistance Program (ADAP) HIV Children Program |
| COLORADO | Colorado Child Health Plan Assistance for AIDS Specific Drugs (AASD) |
| CONNECTICUT | ConnPACE Connecticut AIDS Drug Assistance Program (CADAP) |
| DISTRICT OF COLUMBIA | Medical Charities Plan |
| FLORIDA | Florida Statewide Kidney Disease Program |
| GEORGIA | AIDS Drug Assistance Program |
| HAWAII | Hawaii Chronic Renal Disease Program HIV Drug Assistance Program |
| IDAHO | Catastrophic Fund |
| ILLINOIS | Circuit Breaker Pharmaceutical Assistance Program |
| INDIANA | Indiana State Department of Health- Renal Program |
| IOWA | Caring Program for Children Chronic Renal Disease Program |
| KENTUCKY | Kentucky AIDS Drug Assistance Program (KADAP) |
| LOUISIANA | HIV Formulary |
| MAINE | Elderly Low Cost Drug Program Maine AIDS Drug Assistance Program (ADAP) |
| MARYLAND | Kidney Disease Program Maryland Pharmacy Assistance Program (MPAP) Maryland State Family Planning Program |
| MASSACHUSETTS | CenterCare Program Children's Medical Security Plan Healthy Start |
| MICHIGAN | Caring Program for Children Non-Medicaid MICH-Care Program |
| MISSOURI | Missouri Kidney Program (MoKP) |
| MONTANA | End-Stage Renal Disease Program |
| NEBRASKA | Chronic Renal Disease Program |
| NEW HAMPSHIRE | Catastrophic Illness Program |

| STATE | OTHER PUBLIC PROGRAM(S) |
|------------|---|
| NEW JERSEY | Pharmaceutical Assistance for the Aged and Disabled (PAAD) Chronic Renal Disease Services |
| NEW MEXICO | Home Delivery Drug Program |
| NEW YORK | Child Health Plus (CHP) Elderly Pharmaceutical Insurance Program (EPIC) |

```

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

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-----
FOR EACH OF THE FOLLOWING: |
GROUP 1 |
GROUP 2 |
ASK BOX_20-END_LP08 |
-----

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-----
LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION ON |
OTHER STATE OR PUBLIC PROGRAMS. THE FIRST CYCLE |
OF THIS LOOP COLLECTS GROUP 1 OTHER PUBLIC |
INSURANCE PROGRAMS OR, IF NO GROUP 1, GROUP 2 |
OTHER PUBLIC INSURANCE PROGRAMS. |
THIS LOOP CAN CYCLE A MAXIMUM OF TWICE. THE |
SUBSEQUENT CYCLE OF THE LOOP IS DETERMINED BY THE |
RESPONSE AT HX20. IF HX20 IS CODED '1' (YES), |
THE LOOP CYCLES AGAIN TO COLLECT GROUP 2 PUBLIC |
INSURANCE INFORMATION. IF HX20 IS CODED '2' (NO), |
'-7' (REFUSED), '-8' (DON'T KNOW), OR IS NOT |
ASKED, THE LOOP ENDS. |
-----

```

BOX_20

```

-----
IF FIRST CYCLE OF LOOP_08, CONTINUE WITH HX17 |
-----
OTHERWISE (I.E., IF SECOND CYCLE OF LOOP_08), GO |
TO HX18 |
-----

```

HX17

```

{STR-DT}
{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]

FOR 'STATE SPECIFIC PLAN N', DISPLAY AN ACTUAL |
NAME OF A STATE PLAN WHEN INTERVIEW IS BEING |
CONDUCTED IN A STATE THAT HAS OTHER STATE PROGRAMS|
THAT IS, A STATE **OTHER** THAN ONE OF THE FOLLOWING: |
ALASKA MISSISSIPPI SOUTH CAROLINA |
DELAWARE NEVADA SOUTH DAKOTA |
KANSAS NORTH DAKOTA VIRGINIA |
MINNESOTA OREGON WISCONSIN |
FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE, SEE |
BOX ON HX16. |
USE A NULL DISPLAY WHEN INTERVIEW IS BEING |
CONDUCTED IN ONE OF THE STATES LISTED ABOVE. |

ANY PROGRAM SELECTED IN HX17 IS CONSIDERED A GROUP |
1 PROGRAM AND WILL BE GROUPED TOGETHER WHEN ASKED |
ABOUT IN HX19. |

CODES '1', '2', '3', '4', '5', AND '6' ARE |
RESERVED FOR STATE SPECIFIC PLANS. IF THE STATE |
HAS LESS THAN 6 PLANS, DO NOT ADJUST THE OTHER |
CODES. (I.E., FOR A STATE WITH NO STATE-SPECIFIC |
PLANS, CODES WOULD START WITH '91' AT HX17 OR '7' |
AT HX18.) |

EDIT: CODE '95' (NONE OF THESE) CANNOT BE ENTERED |
WITH ANY OTHER CODES. IF CODED '95' (NONE OF |
THESE) WITH ANY OTHER CODES, DISPLAY THE |
FOLLOWING MESSAGE: '95 CANNOT BE CODED WITH ANY |
OTHER RESPONSES. VERIFY AND RE-ENTER. PRESS |
ENTER TO CONTINUE.' |

IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
WITH ANY OTHER CODE, CONTINUE WITH HX17OV |

IF CODED '95' (NONE OF THESE), GO TO HX18 |

OTHERWISE, GO TO BOX_21 |

HX17OV

=====

ENTER OTHER:

[Enter Other Specify] {BOX_21}
REF -7 {BOX_21}
DK -8 {BOX_21}

HX18
=====

{STR-DT}
{END-DT}

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
REF -7
DK -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

| ANY PROGRAM SELECTED IN HX18 IS CONSIDERED A |
| GROUP 2 PROGRAM AND WILL BE GROUPED TOGETHER WHEN |
| ASKED ABOUT IN HX19 |

| IF: |
| NO CURRENT RU MEMBER COVERED BY MEDICAID OR GOVT- |
| HOSPITAL/PHYSICIAN DURING CURRENT ROUND |
| AND |
| HX18 IS CODED '7' (AFDC), '8' (SSI), OR '9' |
| (WIC), ALONE OR WITH ANY OTHER COMBINATION OF |
| CODES, CONTINUE WITH BOX_21 |

| OTHERWISE, GO TO END_LP08 |

BOX_21
=====

| IF SINGLE-PERSON RU, SELECT PERSON AT HX19 |
| AUTOMATICALLY BY CAPI AND GO TO LOOP_09 |

| IF MULTI-PERSON RU, CONTINUE WITH HX19 |

HX19
=====

{STR-DT}
{END-DT}

PROGRAM:
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}

Who is covered by (READ PROGRAMS ABOVE)?

PROBE: Who else is covered by (READ PROGRAMS ABOVE)?

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

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

| IF COMING FROM HX17, DISPLAY ALL PROGRAMS SELECTED |
| AT HX17. IF COMING FROM HX18, DISPLAY ALL |
| PROGRAMS SELECTED AT HX18. |

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

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
=====

{STR-DT}
{END-DT}

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.

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 |
ROUND 5. |

LOOP_10

=====

FOR EACH OF THE FOLLOWING: |
|
PRIVATELY PURCHASED INSURANCE CATEGORY 1 |
PRIVATELY PURCHASED INSURANCE CATEGORY 2 |
PRIVATELY PURCHASED INSURANCE CATEGORY 3 |
PRIVATELY PURCHASED INSURANCE CATEGORY 4 |
PRIVATELY PURCHASED INSURANCE CATEGORY 5 |
PRIVATELY PURCHASED INSURANCE CATEGORY 6 |
|
ASK HX23 - END_LP10 |

LOOP DEFINITION: LOOP_10 COLLECTS INFORMATION |
ABOUT PRIVATELY PURCHASED HEALTH INSURANCE NOT |
OBTAINED THROUGH AN EMPLOYER. THIS LOOP CYCLES ON |
SOURCES OF PRIVATELY PURCHASED INSURANCE LISTED |
AT HX23. THE FIRST CYCLE OF THIS LOOP COLLECTS |
THE FIRST SOURCE OF PRIVATELY PURCHASED INSURANCE. |
SUBSEQUENT CYCLES OF THE LOOP ARE DETERMINED BY |
THE RESPONSE AT HX24. IF HX24 IS CODED '1' |
(YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT |
SOURCE OF PRIVATELY PURCHASED INSURANCE. IF HX24 |
IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
(DON'T KNOW), THE LOOP ENDS. |

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
 DK -8

BOX_24

=====

 | ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION |
 | FOR THE RESPONSE CATEGORY SELECTED AT HX23 AND |
 | FLAGGED THIS ROUND AS PROVIDING HEALTH INSURANCE. |

 | AT COMPLETION OF THE HP SECTION, CONTINUE WITH |
 | HX24 |

HX24

=====

{STR-DT}
 {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
 DK -8

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. |

END_LP10

=====

| IF HX24 IS CODED '1' (YES), CYCLE TO COLLECT THE |
| NEXT INSURANCE CATEGORY. |

| OTHERWISE END LOOP_10, AND CONTINUE WITH BOX_25 |

BOX_25

| IF NO PUBLIC OR PRIVATE INSURANCE RECORDED FOR ANY |
| CURRENT RU MEMBER, GO TO BOX_45 |

| OTHERWISE, CONTINUE WITH BOX_26 |

BOX_26

| IF ANY RU MEMBER HAS MEDICARE AS A SOURCE OF |
| INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH |
| BOX_27 |

| OTHERWISE, GO TO BOX_29 |

BOX_27

| IF ROUND 1, GO TO LOOP_11 |

| OTHERWISE, CONTINUE WITH BOX_28 |

BOX_28

| IF NOT ROUND 1, CONTINUE WITH LOOP_11 ONLY FOR RU |
| MEMBERS WHERE MEDICARE WAS RECORDED AS BEING |
| RECEIVED THIS ROUND. THAT IS, CONTINUE WITH |
| LOOP_11 ONLY IF THERE IS AT LEAST ONE |
| ESTABLISHMENT-PERSON-PAIR WHERE THE ESTABLISHMENT |
| IS MEDICARE AND THE PAIR WAS CREATED THIS ROUND. |

| OTHERWISE, GO TO BOX_29 |

LOOP_11

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER, ASK HX25-END_LP11 |

| LOOP DEFINITION: LOOP_11 COLLECTS MEDICARE CARD |
| AND MANAGED CARE INFORMATION FOR RU MEMBERS |

COVERED BY MEDICARE. THIS LOOP CYCLES ON
 ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING
 CONDITIONS:
 IF ROUND 1:
 - ESTABLISHMENT IS MEDICARE
 AND
 - PERSON IS AN RU MEMBER FLAGGED AS COVERED BY
 MEDICARE DURING THE ROUND
 IF NOT ROUND 1:
 - ESTABLISHMENT IS MEDICARE
 AND
 - PERSON IS AN RU MEMBER
 AND
 - ESTABLISHMENT-PERSON-PAIR WAS CREATED THIS ROUND

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

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER:

RECORD THE FOLLOWING INFORMATION FROM THE CARD:

{MEDICARE} CLAIM NUMBER:

[Enter Large Number]
REF -7
DK -8

EFFECTIVE DATE:

[Enter Month,Day,Year-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

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD HX-2.

(Do/Does) (PERSON) have a Medicare card that looks like this?

YES 1
NO 2
REF -7
DK -8

 | 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 PRESSES ENTER TO CLEAR THE MESSAGE, |
 | PROCEED TO THE NEXT LOGICAL SCREEN. |
 |-----

| FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE |
 | ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER |
 | ENTERED FOR THIS STATE. |
 |-----

 | FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |
 | MEDICARE INSURER' FOR THIS ESTABLISHMENT-PERSON- |
 | PAIR. |
 |-----

 | IF ROUND 1, GO TO HX34 |
 |-----

| OTHERWISE, GO TO END_LP11 |

HX32
====

{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 {HX33}
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. |

HX32A
====

{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 {END_LP11}
REF -7 {END_LP11}
DK -8 {END_LP11}

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 |
| KNOW), THERE IS NO INSURER ASSOCIATED WITH THE |
| CURRENT ROUND FOR MEDICARE FOR THIS ESTABLISHMENT- |
| PERSON-PAIR. |

HX33
====

{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 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 |
| ENTERED. |

| '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/{STATE NAME FOR MEDICAID}/or
{STATE CHIP NAME}}' IF ASKING ABOUT MEDICAID. IF
ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, USE A NULL
DISPLAY. DISPLAY 'this program' IF ASKING ABOUT
MEDICAID. DISPLAY 'the program....benefits' IF
ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS
BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY
'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL
STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH
INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME
'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY
STATE, SEE BOX ON HX06.

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

| AVAILABLE)), CONTINUE WITH BOX_31 |

BOX_31

| IF STATE DOES NOT HAVE MEDICAID CARDS OR IF |
| ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, CODE HX37 AS |
| '2' (SOME OTHER CARD) AUTOMATICALLY BY CAPI AND GO |
| TO HX39 |

| IF STATE DOES HAVE MEDICAID CARDS, CONTINUE WITH |
| HX37 |

HX37

{STR-DT}

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 |

HX38

{STR-DT}

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 CAPI AND GO TO HX42 |

| OTHERWISE, CONTINUE WITH HX41 |

HX41

=====
{STR-DT}
{END-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. |

HX410V

=====
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 |
| AND |
| - 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}' 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.

| FLAG INSURER CODED ABOVE AS CURRENT ROUND'S |
| INSURER FOR MEDICAID OR GOVT-HOSPITAL/PHYSICIAN. |

| IF ASKING ABOUT MEDICAID, GO TO BOX_32 |

| OTHERWISE, CONTINUE WITH HX45 |

HX45
=====

{STR-DT}
{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.

| 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 '(PLAN NAME)' IF THERE IS A CURRENT ROUND |
| INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ |
| PHYSICIAN INSURANCE. OTHERWISE, DISPLAY, 'the |
| program sponsored ...'. |

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 {the (PLAN NAME)/
that} coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars]

REF -7 {HX47}
DK -8 {HX47}

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 '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
DK -8

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
DK -8

[Code All That Apply]

DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT |
ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ |
PHYSICIAN INSURANCE. OTHERWISE, USE A NULL |
DISPLAY. |

DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN |
LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL |
PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
AT HX41OV FOR THIS STATE. |

DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR |
'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS |
ENTERED. |

DISPLAY 'else' IF HX45 IS CODED '1' (YES). |
OTHERWISE, USE A NULL DISPLAY. |

DISPLAY 'some of' IF HX45 IS CODED '1' (YES). |
DISPLAY 'for' IF HX45 IS CODED '2' (NO). |

IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
WITH ANY OTHER CODE, CONTINUE WITH 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 |
AND |
- THE INSURANCE COVERAGE PROVIDED BY THE |
ESTABLISHMENT IS CREATED DURING THE CURRENT ROUND |

HX48

=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.....} {STR-DT} {END-DT}

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.

 | DISPLAY '(do/does)' IF INSURANCE BEING ASKED |
 | ABOUT IS CURRENT (I.E., HQ02 IS CODED '1' (YES, |
 | COVERED NOW) FOR THE POLICYHOLDER AND THE CURRENT |
 | ROUND IS NOT ROUND 5. OTHERWISE, DISPLAY 'did'. |
 |
 | DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, |
 | USE A NULL DISPLAY. |
 |-----

 | 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 |
|-------------------------|---------------------|
| 1. Insurer | [Display Selection] |
| 2. Insurer | [Display Selection] |
| 3. Insurer | [Display Selection] |

 ROSTER DEFINITION: THIS ITEM USES THE RU- |
 ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER TO |
 DISPLAY ONLY THOSE INSURERS THAT ARE PART OF |
 TRIPLES THAT MEET THE FOLLOWING CONDITIONS: |
 - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE |
 AND |
 - PERSON IS THE POLICYHOLDER FOR THE INSURANCE |
 PROVIDED THROUGH THIS ESTABLISHMENT |
 AND |
 - INSURER IS THE SOURCE OF BENEFITS PROVIDED TO |
 PERSON THROUGH THE ESTABLISHMENT (I.E., THE |
 INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY)|

 FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE |
 SUPPLEMENT/MEDIGAP BENEFITS'. ALSO FLAG AS |
 CURRENT ROUND'S INSURER(S) FOR THIS ESTABLISHMENT- |
 PERSON-PAIR. |

INSURER ROSTER BEHAVIOR SPECIFICATIONS: |
 1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF |
 INSURANCE COMPANIES OR HMOs AT THE ROSTER |
 QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF |
 INSURANCE COMPANIES/HMOs). |
 2. THIS ROSTER IS ONLY CARRIED FORWARD FOR EACH |
 INDIVIDUAL ESTABLISHMENT-PERSON-PAIR. |

THEREFORE, INTERVIEWERS ARE NOT ALLOWED TO SELECT AN INSURANCE COMPANY 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).

- 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

HX51

{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.

| ROSTER. NAME OF INSURER | HX51_02. TYPE |
|-------------------------|---------------------|
| 1. Insurer | [Display Selection] |
| 2. Insurer | [Display Selection] |
| 3. Insurer | [Display Selection] |

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 |
| AND |
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE |
| PROVIDED THROUGH THIS ESTABLISHMENT |
| AND |
| - INSURER IS THE SOURCE OF THE BENEFITS PROVIDED |
| TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE |
| INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY) |

HX52
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO
NAME.} policy, such as low option or high option?

YES, ANOTHER NAME 1
NO OTHER NAMES 2 {END_LP14}
REF -7 {END_LP14}
DK -8 {END_LP14}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

| DISPLAY THE NAME OF THE INSURANCE CO/HMO |
| RECORDED IN HX51_01 WHICH IS BEING LOOPED ON FOR |
| 'INSURANCE...NAME.' |

HX52OV
=====

ENTER OTHER NAME:

[Enter Insurance Company or HMO]
REF -7
DK -8

END_LP14
=====

CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |
INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
STATED IN THE LOOP DEFINITION |

IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |
END LOOP_14 AND CONTINUE WITH BOX_37 |

BOX_37
=====

IF ROUND 1, CONTINUE WITH HX53 |

OTHERWISE, GO TO BOX_38 |

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. |

ROSTER DEFINITION: THIS ITEM USES THE RU- |
ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER TO |
DISPLAY ONLY THOSE INSURERS THAT ARE A PART OF |
TRIPLES THAT MEET THE FOLLOWING CONDITIONS: |
- ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH |
INSURANCE WITH HOSPITAL/PHYSICIAN BENEFITS |
AND |
- PERSON IS THE POLICYHOLDER FOR THE INSURANCE |
PROVIDED THROUGH THIS ESTABLISHMENT |
AND |
- INSURER IS THE SOURCE OF THE HOSPITAL/PHYSICIAN |
BENEFITS PROVIDED TO PERSON THROUGH THE |
ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, |
OR SELF-INSURED COMPANY) |

HX54
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}

What is the name of the {other} insurance company or HMO for (POLICYHOLDER)'s (ESTABLISHMENT) insurance?

PROBE: Any other insurance company or HMO?

1=INS CO 2=HMO 3=SELF-INSURED COMPANY

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

| ROSTER. NAME OF INSURER | HX54_02. TYPE |
|-------------------------|-------------------|
| 1. Insurer | [Enter Selection] |
| 2. Insurer | [Enter Selection] |
| 3. Insurer | [Enter Selection] |

| 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 ALREADY ENTERED FOR THIS ESTABLISHMENT-PERSON-PAIR IS DESIGNED TO COLLECT A DIFFERENT INSURANCE COMPANY/HMO NAME).
 3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'
-

LOOP_15

| 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 |
| AND |
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE |
| PROVIDED THROUGH THIS ESTABLISHMENT |
| AND |
| - 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 |
| RECORDED 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

| IF ROUND 1, CONTINUE WITH HX56 |

| OTHERWISE, GO TO BOX_40 |

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].....
- POLICYNUMBER: [Enter Policynumber].....
- 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

| IF THIS ESTABLISHMENT-PERSON-PAIR HAS AT LEAST ONE |
| INSURER THAT PROVIDES HOSPITAL AND PHYSICIAN |
| BENEFITS OR THAT PROVIDES MEDICARE SUPPLEMENT/ |
| MEDIGAP COVERAGE AND THE POLICYHOLDER IS NOT |
| LISTED AS A COVERED PERSON WITH MEDICAID OR GOVT- |
| HOSPITAL/PHYSICIAN FOR THE CURRENT ROUND, |
| CONTINUE WITH LOOP_17 |

| OTHERWISE, GO TO BOX_42 |

LOOP_17

| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON- |
| INSURER-TRIPLES-ROSTER, ASK BOX_41 - END_LP17 |

| LOOP DEFINITION: LOOP_17 COLLECTS INFORMATION ON |
| PLANS THAT PROVIDE HOSPITAL/PHYSICIAN BENEFITS OR |
| MEDICARE SUPPLEMENT/MEDIGAP COVERAGE TO EACH |
| POLICYHOLDER NOT ALSO COVERED BY MEDICAID OR GOVT- |
| HOSPITAL/PHYSICIAN TO DETERMINE IF THAT PLAN IS AN |
| HMO. THIS LOOP CYCLES ON TRIPLES THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS PROVIDER OF HOSPITAL/PHYSICIAN |
| BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP COVERAGE |
| AND |
| - PERSON IS NOT LISTED AS A COVERED PERSON WITH |
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN |
| AND |
| - INSURER IS THE SOURCE OF THE HOSPITAL AND |
| PHYSICIAN BENEFITS PROVIDED TO PERSON THROUGH |
| THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY |
| OR SELF-INSURED COMPANY) |
| AND |
| - INSURER IS NOT AN HMO |

BOX_41

=====

PRESENT MANAGED CARE (MC) SECTION FOR THIS INSURER

AT COMPLETION OF THE MC SECTION, CONTINUE WITH |
END_LP17 |

END_LP17

=====

CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |
INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
STATED IN THE LOOP DEFINITION. |

IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |
END LOOP_17 AND CONTINUE WITH BOX_42 |

BOX_42

=====

IF ROUND 1 AND IF HX48 IS CODED '5' (MEDICARE |
SUPPLEMENT/MEDIGAP), CONTINUE WITH HX60 |

OTHERWISE, GO TO BOX_43 |

HX60

=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

Many Medicare Supplemental or Medigap Plans are referred to by
a Plan Letter. Do you know the Plan Letter for (PERSON)'s
plan?

PROBE: What is it?

[Enter Plan Letter]
REF -7
DK -8

PRESS F1 FOR DEFINITION OF PLAN LETTER.

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 |

| OTHERWISE, GO TO END_LP12 |

=====
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 {HX63}
- REF -7 {END_LP12}
- DK -8 {END_LP12}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

 | NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |
 | DISPLAYED HERE FOR THE INSURANCE FROM A |
 | SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |
 | DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
 | THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |
 | DIRECTLY PURCHASED CATEGORY. |

=====
HX62

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.....} {STR-DT}

How much {(do/does)/did} (POLICYHOLDER) pay for the (ESTABLISHMENT) coverage?

PROBE: {Is/Was} that per year, per month, per week, or what?

- [Enter Amount in Dollars]
- REF -7 {BOX_44A}
- DK -8 {BOX_44A}

 | DISPLAY '(do/does)' AND 'Is' IF INSURANCE BEING |
 | ASKED ABOUT IS CURRENT (I.E., HQ02 IS CODED '1' |
 | (YES, COVERED NOW)) FOR THE POLICYHOLDER. |
 | OTHERWISE, DISPLAY 'did' AND 'Was'. |

 | NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |
 | DISPLAYED HERE FOR THE INSURANCE FROM A |
 | SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |
 | DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
 | THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |
 | DIRECTLY PURCHASED CATEGORY. |

=====
HX62OV1

ENTER UNIT OF COVERAGE:

- PER YEAR 1 {BOX_44A}
- QUARTERLY/EVERY 3 MONTHS 2 {BOX_44A}
- BIMONTHLY/EVERY 2 MONTHS 3 {BOX_44A}
- PER MONTH 4 {BOX_44A}
- PER WEEK 5 {BOX_44A}
- BIWEEKLY/EVERY 2 WEEKS 6 {BOX_44A}
- SEMI-ANNUALLY/2 TIMES PER YEAR 7 {BOX_44A}
- SEMI-MONTHLY/2 TIMES PER MONTH 8 {BOX_44A}
- OTHER 91
- REF -7 {BOX_44A}
- DK -8 {BOX_44A}

[Code One]

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 |

| OTHERWISE, GO TO END_LP12 |

HX63OV
=====

ENTER OTHER:

[Enter Other Specify]
REF -7
DK -8

END_LP12
=====

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

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |
| END LOOP_12 AND CONTINUE WITH BOX_45 |

BOX_45
=====

| IF ROUND 1, CONTINUE WITH BOX_46 |

| OTHERWISE, GO TO BOX_50 |

BOX_46
=====

| IF ALL PERSONS IN RU HAVE HEALTH INSURANCE (I.E., |
| FLAGGED AS HAVING MEDICARE, MEDICAID, GOVT-HOSPITAL/ |
| PHYSICIAN, CHAMPUS/CHAMPVA, OTHER PUBLIC OR PRIVATE |
| INSURANCE) COVERAGE ON JANUARY 1, 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 |
| AND |
| - 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
=====

| 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_18 AND CONTINUE WITH BOX_48 |

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 |

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 ESTABLISHMENT-POLICYHOLDER-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)

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 HX75OV |

| OTHERWISE, GO TO END_LP19 |

HX75OV
=====

ENTER OTHER:

[Enter Other Specify]
REF -7
DK -8

END_LP19
=====

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

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_19 AND CONTINUE WITH BOX_49 |

BOX_49
=====

| IF ALL CURRENT RU MEMBERS WHO WERE BORN BEFORE |
| DECEMBER 31, 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
- 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 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)
- AND
- 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}
 {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 PAIRS. OTHERWISE, USE
 A NULL DISPLAY.

DISPLAY 'was....program' IF PERSON SELECTED AT
 HX19 (FOR EITHER GROUP 1 OR GROUP 2 PROGRAM).
 OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'and' IF PERSON CONFIRMED AS POLICYHOLDER
 (HP09 IS CODED '1' (YES)) OR SELECTED AS

POLICYHOLDER (SELECTED AT HP11) OR SELECTED AS A
 DEPENDENT (SELECTED AT HP16) FOR ANY PRIVATE
 ESTABLISHMENT-POLICYHOLDER PAIR WHERE HX48 IS NOT
 CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS) AND
 NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) EITHER
 ALONE OR WITH ANY COMBINATION OF CODES FOR ALL OF
 THOSE PRIVATE ESTABLISHMENT-POLICYHOLDER PAIRS
 AND PERSON SELECTED AT HX19 (FOR EITHER GROUP 1
 OR GROUP 2 PROGRAM).

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. |

Income (IN) Section

IN01
=====

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 ...

| | | |
|--|----|--------|
| single; | 1 | {IN06} |
| married filing joint return; | 2 | |
| married filing separately; | 3 | {IN06} |
| head of household with qualifying person; or | 4 | {IN06} |
| qualifying widow(er) with dependent children? | 5 | {IN06} |
| REF | -7 | {IN06} |
| DK | -8 | {IN06} |

[Code One]

PRESS F1 FOR DEFINITION OF RESPONSE CATEGORIES.

 | DISPLAY 'was' IF IN02 IS CODED '1' (YES). DISPLAY
 | 'will be' IF IN03 IS CODED '1' (YES).
 |-----

 | FLAG PERSON BEING LOOPED ON AS 'PRIMARY FILER ON
 | FEDERAL TAX RETURN'.
 |-----

IN05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Who is the other taxpayer that (PERSON) is filing jointly with?

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

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

[Code One]

PRESS F1 FOR DEFINITION OF 'FILING JOINTLY'.

 | ROSTER DEFINITION: THIS ITEM USES THE
 | RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET
 | THE FOLLOWING CONDITIONS:
 |
 | - PERSON IS A CURRENT ROUND RU MEMBER (INCLUDES
 | DECEASED AND INSTITUTIONALIZED RU MEMBERS)
 | - PERSON IS NOT ALREADY FLAGGED AS A 'PRIMARY
 | FILER ON FEDERAL TAX RETURN'
 | - PERSON IS NOT ALREADY FLAGGED AS A 'SECONDARY
 | FILER ON JOINT FEDERAL TAX RETURN'
 |-----

 | DISPLAY 'PERSON NOT IN RU' AS THE LAST ENTRY
 | ON THE ROSTER.
 |-----

FLAG PERSON SELECTED AT IN05 AS 'SECONDARY FILER
ON JOINT FEDERAL TAX RETURN'.

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.

DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY
'Will' IF IN03 IS CODED '1' (YES).

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-MEMBERS-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.

DISPLAY 'is' IF IN02 IS CODED '1' (YES). DISPLAY
'will be' IF IN03 IS CODED '1' (YES).

BOX_IN07
=====

IF 'PERSON(S) NOT IN RU' SELECTED AT IN07,
CONTINUE WITH IN08

OTHERWISE, GO TO IN09

IN08
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How many of the dependents that are being claimed on (PERSON)'s Federal income tax return live outside of this household?

[Enter Number of Dependents]
REF -7
DK -8

PRESS F1 FOR DEFINITION OF HOUSEHOLD.

| SOFT RANGE CHECK: 1-10 |

IN09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) file on the long form (1040), the short form 1040A, or the short form 1040EZ?

LONG FORM 1040 1
SHORT FORM 1040A 2 {IN16}
SHORT FORM 1040EZ 3 {END_LP01}
OTHER 91
REF -7 {END_LP01}
DK -8 {END_LP01}

[Code One]

| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY |
| 'Will' IF IN03 IS CODED '1' (YES). |

IN10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) itemize deductions or take the standard deduction?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 28 (ITEMIZED DEDUCTIONS) OR LINE 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). |

IN11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) itemize medical expenses?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 1 TO SEE IF THERE IS AN ENTRY.

YES 1
NO 2 {IN14}

REF -7 {IN14}
DK -8 {IN14}

PRESS F1 FOR DEFINITION OF ITEMIZE MEDICAL EXPENSES.

| 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). DISPLAY |
| 'will be' IF IN03 IS CODED '1' (YES). |

IN14
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how much {was/will be} the total of **all** the itemized
deduction expenses?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040,
SCHEDULE A, LINE 28 FOR AMOUNT.

[Enter \$ Amount]
REF -7

DK -8

| SOFT RANGE CHECK: 0-200,000 |

| DISPLAY 'was' IF IN02 IS CODED '1' (YES). DISPLAY |
| 'will be' IF IN03 IS CODED '1' (YES). |

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

REF -7
DK -8

[Code One]

PRESS F1 FOR DEFINITION OF EARNED INCOME CREDITS.

| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY |
| 'Will' IF IN03 IS CODED '1' (YES). |
|-----

END_LP01
=====

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_01 AND CONTINUE WITH BOX_01 |
|-----

BOX_01
=====

| IF IN02 CODED '1' (YES) OR IN03 CODED '1' (YES) FOR |
| AT LEAST ONE RU MEMBER, CONTINUE WITH LOOP_02 |
|-----

| OTHERWISE, GO TO IN34 |
|-----

LOOP_02
=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
| ASK IN18 - END_LP02 |
|-----

| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION |
| ON TAXABLE INCOME FOR EACH RU MEMBER WHO HAS OR |
| WILL FILE A 1999 FEDERAL TAX RETURN. THIS LOOP |
| CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER |
| WHO MEETS THE FOLLOWING CONDITIONS: |

| [- PERSON HAS FILED A 1999 FEDERAL INCOME TAX
| RETURN (IN02 = 1)
| OR
| - PERSON WILL FILE A 1999 FEDERAL INCOME TAX
| RETURN (IN03 = 1)]
| AND
| - PERSON FLAGGED AS 'PRIMARY FILER ON FEDERAL TAX
| RETURN'
|-----

IN17A
=====

OMITTED.

IN18
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

{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 IN180V

OTHERWISE, GO TO IN19

IN180V
=====

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]?

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

IN19
 =====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

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.

 FOR 'NAME OF SECONDARY FILER', DISPLAY THE
 PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR
 THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF
 IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE
 A NULL DISPLAY.

 | SOFT RANGE CHECK: 0-100,000 |

BOX_IN19
 =====

 | IF AMOUNT OTHER THAN ZERO ENTERED AT IN19,
 | CONTINUE WITH IN19OV |

 | OTHERWISE, GO TO 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

[Enter Percent] {BOX_02}
 REF -7 {BOX_02}
 DK -8 {BOX_02}

 | RANGE CHECK: 0-100 |

IN19A
 =====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [in interest from savings accounts, bonds, NOW accounts, money market accounts, or similar types of investments in 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.

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}

DK -8

PRESS F1 FOR DEFINITION OF DIVIDENDS.

FOR 'NAME OF SECONDARY FILER', DISPLAY THE
PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR
THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF
IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE
A NULL DISPLAY.

SOFT RANGE CHECK: 0-100,000

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]

FOR 'NAME OF SECONDARY FILER', DISPLAY THE
PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR
THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF
IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE
A NULL DISPLAY.

BOX_02A
=====

IF IN09 IS CODED '2' (SHORT FORM 1040A), GO TO
IN25

OTHERWISE, CONTINUE WITH IN21

IN21
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

During 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.

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

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]

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.

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.

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

IN22A
=====

{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 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. |

IN23AOV

=====

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]
REF -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]?

| | | | |
|------------------|-------|----|--------|
| 1 - 2,500 | ..... | 1 | |
| 2,501 - 5,000 | ..... | 2 | |
| 5,001 - 10,000 | ..... | 3 | |
| 10,001 - 20,000 | ..... | 4 | |
| 20,001 - 30,000 | ..... | 5 | |
| 30,001 - 40,000 | ..... | 6 | |
| 40,001 - 50,000 | ..... | 7 | |
| 50,001 - 75,000 | ..... | 8 | |
| 75,001 - 100,000 | ..... | 9 | |
| 100,001 OR MORE | ..... | 10 | |
| REF | ..... | -7 | {IN25} |
| DK | ..... | -8 | {IN25} |

[Code One]

 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.

IN24AOV
 =====

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.

 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_IN25
 =====

 | IF AMOUNT OTHER THAN ZERO ENTERED AT IN25,
 | CONTINUE WITH IN25OV |

 | OTHERWISE, GO TO IN26 |

IN250V
=====

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 |

IN25A
=====

{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

[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.

IN26
=====

{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.

| 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

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]

IN29
=====

{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.

| FOR 'NAME OF SECONDARY FILER', DISPLAY THE
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE
| A NULL DISPLAY.
|-----

| SOFT RANGE CHECK: 0-100,000
|-----

BOX_IN29
=====

| IF AMOUNT OTHER THAN ZERO ENTERED AT IN29,
| CONTINUE WITH IN29OV1
|-----

| OTHERWISE, GO TO IN30
|-----

IN29OV1
=====

INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN 1
NET LOSS 2

[Code One]

BOX_IN29OV1
=====

| IF IN04 CODED '2' (MARRIED FILING JOINT RETURN),
| CONTINUE WITH IN29OV2
|-----

| OTHERWISE, GO TO IN30
|-----

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

| OTHERWISE, GO TO IN33 |

IN31
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

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.

| 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_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]
REF -7 {IN33}
DK -8 {IN33}

| RANGE CHECK: 0-100

IN32
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from Social Security and equivalent tier 1 Railroad Retirement benefits in 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.
-----

```

IN33
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

INTERVIEWER: WHAT RECORDS WERE USED IN COMPLETING THE TAXABLE
INCOME QUESTIONS FOR THE PERSON(S) LISTED ABOVE?

CODE ALL THAT APPLY.

| | |
|---|----|
| RESPONDENT'S/FAMILY MEMBER'S MEMORY | 1 |
| W-2 FORMS | 2 |
| COMPLETED TAX RETURN FORM | 3 |
| BANK STATEMENTS | 4 |
| RESPONDENT'S/FAMILY MEMBER'S CHECK BOOK | 5 |
| YEAR END FINANCIAL STATEMENTS | 6 |
| PAY STUBS | 7 |
| OTHER | 91 |

[Code All That Apply]

BOX_IN33
=====

```

-----
IF IN33 IS CODED '91' (OTHER) ALONE OR IN
COMBINATION WITH OTHER CODES, CONTINUE WITH IN33OV
-----

```

```

-----
OTHERWISE, GO TO END_LP02
-----

```

IN33OV
=====

ENTER OTHER:

| | |
|-----------------|----|
| [Other Specify] | |
| REF | -7 |
| DK | -8 |

END_LP02
=====

```

-----
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
-----

```

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

IN35
=====

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)

LOOP_03
=====

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
ASK IN36 - END_LP03

LOOP DEFINITION: LOOP_03 DETERMINES HOW MUCH
MONEY WAS RECEIVED FROM WORKER'S COMPENSATION FOR
RU MEMBERS WHO RECEIVED WORKER'S COMPENSATION IN
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)

IN36
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How much money did (PERSON) receive from Worker's Compensation
[in 1999]?

```

[Enter $ Amount] ..... {END_LP03}
REF ..... -7 {END_LP03}
DK ..... -8

```

```

-----
| SOFT RANGE CHECK: 0-50,000 |
-----

```

IN36A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from Worker's Compensation in 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
=====

```

-----
| 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_03 AND CONTINUE WITH IN37 |
-----

```

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.

```

-----
| IF CODED '1' (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'RECEIVED S.S.I.' AT |
| IN38 AND GO TO LOOP_04 |
-----

```

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.

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)
-

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]

REF -7
DK -8

| RANGE CHECK: 1-12 |

IN40B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On average, how much money did (PERSON) get per month [from Supplemental Security Income in 1999]?

[Enter \$ Amount] {END_LP04}
REF -7 {END_LP04}
DK -8

| SOFT RANGE CHECK: 0-50,000 |

IN40C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-2.

Looking at this card, which range best estimates how much money was received per month [from Supplemental Security Income in 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_LP04
=====

| 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_04 AND CONTINUE WITH IN41 |

IN41
=====

During 1999, did anyone in the family receive any money from public assistance (such as TANF or general assistance)?

YES 1
NO 2 {IN46}
REF -7 {IN46}
DK -8 {IN46}

PRESS F1 FOR DEFINITION OF PUBLIC ASSISTANCE.

| IF CODED '1' (YES) AND A SINGLE PERSON RU,
| AUTOMATICALLY CODE PERSON AS 'RECEIVED PUBLIC
| ASSISTANCE' AT IN42 AND GO TO LOOP_05 |

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]

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_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]

ROSTER DEFINITION: THIS ITEM USES THE
RU-MEMBERS-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 SELECTED AS RECEIVING HIS OWN PUBLIC ASSISTANCE CHECKS, THAT IS PERSON WAS NOT SELECTED AT IN42

DISPLAY 'PERSON NOT IN RU' AS THE 2ND TO LAST ENTRY ON THE ROSTER.

DISPLAY 'CHECK ONLY COVERS (PERSON) IN HEADER' AS THE LAST ENTRY ON THE ROSTER.

IN44
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did any of (PERSON)'s checks include money from Temporary Assistance for Needy Families, also known as TANF?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF TANF.

IN45A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

IN45B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

IN45C
=====

{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 public assistance 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_LP05
=====

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_05 AND CONTINUE WITH IN46

IN46
=====

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

IN47
=====

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_06
=====

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
ASK IN48A - END_LP06

```

-----
LOOP DEFINITION: LOOP_06 DETERMINES HOW MUCH
MONEY WAS RECEIVED FROM CHILD SUPPORT FOR RU
MEMBERS WHO RECEIVED CHILD SUPPORT IN 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.
-----

```

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_06 AND CONTINUE WITH IN49

IN49
=====

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.

IF CODED '1' (YES) AND A SINGLE PERSON RU,
AUTOMATICALLY CODE PERSON AS 'RECEIVED VETERAN'S
PAYMENTS' AT IN50 AND GO TO LOOP_07

IN50
=====

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]

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_07
=====

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
ASK IN51 - END_LP07

LOOP DEFINITION: LOOP_07 DETERMINES HOW MUCH
MONEY WAS RECEIVED FROM VETERAN'S PAYMENTS FOR RU
MEMBERS WHO RECEIVED VETERAN'S PAYMENTS 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 VETERAN'S PAYMENTS IN 1999
(SELECTED AT IN50)

IN51
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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 |

IN51A
=====

{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 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]

END_LP07
=====

 | 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_07 AND CONTINUE WITH IN52

IN52
=====

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

IN53
=====

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.
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)

LOOP_08
=====

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
ASK IN54A - END_LP08

LOOP DEFINITION: LOOP_08 DETERMINES HOW MUCH
MONEY WAS RECEIVED FROM REGULAR CASH
CONTRIBUTIONS FROM OUTSIDE THE HOUSEHOLD FOR RU
MEMBERS WHO RECEIVED THESE TYPES OF CONTRIBUTIONS
IN 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)

IN54A
=====

{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

IN54B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On average, how much money did (PERSON) get per month [from regular cash contributions from people who do not live in this household, in 1999]?

[Enter \$ Amount] {END_LP08}
REF -7 {END_LP08}
DK -8

| SOFT RANGE CHECK: 0-100,000 |

IN54C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-2.

Looking at this card, which range best estimates how much money was received per month [from regular cash contributions from people who do not live in this household, in 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_LP08
=====

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
| END LOOP_08 AND CONTINUE WITH IN55

IN55
=====

During 1999, did anyone in the family purchase or receive food stamps?

YES 1
NO 2 {IN59}
REF -7 {IN59}
DK -8 {IN59}

PRESS F1 FOR DEFINITION OF FOOD STAMPS.

IN56
=====

For how many months in 1999 were these food stamps purchased or received?

[Enter Months]
REF -7
DK -8

| RANGE CHECK: 1-12 |

IN57
=====

About how much did **the family pay** each month for food stamps?

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

| SOFT RANGE CHECK: 0-500 |

IN58
=====

What was the approximate **monthly** value of the stamps?

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

| SOFT RANGE CHECK: 0-1,000 |

IN59
=====

SHOW CARD IN-3.

This card lists some sources of income. Has anyone in the family received any income, other than income we have already talked about, such as income from sources listed on this card?

YES 1
NO 2 {BOX_04}
REF -7 {BOX_04}
DK -8 {BOX_04}

PRESS F1 FOR DEFINITIONS OF SHOW CARD CATEGORIES.

LOOP_09
=====

| FOR EACH OF THE FOLLOWING:

| OTHER INCOME SOURCE CATEGORY 1
| OTHER INCOME SOURCE CATEGORY 2
| OTHER INCOME SOURCE CATEGORY 3
| OTHER INCOME SOURCE CATEGORY 4
| OTHER INCOME SOURCE CATEGORY 5

| ASK IN60 - END_LP09

| LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION
| ABOUT OTHER SOURCES OF TAXABLE INCOME. THIS LOOP
| CYCLES ON SOURCES OF TAXABLE INCOME LISTED AT
| IN60. THE FIRST CYCLE OF THIS LOOP COLLECTS THE
| 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.

IN60
=====

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.

IN60OV
=====

ENTER OTHER:

[Other Specify]

| | |
|-----------|----|
| REF | -7 |
| DK | -8 |

BOX_03B
=====

```

-----
IF SINGLE PERSON RU, AUTOMATICALLY CODE PERSON AS
'RECEIVED INCOME FROM IN60 SOURCE' AT IN61 AND GO
TO IN62 OTHERWISE CONTINUE WITH IN61
-----

```

IN61
=====

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.
-----

```

IN62
=====

INCOME SOURCE: {DISPLAY CATEGORY SELECTED AT IN60.....}

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

| OTHERWISE, GO TO IN63 |

IN62AOV
=====

INTERVIEWER: DOES THE RANGE SELECTED REPRESENT
NET GAIN OR NET LOSS?

NET GAIN 1
NET LOSS 2

[Code One]

IN63
=====

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 |

Managed Care (MC) Section

MC01
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

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.

{When answering this question, do not consider (POLICYHOLDER)'s insurance through Medicare.}

{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.

DISPLAY 'works' AND 'Was' IF NOT ROUND 5. DISPLAY
'worked' AND 'Is' IF ROUND 5.

DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE,
USE A NULL DISPLAY.

DISPLAY 'When answering this question, do not
consider (POLICYHOLDER)'s insurance through
Medicare.' IF POLICYHOLDER BEING ASKED ABOUT IS
ALSO COVERED BY MEDICARE. OTHERWISE, USE A NULL
DISPLAY.

MC02
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{(Do/Does)/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.

DISPLAY '(Do/Does)' IF NOT ROUND 5. DISPLAY 'As
of (END DATE), did' IF ROUND 5.

MC03
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Is/As of (END DATE), was} there a book or list of doctors
associated with the plan?

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

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'As of (END |
| DATE), was' IF ROUND 5. |

MC04
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Will/As of (END DATE), would} (POLICYHOLDER)'s plan pay for any
of the costs of visits to doctors who are **not** associated with
(POLICYHOLDER)'s plan, even if (POLICYHOLDER) {(do/does)/did}
not have a referral?

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

| DISPLAY 'Will' AND '(do/does)' IF NOT ROUND 5. |
| DISPLAY 'As of (END DATE), would' AND 'did' IF |
| ROUND 5. |

MC05
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Will/As of (END DATE), would} (POLICYHOLDER)'s plan pay for any
of the costs of visits to doctors who are **not** part of
(POLICYHOLDER)'s HMO, even if (POLICYHOLDER) {(do/does)/did} **not**
have a referral?

YES 1
NO 2
REF -7
DK -8

| DISPLAY 'Will' AND '(do/does)' IF NOT ROUND 5. |
| DISPLAY 'As of (END DATE), would' AND 'did' IF |
| ROUND 5. |

BOX_01
=====

| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX OR |
| OE. |

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]

| IF MV01 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS |
| 'MV-IN-PERSON.' |

| IF MV01 IS CODED '2' (TELEPHONE CALL), '-7', |
| (REFUSED), OR '-8' (DON'T KNOW), FLAG EVENT AS |
| 'MV-TELEPHONE.' |

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.

| DISPLAY 'visit' IF MV01 CODED '1' (SAW PROVIDER), |
| '-7' (REFUSED), OR '-8' (DON'T KNOW). DISPLAY |
| 'telephone call' IF MV01 CODED '2' (TELEPHONE |
| CALL). |

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 MVO7 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
=====

{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 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.'
-

BOX_02
=====

IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO MV14

IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE WITH BOX_03

BOX_03
=====

IF MV04 IS CODED '2' (DENTIST/DENTAL CARE PERSON), '3' (MIDWIFE), '5' (OPTOMETRIST), OR '13'

| (RECEPTIONIST, CLERK, SECRETARY), GO TO MV11 |

| OTHERWISE, CONTINUE WITH MV10 |

MV10
=====

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

SHOW CARD MV-2.

**Looking at this card, which of these treatments, if any, did
(PERSON) receive during this visit?**

CODE '95' IF NO TREATMENTS WERE RECEIVED.
CODE ALL THAT APPLY.

| | |
|---------------------------------|----|
| PHYSICAL THERAPY | 1 |
| OCCUPATIONAL THERAPY | 2 |
| SPEECH THERAPY | 3 |
| CHEMOTHERAPY | 4 |
| RADIATION THERAPY | 5 |
| KIDNEY DIALYSIS | 6 |
| IV THERAPY | 7 |
| DRUG OR ALCOHOL TREATMENT | 8 |
| ALLERGY SHOT | 9 |
| PSYCHOTHERAPY/COUNSELING | 10 |
| NO TREATMENTS RECEIVED | 95 |
| REF | -7 |
| DK | -8 |

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ALLOW CODE '95' (NO TREATMENTS RECEIVED), '-7'
(REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN THE
FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE
ENTERED IN ANY ENTRY FIELD, IN ANY ORDER.
CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY
ON THE SCREEN.

EDIT: IF CODED '95' (NO TREATMENTS RECEIVED),
NO OTHER TREATMENT CATEGORIES SHOULD BE CODED.
IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING
MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A
BLANK FIELD.'

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY
FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY
ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING
ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR
THIS DISPLAY:

| |
|---------------------|
| CODE '1' = 'PHYS' |
| CODE '2' = 'OCCPT' |
| CODE '3' = 'SPCH' |
| CODE '4' = 'CHEMO' |
| CODE '5' = 'RADIA' |
| CODE '6' = 'KIDNY' |
| CODE '7' = 'IV' |
| CODE '8' = 'DRUG' |
| CODE '9' = 'ALRGY' |
| CODE '10' = 'PSYCH' |
| CODE '95' = 'NONE' |

| NOTE: 'NO TREATMENT RECEIVED' IS NOT DISPLAYED |

ON SHOW CARD.

MV11
=====

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

SHOW CARD MV-3.

**Looking at this card, which of these services, if any, did
(PERSON) have during this visit?**

CODE '95' IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.

| | |
|------------------------------|----|
| LABORATORY TESTS | 1 |
| SONOGRAM OR ULTRASOUND | 2 |
| X-RAYS | 3 |
| MAMMOGRAM | 4 |
| MRI OR CATSCAN | 5 |
| EKG OR ECG | 6 |
| EEG | 7 |
| VACCINATION | 8 |
| ANESTHESIA | 9 |
| OTHER DIAGNOSTIC TEST | 10 |
| NO SERVICES RECEIVED | 95 |
| REF | -7 |
| DK | -8 |

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS
FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4
THROUGH 9).

ALLOW CODE '95' (NO SERVICES RECEIVED), '-7'
(REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN
THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES
MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER.
CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY
ON THE SCREEN.

EDIT: IF CODED '95' (NO SERVICES RECEIVED),
NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF
A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING
MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A
BLANK FIELD.'

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY
FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY
ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING
ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR
THIS DISPLAY:

| | | |
|-----------|---|----------|
| CODE '1' | = | 'LAB' |
| CODE '2' | = | 'ULTRA' |
| CODE '3' | = | 'X-RAYS' |
| CODE '4' | = | 'MAMMO' |
| CODE '5' | = | 'MRI' |
| CODE '6' | = | 'EKG' |
| CODE '7' | = | 'EEG' |
| CODE '8' | = | 'VACIN' |
| CODE '9' | = | 'ANEST' |
| CODE '10' | = | 'OTHER' |
| CODE '95' | = | 'NONE' |

NOTE: 'NO SERVICES RECEIVED' IS NOT DISPLAYED ON
SHOW CARD.

MV12
=====

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

Was a surgical procedure performed on (PERSON) during this
visit?

YES 1
NO 2 {MV14}
REF -7 {MV14}
DK -8 {MV14}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

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

MV16
=====

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

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}?

| CONDITIONS | SERVICES |
|----------------------------------|-----------------------|
| {PERSON'S MV MEDICAL CONDITION.} | {SERVICES RECEIVED..} |
| {PERSON'S MV MEDICAL CONDITION.} | {SERVICES RECEIVED..} |
| {PERSON'S MV MEDICAL CONDITION.} | {SERVICES RECEIVED..} |

| | | |
|-----------|----|----------|
| YES | 1 | |
| NO | 2 | {BOX_07} |
| REF | -7 | {BOX_07} |
| DK | -8 | {BOX_07} |

PRESS F1 FOR DEFINITION OF REPEAT VISITS.

 DISPLAY '(READ SERVICES BELOW)' IF MV11 IS **NOT** CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW). IF MV11 IS CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW), DISPLAY 'the same services'.

 FOR 'PERSON'S MV MEDICAL CONDITION.', DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL-CONDITIONS-ROSTER AT MV09.
 FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT MV11:
 CODE '1' = LABORATORY TESTS
 CODE '2' = SONOGRAM/ULTRASOUND
 CODE '3' = X-RAYS
 CODE '4' = MAMMOGRAM
 CODE '5' = MRI/CATSCAN
 CODE '6' = EKG/ECG
 CODE '7' = EEG
 CODE '8' = VACCINATION
 CODE '9' = ANESTHESIA
 CODE '10' = OTHER SERVICES

MV17
=====

{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_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.

{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 MV MEDICAL CONDITION.} | {SERVICES RECEIVED..} |
| {PERSON'S MV MEDICAL CONDITION.} | {SERVICES RECEIVED..} |
| {PERSON'S MV 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 'MV', AND ARE
ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT
BEING ASKED ABOUT.

DISPLAY '(READ SERVICES BELOW)' IF MV11 IS **NOT**
CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8'
(DON'T KNOW). IF MV11 IS CODED '95' (NO
SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW),
DISPLAY 'the same services'.

FOR 'PERSON'S MV MEDICAL CONDITION.', DISPLAY ALL
CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL-
CONDITIONS-ROSTER AT MV09.

FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING
TEXT FOR EACH CODE ENTERED AT MV11:

CODE '1' = LABORATORY TESTS
CODE '2' = SONOGRAM/ULTRASOUND
CODE '3' = X-RAYS
CODE '4' = MAMMOGRAM
CODE '5' = MRI/CATSCAN
CODE '6' = EKG/ECG
CODE '7' = EEG
CODE '8' = VACCINATION
CODE '9' = ANESTHESIA
CODE '10' = OTHER SERVICES

FLAG EACH VISIT SELECTED AT MV18 AS A REPEAT VISIT
RELATED TO THE EVENT BEING ASKED ABOUT.

FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT
VISIT AS 'PROCESSED'.

LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH
THE EVENT BEING ASKED ABOUT WITH EACH REPEAT
VISIT.

THE EVENT DRIVER WILL NOT SERVE THESE REPEAT
VISITS FOR THE MV SECTION.

MV19
=====

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

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS
SELECTED IN PREVIOUS QUESTION:

[Enter Repeat Visit Group]

BOX_07
=====

| IF THE CHARGE/PAYMENT (CP) SECTION IS NOT |
| COMPLETED FOR THIS MEDICAL PROVIDER VISIT (MV) |
| EVENT, GO TO THE CHARGE/PAYMENT (CP) SECTION |

| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION |

Over-the-Counter Medicines (OC) Section

OC01
=====

{STR-DT} {END-DT}

SHOW CARD OC-1.

Looking at this card, has anyone in the family purchased any of these types of over-the-counter medications {since (START DATE)/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 |
| DK | -8 |

[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]
REF -7 {OC04}
DK -8 {OC04}

DISPLAY 'OTC CATEGORIES:...' AND 'FOR (READ OTC CATEGORIES)' ONLY IF OC02 ≠ '-7' (REFUSED) OR '-8' (DON'T KNOW). IF OC02 = '-7' (REFUSED) OR '-8' (DON'T KNOW), USE A NULL DISPLAY.

DISPLAY 'DIGESTIVE SYSTEM PROBLEMS' IF OC02 IS CODED 1. DISPLAY 'RESPIRATORY PROBLEMS' IF OC02 IS CODED 2. DISPLAY 'PAIN PROBLEMS' IF OC02 IS CODED 3. DISPLAY 'SKIN PROBLEMS' IF OC02 IS CODED 4. DISPLAY 'EYE/EAR/MOUTH PROBLEMS' IF OC02 IS CODED 5. DISPLAY 'FEMININE PROBLEMS' IF OC02 IS CODED 6. DISPLAY 'GENERAL WELL-BEING PROBLEMS' IF OC02 IS CODED 7.

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

OC030V1
=====

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.

OC030V2
=====

ENTER OTHER:

[Enter Other Specify] {BOX_01}
REF -7 {BOX_01}
DK -8 {BOX_01}

OC04
=====

{STR-DT} {END-DT}

[About how much has the family spent on all purchases of over-the-counter medications {since (START DATE)/between (START DATE) and (END DATE)}?]

Would you say \$5 to \$10, \$10 to \$25, or what?

OC04_01

=====

ENTER DOLLAR AMOUNT OF LOWER RANGE:

| | |
|-------------------------|-------------|
| [Enter \$ Amount] | |
| REF | -7 {BOX_01} |
| DK | -8 {BOX_01} |

OC04_02

=====

TO -

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. |
-----

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-----
| EDIT: LOWER RANGE OF ESTIMATE MUST BE LESS |
| THAN OR EQUAL TO UPPER RANGE OF ESTIMATE. |
-----

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BOX_01

=====

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-----
| GO TO NEXT QUESTIONNAIRE SECTION |
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Old Employment and Private Related Insurance (OE) Section

BOX_01
=====

IF ONE OR MORE RU MEMBERS STILL HOLD A 'CURRENT
MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS ROUND
THAT WAS REPORTED DURING THE PREVIOUS ROUND AS
PROVIDING HEALTH INSURANCE ON THE DATE OF THE
PREVIOUS ROUND'S INTERVIEW, THAT IS:

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE
RU MEET THE FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS
ROUND FOR THIS PAIR, AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS
INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING
THE PREVIOUS ROUND AS 'PROVIDES HEALTH
INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT
COVERED PERSON ON THE DATE OF THE PREVIOUS
ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE
TIME) OR HQ02 WAS CODED '1' (YES) IN THE
PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-
EMPLOYED' WITH A FIRM-SIZE-1,

CONTINUE WITH LOOP_01

OTHERWISE, GO TO BOX_10

NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT
IN THE RU ON THE PREVIOUS ROUND'S INTERVIEW DATE,
THE FIFTH CONDITION IN THE ABOVE BOX CAN BE MET
IF AT LEAST ONE DEPENDENT WAS COVERED BY
POLICYHOLDER'S INSURANCE ON THE PREVIOUS ROUND'S
INTERVIEW DATE. THE LOOP WILL CYCLE ON THE
POLICYHOLDER'S NAME.

NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE
POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED,
INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT
ROUND'S INTERVIEW DATE, BUT WHERE THE
ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO
ARE STILL RU MEMBERS MAY STILL QUALIFY FOR
LOOP_01.

LOOP_01
=====

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-
PAIRS-ROSTER, ASK OE01 - END_LP01.

LOOP DEFINITION:

LOOP_01 COLLECTS INFORMATION ABOUT THE
CONTINUATION OF INSURANCE COVERAGE THROUGH A
'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THAT
WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP
CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE
FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS
ROUND FOR THIS PAIR, AND

- PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1

OE01
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. {(Are/Is)/(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

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 OE01.

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 OE020V

OTHERWISE, GO TO BOX_02

OE020V
=====

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'.

BOX_03
=====

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND
TO THE END DATE OF THE CURRENT ROUND, THAT IS:

IF OE01 IS CODED '1' (YES) AND OE03 IS CODED '1'
(YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING
THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH
THE REFERENCE PERIOD END DATE AND

GO TO BOX_05

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND
TO PART OF THE CURRENT ROUND, THAT IS:

IF OE01 IS CODED '2' (NO) AND OE03 IS CODED '1'
(YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING
THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH
THE DATE RECORDED AT OE02 AND

GO TO BOX_05

OTHERWISE (I.E., OE03 CODED '2' (NO), '-7'
(REFUSED), OR '-8' (DON'T KNOW)),
CONTINUE WITH OE04

OE04
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-DT}

Who {is/was} no longer covered by (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT) {until {{OE02 DATE}/it ended}/on
(END-DT)}?

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

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

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-
PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY
THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND'S
INTERVIEW DATE BY THE INSURANCE FROM THIS
ESTABLISHMENT-PERSON-PAIR, INCLUDING THE
POLICYHOLDER
- PERSON IS AN RU MEMBER

DISPLAY 'is' IF OE01 IS CODED '1' (YES).
DISPLAY 'was' IF OE01 IS CODED '2' (NO) 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 OE050V

OTHERWISE, GO TO BOX_04

OE050V
=====

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_04

=====

FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE'
THROUGH THE COMPLETE DATE RECORDED AT OE05 AND
OE05OV.

END_LP02
=====

CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-
COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS
STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_02 AND CONTINUE WITH BOX_05

BOX_05
=====

IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY
THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,
(THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU
MEMBERS NOT COVERED BY THIS INSURANCE ON THE
PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU
MEMBERS JUST MARKED AS NO LONGER COVERED IN OE04),
CONTINUE WITH OE06

OTHERWISE, GO TO OE08A

OE06
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-DT}

{Since (START DATE)/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 {OE08A}
REF -7 {OE08A}
DK -8 {OE08A}

PRESS F1 FOR DEFINITION OF DEPENDENT.

DISPLAY 'Since (START DATE)' IF NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE)' IF
ROUND 5.

OE07
=====

{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

OE08OV
=====

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH 1
PART OF THE MONTH 2
REF -7
DK -8

[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
=====

| 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_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

BOX_07
=====

IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR ON THE CURRENT ROUND'S INTERVIEW DATE, THAT IS, OE01 IS CODED '1' (YES), CONTINUE WITH OE09

OTHERWISE, GO TO END_LP01

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.

OE10
=====

{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 OE100V

OTHERWISE, GO TO BOX_08

OE100V
=====

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.

| OE11_01. NAME OF INSURER | OE11_02. TYPE |
|--------------------------|-------------------|
| 1. [Enter Insurer] | [Enter Selection] |
| 2. [Enter Insurer] | [Enter Selection] |
| 3. [Enter Insurer] | [Enter Selection] |

DISPLAY 'hospital and physician benefits' AND 'HOSPITAL' IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP). DISPLAY 'Medicare supplement or Medigap benefits' AND 'MEDIGAP' IF OE10 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP).

WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.

FLAG INSURER(S) COLLECTED AT OE11 AS CURRENT ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF OE10 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)' FOR THE CURRENT ROUND.

IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/

MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT ROUND.

INSURER ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER SHOULD BE BLANK. ALL PREVIOUS INSURERS PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR MEDIGAP ARE BEING REPLACED FOR THE CURRENT ROUND WITH ALL INSURERS COLLECTED HERE.
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'

LOOP_04
=====

FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX_09 - END_LP04.

LOOP DEFINITION: LOOP_04 COLLECTS MANAGED CARE INFORMATION FOR INSURERS COLLECTED AT OE11 THAT ARE NOT ALREADY FLAGGED AS 'HMO'. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT
- INSURER IS ENTERED AT OE11 AND INSURER IS CODED '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT NOT '2' (HMO)

BOX_09
=====

ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER AT COMPLETION OF MANAGED CARE (MC) SECTION, CONTINUE WITH END_LP04

END_LP04
=====

CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER INSURERS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH END_LP01

END_LP01
=====

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_10

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
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?

YES 1
 NO 2
 REF -7
 DK -8

PRESS F1 FOR DEFINITION OF COBRA.

OE15
 =====

{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 OE12. |
 |-----

 | 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 OE150V |
 |-----

 | OTHERWISE, GO TO BOX_11 |
 |-----

OE150V
 =====

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]

OE16
 =====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF
 ESTABLISHMENT.....} {STR-DT}
 {END-DT}

Is (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)
 now extended through COBRA?

YES 1
 NO 2
 REF -7
 DK -8

PRESS F1 FOR DEFINITION OF COBRA.

BOX_11
 =====

IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT THE PREVIOUS ROUND'S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, AUTOMATICALLY CODE OE17 AS '1' (YES) AND GO TO BOX_12

OTHERWISE, CONTINUE WITH OE17

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

GO TO BOX_14

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS:

IF OE12 IS CODED '2' (NO) AND OE17 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE15 AND

GO TO BOX_14

OTHERWISE (I.E., OE17 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH OE18

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

AT OE18 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE15.

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.

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 OE220V
|-----

| OTHERWISE, GO TO BOX_15
|-----

OE220V
=====

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.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH
THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '2'
(NO)), FLAG INSURANCE FOR THIS PERSON AS
'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE22
UNTIL DATE RECORDED AT OE15.

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] | |
| 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 |
|-----

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-----
| 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

====

{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.

| OE25_01. NAME OF INSURER | OE25_02. TYPE |
|--------------------------|-------------------|
| 1. [Enter Insurer] | [Enter Selection] |
| 2. [Enter Insurer] | [Enter Selection] |
| 3. [Enter Insurer] | [Enter Selection] |

 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.

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_09.

NOTE: FOR DIRECT PURCHASE AND SELF-EMPLOYED-FIRM-SIZE-1, THE CONTEXT HEADER SHOULD DISPLAY THE NAME OF THE SOURCE PROVIDING THE INSURANCE RATHER THAN THE NAME OF THE DIRECT PURCHASE CATEGORY OR THE SELF-EMPLOYED-FIRM-SIZE-1 EMPLOYER NAME OR TYPE OF PURCHASE CATEGORY. FOR EMPLOYERS WHICH ARE NOT SELF-EMPLOYED WITH FIRM-SIZE-1, USE THE JOBHOLDER NAME AND EMPLOYER NAME IN THE CONTEXT HEADER.

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-THAN-1, FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', AND HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING THE PREVIOUS ROUND:
- 'FORMER MAIN WITHIN REFERENCE PERIOD'
- 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'
- 'LAST JOB OUTSIDE REFERENCE PERIOD'
- 'RETIREMENT JOB'
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND)

BOX_19A
=====

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]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS

```

| ON THE DU-MEMBERS-ROSTER.
|-----
| DISPLAY 'NAME NOT ON ROSTER' AS LAST ENTRY ON THIS
| ROSTER.
|-----
| IF A DU MEMBER'S NAME IS SELECTED FROM THE
| ROSTER, REPLACE THIS NAME AS THE CURRENT
| POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR.
| IF 'NAME NOT ON ROSTER' SELECTED LEAVE THE
| POLICYHOLDER NAME OF THIS ESTABLISHMENT-PERSON-
| PAIR AS IS.
|-----

```

OE26
====

```

{POLICYHOLDER'S FIRST MIDDLE LAST NAME}      {NAME OF
ESTABLISHMENT.....}      {STR-DT}
{END-DT}

```

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. {(Are/Is)/(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
=====

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-
PERS-TRPLS-ROSTER, ASK OE31 - END_LP10.

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}

{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 | {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. |
|-----|

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OE33
====

```

{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. |
|-----|

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-----
| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON |
| THIS ROSTER. |
|-----|

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-----
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER. |
|-----|

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-----
| 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]

EDIT: COMPLETE DATE AT OE34 MUST BE < THAN
COMPLETE DATE AT OE28 IF A DATE IS RECORDED AT
OE28 OR < THAN REFERENCE PERIOD END DATE IF NO
DATE IS RECORDED AT OE28.

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}

REF -7 {END_LP09}
DK -8 {END_LP09}

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL
INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-
ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND
PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE
SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED
WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-
PERSON-PAIR.

DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER
NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-
PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING
MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME
DURING THE PREVIOUS ROUND.

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.

OE37
=====

{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 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

BOX_27
=====

IF ESTABLISHMENT ALREADY FLAGGED AS 'INSURANCE
CO.' OR 'HMO', AUTOMATICALLY CODE OE38 WITH
APPROPRIATE RESPONSES AND GO TO LOOP_12

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.

| OE38_01. NAME OF INSURER | OE38_02. TYPE |
|--------------------------|-------------------|
| 1. [Enter Insurer] | [Enter Selection] |
| 2. [Enter Insurer] | [Enter Selection] |
| 3. [Enter Insurer] | [Enter Selection] |

DISPLAY 'hospital and physician benefits' AND
'HOSPITAL' IF OE37 IS CODED '1' (HOSPITAL AND
PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE
SUPPLEMENT/MEDIGAP). DISPLAY 'Medicare supplement
or Medigap benefits' AND 'MEDIGAP' IF OE37 IS CODED
'5' (MEDICARE SUPPLEMENT/MEDIGAP).

WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER-
TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR

FLAG INSURER(S) COLLECTED AT OE38 AS CURRENT
ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-
PAIR.

IF OE37 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP)
FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE
SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES
HOSPITAL/PHYSICIAN BENEFITS)' FOR THE CURRENT
ROUND.

IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN

BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/
MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING
HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT
ROUND.

INSURER COMPANY ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER SHOULD BE BLANK. ALL PREVIOUS INSURERS PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR MEDIGAP ARE BEING REPLACED FOR THE CURRENT ROUND WITH ALL INSURERS COLLECTED HERE.
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'

LOOP_12
=====

FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-
TRIPLES-ROSTER, ASK BOX_28 - END_LP12.

LOOP DEFINITION: LOOP_12 COLLECTS MANAGED CARE
INFORMATION FOR INSURERS COLLECTED AT OE38 THAT
ARE NOT ALREADY FLAGGED AT 'HMO'. THIS LOOP
CYCLES ON TRIPLES THAT MEET THE FOLLOWING
CONDITIONS:

- ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE
BEING ASKED ABOUT
- INSURER IS ENTERED AT OE38 AND INSURER IS CODED
'1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT
NOT '2' (HMO)

BOX_28
=====

ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER
AT COMPLETION OF MANAGED CARE (MC) SECTION,
CONTINUE WITH END_LP12

END_LP12
=====

CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-
INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS
STATED IN THE LOOP DEFINITION.

IF NO OTHER INSURERS MEET THE STATED CONDITIONS,
END LOOP_12 AND CONTINUE WITH END_LP09

END LP09

=====

CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-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 ANY ESTABLISHMENT-PERSON-PAIR IN A PARTICULAR RU WHERE THEY ARE COVERED PERSONS, BUT THE POLICYHOLDER IS IN ANOTHER RU. THIS FLAG SHOULD NEVER EXIST ON A PAIR IN AN RU WHERE THE POLICYHOLDER OF THE PAIR IS IN THE SAME RU AS ALL OF THE DEPENDENTS OR WHERE THE POLICYHOLDER OF THE PAIR WAS ORIGINALLY CREATED AS 'POLICYHOLDER NOT IN RU/DU' OR 'POLICYHOLDER DECEASED'.

LOOP_13
=====

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK OE39 - END_LP13.

LOOP DEFINITION:

LOOP_13 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH AN ESTABLISHMENT-PERSON-PAIR WHERE THE POLICYHOLDER OR THE ELIGIBLE DEPENDENT(S) HAVE MOVED FROM THE RU. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE
 - THE ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS 'POLICYHOLDER/DEPENDENT MOVED' AT THE CURRENT ROUND'S INTERVIEW DATE FOR THIS RU
 - AT LEAST ONE RU MEMBER WAS A COVERED PERSON FOR THIS ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE
 - POLICYHOLDER IS NOT A CURRENT RU MEMBER
-

OE39
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. {Is/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.

OE40
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-DT}

On what date did this health insurance through (ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-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 OE39.

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 OE400V

IF ONLY ONE PERSON COVERED AT END OF PREVIOUS
ROUND, GO TO OE43

OTHERWISE, GO TO OE43

OE400V
=====

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

AT OE42 AS 'CONTINUOUS COVERAGE' FROM THE
REFERENCE PERIOD START DATE UNTIL DATE RECORDED
AT OE40.

LOOP_14
=====

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-
PERS-TRPLS-ROSTER, ASK OE43 - END_LP14.

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
=====

| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |
| PERS-TRPLS-ROSTER, ASK OE46 - END_LP15. |

| 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' (DON'T |
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
| OR '-8' (DON'T 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.

BOX_32
=====

IF FAMILY STILL HAS INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '1'
(YES)), FLAG INSURANCE FOR THIS PERSON AS
'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE08
UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH
ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '2' (NO))
FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS
COVERAGE' FROM DATE RECORDED AT OE46 UNTIL DATE
RECORDED AT OE40.

END_LP15
=====

CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD-
PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED
IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_15 AND GO TO END_LP13

OE47
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....} {STR-DT}
{END-DT}

{Does/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' IS
EVENT TYPE IS OM AND ITEM TYPE IS CODED '10'
(DISPOSABLE SUPPLIES). DISPLAY 'ALTERATIONS OR
MODIFICATIONS' IF EVENT TYPE IS OM AND ITEM TYPE
IS CODED '11' (ALTERATIONS/MODIFICATIONS). FOR
'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT
ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS
WHEN OM ITEM TYPE IS CODED '91' (OTHER).

IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN
ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE
CP SECTION

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION

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' (TELEPHONE CALL), '-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

OP06
=====

{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 - 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
=====

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

OUTPATIENT DEPT. NAME: {OUTPATIENT DEPT NAME FROM OP01}

SHOW CARD OP-1.

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.

OP11
=====

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

SHOW CARD OP-3.

Looking at this card, which of these services, if any, did (PERSON) have during this visit?

CODE '95' IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.

LABORATORY TESTS 1
SONOGRAM OR ULTRASOUND 2
X-RAYS 3
MAMMOGRAM 4
MRI OR CATSCAN 5
EKG OR ECG 6
EEG 7
VACCINATION 8
ANESTHESIA 9
OTHER DIAGNOSTIC TEST 10
NO SERVICES RECEIVED 95
REF -7
DK -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4 THROUGH 9).

ALLOW CODE '95' (NO SERVICES RECEIVED), '-7' (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.

EDIT: IF CODED '95' (NO SERVICES RECEIVED), NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.'

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

- CODE '1' = 'LAB'
- CODE '2' = 'ULTRA'
- CODE '3' = 'X-RAYS'
- CODE '4' = 'MAMMO'
- CODE '5' = 'MRI'
- CODE '6' = 'EKG'
- CODE '7' = 'EEG'
- CODE '8' = 'VACIN'
- CODE '9' = 'ANEST'
- CODE '10' = 'OTHER'
- CODE '95' = 'NONE'

NOTE: '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

| | |
|--------------------------------------|----|
| TONSILLECTOMY | 7 |
| ADENOIDECTOMY | 8 |
| CARDIAC CATHETERIZATION | 9 |
| EAR TUBES (TYMPANOSTOMY TUBES) | 10 |
| PACEMAKER INSERTION | 11 |
| OTHER | 91 |
| REF | -7 |
| DK | -8 |

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

```
-----
EDIT:  IF OP13 CODED '4' [D & C (DILATATION AND
CURETTAGE)], CHECK THAT PERSON IS FEMALE.  IF
NOT, DISPLAY THE FOLLOWING MESSAGE:  CODE
UNAVAILABLE FOR MALES.  VERIFY AND RE-ENTER.
-----
```

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.

```
-----
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.
-----
```

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.'

BOX_04
=====

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.

LOOP_01
=====

FOR EACH OF THE FOLLOWING:

PROVIDER 1
PROVIDER 2

PROVIDER 3
PROVIDER 4

ASK BOX_05 - END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS NAMES AND INFORMATION ABOUT EACH SEPARATELY BILLING PROVIDER ASSOCIATED WITH THIS EVENT. THE RESPONSE TO OP18 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF OP18 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT SEPARATELY BILLING PROVIDER. IF OP18 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.

BOX_05
=====

ASK THE PROVIDER ROSTER (PV) SECTION

AT COMPLETION OF THE PROVIDER ROSTER (PV) SECTION, CONTINUE WITH BOX_06

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?"

END_LP01
=====

| IF OP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
| PROVIDER. |

| IF OP18 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW), END LOOP_01 AND CONTINUE WITH BOX_07 |

BOX_07
=====

| IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO |
| THIS PROVIDER FOR THIS PERSON, GO TO BOX_10 |

| OTHERWISE, CONTINUE WITH BOX_08 |

BOX_08
=====

| IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS |
| PERSON HAVE NOT COMPLETED THE OUTPATIENT |
| DEPARTMENT (OP) UTILIZATION SECTION, CONTINUE |
| WITH BOX_09 |

| OTHERWISE, GO TO BOX_10 |

BOX_09
=====

| IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, |
| CONTINUE WITH OP19 |

| OTHERWISE, GO TO BOX_10 |

OP19
=====

{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}?

| CONDITIONS | SERVICES |
|----------------------------------|-----------------------|
| {PERSON'S OP MEDICAL CONDITION.} | {SERVICES RECEIVED..} |
| {PERSON'S OP MEDICAL CONDITION.} | {SERVICES RECEIVED..} |
| {PERSON'S OP MEDICAL CONDITION.} | {SERVICES RECEIVED..} |

| | | |
|-----------|----|----------|
| 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
{PERSON'S OP MEDICAL CONDITION.}
{PERSON'S OP MEDICAL CONDITION.}
{PERSON'S OP MEDICAL CONDITION.}
SERVICES
{SERVICES RECEIVED..}
{SERVICES RECEIVED..}
{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
THE PROVIDER DIRECTORY (PD) SECTION DEALS ONLY WITH THE FIRST AND THIRD TYPES. THE SECOND TYPE (PERSON-IN-FACILITY-PROVIDERS) SHOULD BE TREATED AS A FACILITY FOR THE PURPOSES OF THE PD SECTION. THAT IS, THE PERSON'S NAME IS NOT DISPLAYED OR SEARCHED ON, BUT RATHER THE FACILITY WITH WHICH S/HE IS ASSOCIATED WILL BE DISPLAYED AND SEARCHED ON. THEREFORE, IF THERE IS MORE THAN ONE PERSON-IN-FACILITY-PROVIDER ASSOCIATED WITH THE SAME FACILITY, THE PROVIDER LOOP WILL BE CYCLED ON ONCE FOR THAT FACILITY.

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

```

```

OTHERWISE, GO TO BOX_03

```

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.
|-----

LOOP_02
=====

| FOR EACH SEARCH ATTEMPT, ASK PD05-END_LP02 |

PD05
=====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

STATE: {STATE ABBREVIATION}

SELECT A SEARCH STRATEGY.

SEARCH ON PROVIDER NAME SHOWN ABOVE 1 {BOX_05}
CHANGE NAME BEFORE SEARCH 2
SEARCH ON CORE STREET NAME 3 {PD10}
SEARCH ON TELEPHONE NUMBER 4 {PD11}
CHANGE STATE FOR SEARCH 5
DO NOT SEARCH - GO DIRECTLY TO
PROVIDER INFORMATION FORM 6 {PD18}

[Code One]

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY
| FACILITY NAME.

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON
| THE PROVIDER ROSTER FROM SECTION PV FOR THE
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM
| PV'.

| DISPLAY TWO CHARACTER STATE ABBREVIATION ENTERED
| IN PD04 FOR 'STATE ABBREVIATION'.

| IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND
| PROVIDER FLAGGED AS 'PERSON-TYPE-PROVIDER',
| GO TO PD08

| IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND
| PROVIDER FLAGGED AS 'FACILITY-PROVIDER', GO TO
| PD09

| EDIT: CODES '1' (SEARCH ON PROVIDER NAME SHOWN
| ABOVE), '2' (CHANGE NAME BEFORE SEARCH), '3'
| (SEARCH ON CORE STREET NAME), AND '4' (SEARCH ON
| TELEPHONE NUMBER) ARE NOT ALLOWED WHEN THE
| PROVIDER'S STATE IS CODED 'FC' (FOREIGN COUNTRY).
| IF STATE IS CODED 'FC' AND CODE '1', '2', '3',
| OR '4' IS ENTERED, DISPLAY THE FOLLOWING MESSAGE:
| 'INVALID ENTRY. IF STATE IS 'FC', CODES 1-4 ARE
| UNAVAILABLE. VERIFY AND RE-ENTER.'

PD06
=====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}

STREET ADDRESS: {STREET ADDRESS FROM PV}

CURRENT STATE CODE: {STATE ABBREVIATION}

ENTER NEW STATE CODE FOR PROVIDER.

[Enter State Code]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

DISALLOW CODE "FC" (FOREIGN COUNTRY).

EDIT: IF CODE "FC" (FOREIGN COUNTRY) IS ENTERED,
DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE.
PLEASE RE-ENTER.'

DISPLAY NAME OF PROVIDER AS RECORDED ON THE
PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER
BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER
FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY
PERSON NAME. IF FACILITY-PROVIDER, DISPLAY
FACILITY NAME.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON
THE PROVIDER ROSTER FROM SECTION PV FOR THE
PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM
PV'.

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY
BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED,
FROM PD04) FOR 'STATE ABBREVIATION'.

PD07
=====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

SELECT A SEARCH STRATEGY.

- SEARCH ON PROVIDER NAME SHOWN ABOVE 1 {BOX_05}
- CHANGE NAME BEFORE SEARCH 2
- SEARCH ON CORE STREET NAME 3 {PD10}
- SEARCH ON TELEPHONE NUMBER 4 {PD11}
- DO NOT SEARCH - GO DIRECTLY TO
PROVIDER INFORMATION FORM 5 {PD18}

[Code One]

DISPLAY NAME OF PROVIDER AS RECORDED ON THE
PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER
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 LOOPED ON FOR 'NAME OF MEDICAL PROVIDER
FROM PV'.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON
THE PROVIDER ROSTER FROM SECTION PV FOR THE
PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM
PV'.

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY
BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED,
FROM PD04) FOR 'STATE ABBREVIATION'.

DISPLAY NAME OF PROVIDER AS RECORDED ON THE
PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER
BEING LOOPED ON FOR 'DISPLAY 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 LOOPED ON FOR 'NAME OF MEDICAL PROVIDER
FROM PV'.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON
THE PROVIDER ROSTER FROM SECTION PV FOR THE
PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM
PV'.

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY
BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED,
FROM PD04) FOR 'STATE ABBREVIATION'.

DISPLAY NAME OF PROVIDER AS RECORDED ON THE
PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER
BEING LOOPED ON FOR 'DISPLAY FACILITY NAME'.

GO TO BOX_05

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.

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'.

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.'

BOX_05
=====

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 LOOPED ON FOR 'STREET ADDRESS FROM PV'.

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, FROM PD04) FOR 'STATE ABBREVIATION'.

SEARCH STRATEGY:
- DISPLAY 'PROVIDER NAME SHOWN ABOVE' IF PD05=1 OR IF PD07=1.
- DISPLAY 'CORRECTED {PERSON/FACILITY} NAME' IF PD05=2 OR IF PD07=2.
 - DISPLAY 'PERSON' IF PERSON-TYPE-PROVIDER AND PD08 WAS ANSWERED.
 - DISPLAY 'FACILITY' IF FACILITY-PROVIDER AND PD09 WAS ANSWERED.
- DISPLAY 'CORE STREET NAME' IF PD05=3 OR IF PD07=3.
- DISPLAY 'TELEPHONE NUMBER' IF PD05=4 PR 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.

| ROSTER. PROVIDER-MATCHES | PD13_02. STREET ADDRESS |
|----------------------------|-----------------------------|
| [Display Provider Name-40] | [Display Street Address-20] |
| [Display Provider Name-40] | [Display Street Address-20] |
| [Display Provider Name-40] | [Display Street Address-20] |

{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 LOOPED 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): {Display Prov Name from ProvDir}
1ST_STR_ ADDRESS (PD15_02): {Display Prov Street Address from ProvDir}
CITY (PD15_03): {Display Prov City from ProvDir}
STATE (PD15_04): {Display Prov State from ProvDir}
ZIP CODE (PD15_05): {Display Prov Zip Code from ProvDir}
TELEPHONE (PD15_06): {Display Prov Telephone from ProvDir}

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

| REVIEW.' |

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}

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE
| PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON
| THE PREVIOUS SCREEN (PD15) FOR THE PROVIDER BEING
| LOOPED ON FOR 'NAME OF MEDICAL CARE PROVIDER'. IF
| PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF
| FACILITY-PROVIDER, DISPLAY FACILITY NAME.
|-----

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON
| THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED
| ON THE PREVIOUS SCREEN (PD15) FOR THE PROVIDER
| BEING LOOPED ON FOR 'STREET ADDRESS'.
|-----

PD160V
=====

[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
| FROM PV'. IF PERSON-TYPE PROVIDER, DISPLAY
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY
| FACILITY NAME.
|-----

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON
| THE PROVIDER ROSTER FROM SECTION PV FOR THE
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM
| PV'.
|-----

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY
BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED,
FROM PD04) FOR 'STATE ABBREVIATION'.

SEARCH STRATEGY:
- DISPLAY 'PROVIDER NAME SHOWN ABOVE' IF PD05=1
OR IF PD07=1.
- DISPLAY 'CORRECTED {PERSON/FACILITY} NAME' IF
PD05=2 OR IF PD07=2.
- DISPLAY 'PERSON' IF PERSON-TYPE-PROVIDER
AND PD08 WAS ANSWERED.
- DISPLAY 'FACILITY' IF FACILITY-PROVIDER AND
PD09 WAS ANSWERED.
- DISPLAY 'CORE STREET NAME' IF PD05=3 OR
IF PD07=3.
- DISPLAY 'TELEPHONE NUMBER' IF PD05=4 OR
IF PD07=4.

DISPLAY '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): | [_____]} |
| 1ST_STR_ADDRESS (PD18_02): | {1ST_STR_Provider Address from PV} |
| | [_____] |
| 2ND_STR_ADDRESS (PD18_03): | {2ND_STR_Provider Address 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.

IF STREET ADDRESS LINES ARE CODED REFUSED OR DON'T
KNOW (-7 OR -8) IN PROVIDER ROSTER (PV) SECTION,
DISPLAY BLANK LINES FOR THESE FIELDS.

DISPLAY THE NAME AND ADDRESS AS RECORDED ON THE
PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER
BEING LOOPED ON FOR 'PROVIDER NAME FROM PV'. IF
PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF
FACILITY-PROVIDER, DISPLAY FACILITY NAME. EACH
PIECE OF THE INFORMATION SHOULD BE DISPLAYED ABOVE
THE APPROPRIATE LINE.

ENTRY FIELD SPECIFICATIONS:
IF PERSON-TYPE-PROVIDER, DISPLAY 'FIRST' AND

'LAST NAME' FIELDS. ALSO DISPLAY PD18_08,
'SPECIALTY' FIELD, FOR COLLECTION.

IF FACILITY-PROVIDER, DISPLAY 'FACILITY NAME'
FIELD. DO NOT DISPLAY 'SPECIALTY' FIELD.

FLAG THIS RECORD AS 'NEW NAME/ADDRESS INFORMATION.'
NEEDS HOME OFFICE REVIEW.'

REFUSED AND DON'T KNOW ALLOWED IN ALL FIELDS,
EXCEPT THE 'NAME' FIELD.

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'.

PD190V
=====

[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.

| 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
=====

```
-----  
| IF LOOPING ON 'PREVIOUS ROUND PREGNANCY' OR |  
| 'PREGNANCY 1' (FROM CURRENT ROUND), CONTINUE WITH |  
| PG01 |  
-----  
  
| OTHERWISE, GO TO PG02 |  
| |  
-----
```

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 |  
| {PREV 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.

PG03
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-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 |
| DK | -8 |

[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
====

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

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
=====

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

Where was the delivery - in a hospital, a birthing center
separate from a hospital, at home, or some other place?

HOSPITAL 1 {PG06}
BIRTHING CENTER 2 {LOOP_01}
HOME 3 {LOOP_01}
SOME OTHER PLACE 91
REF -7 {LOOP_01}
DK -8 {LOOP_01}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

PG050V
=====

ENTER OTHER:

[Enter Other Specify] {LOOP_01}
REF -7 {LOOP_01}
DK -8 {LOOP_01}

PG06
=====

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

What kind of delivery did (PERSON) have? Was it a vaginal
delivery or a caesarean section?

VAGINAL DELIVERY 1
CAESAREAN SECTION 2 {LOOP_01}
REF -7 {LOOP_01}
DK -8 {LOOP_01}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

PG07
=====

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

Were forceps used for the delivery?

YES 1

NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF FORCEPS.

PG08
====

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

Did (PERSON) receive an epidural or a 'spinal' for pain?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF EPIDURAL/SPINAL.

LOOP_01
=====

FOR EACH OF THE FOLLOWING:

BABY #1
BABY #2
BABY #3
BABY #4
BABY #5

ASK PG09-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT EACH BABY BORN AS A RESULT OF THE PREGNANCY BEING ASKED ABOUT. THE NUMBER OF LOOP CYCLES IS DETERMINED BY THE RESPONSE TO PG04. LOOP_01 CYCLES THE NUMBER OF TIMES AS THE NUMBER CODED IN PG04. IF PG04 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), TREAT AS A '1' RESPONSE TO PG04; THAT IS, CYCLE THROUGH LOOP_01 ONCE.

PG09
====

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

{BABY #{n}}

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.' |

END_LP01
=====

| 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 |

PG11
=====

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

PG110V
=====

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. |

PG12
=====

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

{(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. |

BOX_02
=====

| 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.

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

| IF PERSON HAS NO MEDICINES CREATED OR SELECTED |
| DURING THE CURRENT ROUND (ON PERSON'S-PRESCRIBED- |
| MEDICINES-ROSTER), GO TO PM04 |

| OTHERWISE, CONTINUE WITH PM02 |

| NOTE: MEDICINES ARE FLAGGED AS 'CREATED' ONLY |
| ONCE (I.E., DURING THE ROUND WHERE THE MEDICINE IS |
| INITIALLY REPORTED). MEDICINES ARE FLAGGED AS |
| 'SELECTED' WHEN CHOSEN DURING SUBSEQUENT ROUNDS. |
| THUS, FOR ONE ROUND, A MEDICINE CAN ONLY BE |
| FLAGGED AS EITHER 'CREATED' OR 'SELECTED'. |

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]

| 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. |

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

ROUND 5.

IF CODED '2' (AT LEAST ONE MEDICINE INCORRECT) AND THERE IS ONLY ONE MEDICINE ON PERSON'S-PRESCRIBED-MEDICINES-ROSTER, SELECT THAT MEDICINE AUTOMATICALLY BY CAPI AT PM03 AND GO TO PM04

IF CODED '2' (AT LEAST ONE MEDICINE INCORRECT) AND THERE IS MORE THAN ONE MEDICINE ON PERSON'S-PRESCRIBED-MEDICINES-ROSTER, CONTINUE WITH PM03

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
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.

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

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).

====

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

{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
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
====

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

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

PM11
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF PRESCRIPTION
MEDICINE.} {STR-DT}
{END-DT}

In what year did (PERSON) first use (MEDICINE)?

[Enter Year-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 PM AND CP)
| DURING THE CURRENT ROUND, GO TO BOX_06 |

| OTHERWISE, CONTINUE WITH LOOP_02 |

LOOP_02
=====

| FOR EACH OF THE FOLLOWING: |

PHARMACY 1
PHARMACY 2
PHARMACY 3
PHARMACY 4

ASK BOX_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 |

 | OTHERWISE, CONTINUE WITH PM12 |

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.

| ROSTER. PHARMACY | PM12_02. STREET | PM12_03. CITY |
|------------------|------------------------------------|--------------------------|
| 1. Pharmacy | [Display Truncated Street Address] | [Display Truncated City] |
| 2. Pharmacy | [Display Truncated Street Address] | [Display Truncated City] |
| 3. Pharmacy | [Display Truncated Street Address] | [Display Truncated City] |

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

 | ROSTER BEHAVIOR SPECIFICATIONS:
 |
 | 1. INTERVIEWER MAY SELECT ANY PHARMACY ALREADY
 | LISTED OR SELECT 'NONE OF THE ABOVE.'
 | 2. ONLY ONE SELECTION MAY BE MADE.
 | 3. INTERVIEWER CAN NOT ADD AT THIS SCREEN.
 | PHARMACIES ARE 'ADDED' BY USING THE 'NONE OF
 | THE ABOVE' SELECTION.
 | 4. INTERVIEWER CAN NOT DELETE AT THIS SCREEN
 | (I.E., CTRL/D). |

 | DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY. |

 | IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PM14 |

 | 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

REF -7 {BOX_05}
DK -8 {BOX_05}

[Code One]

IF CODED '4' (SELECTED WRONG PHARMACY/ADDRESS),
CAPI REDISPLAYS PM12 TO ALLOW INTERVIEWER TO
SELECT CORRECT PHARMACY.

PM14
=====

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

What is the name and address of the (next) pharmacy that filled
the prescription(s) for (PERSON)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF PHARMACY HAS MORE THAN ONE LOCATION, RECORD LOCATION
WHERE PERSON HAD PRESCRIPTION FILLED.

PHARMACY_NAME (PM14_01): [_____]
PHARMACY_STR1 (PM14_02): [_____]
PHARMACY_STR2 (PM14_03): [_____]
PHARMACY_CITY (PM14_04): [_____]
PHARMACY_STATE (PM14_05): [_____]
PHARMACY_ZIPCDE (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

PM15
=====

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

CORRECT ADDRESS OR TELEPHONE FOR: {PHARMACY NAME W/WRONG
ADDRESS.}

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

Current Info: [PHARMACY_STR1]
[PHARMACY_STR2]
[PHARMACY_CITY]
[PHARMACY_STATE]
[PHARMACY_ZIPCDE]
[PHARMACY_PHONE]

PHARMACY_STR1 (PM15_01): [_____]
PHARMACY_STR2 (PM15_02): [_____]
PHARMACY_CITY (PM15_03): [_____]
PHARMACY_STATE (PM15_04): [_____]

PHARMACY_ZIPCDE (PM15_05): [_____]
PHARMACY_PHONE (PM15_06): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| EDIT: CHECK THAT STATE ABBREVIATION IS VALID. |

BOX_05
=====

| IF THE NAME OR ADDRESS FIELDS WERE COMPLETED IN |
| PM14 FOR THE PHARMACY BEING ASKED ABOUT (THAT IS, |
| THE PHARMACY WAS ADDED TO THE RU-PHARMACIES- |
| ROSTER OR A NEW ADDRESS WAS ENTERED FOR AN |
| EXISTING PHARMACY), CONTINUE WITH PM16 |

| OTHERWISE, GO TO PM17 |

PM16
=====

{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_LP02
=====

| 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
=====

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

Last time we recorded that (PERSON) entered (PROVIDER) on (ADMIT DATE) and was still there at the time of our interview on {PREV RD INTV DT}.

On what date was (PERSON) discharged from (PROVIDER)?

IF STILL IN INSTITUTION {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

PP03A
=====

{STR-DT}
{END-DT}

As you know, it is important for us to get complete and accurate information of all of the family's health care events. I'd like you to take a few minutes to look at several lists of health care providers, to be sure we haven't missed any visits or calls, including those made just for advice, prescriptions, tests, shots, or x-rays.

PRESS ENTER TO CONTINUE.

PP04
=====

{STR-DT}
{END-DT}

SHOW CARD PP-1.

{Since (START DATE)/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]

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 PHRASE "[Other than
what we have already talked about]" WAS NOT
INCLUDED AS PART OF THE QUESTION TEXT

LOOP_04
=====

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_06 - END_LP04

LOOP DEFINITION: LOOP_04 COLLECTS ALL DENTAL (DN)
AND MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY
RECORDED.

THE RESPONSE TO PP05 DETERMINES WHETHER THE LOOP
CYCLES AGAIN. IF PP05 IS CODED '1' (YES), THE
LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP05 IS
CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T
KNOW), THE LOOP ENDS.

BOX_06

=====

| ASK THE EVENT ROSTER (EV) SECTION |

| AT COMPLETION OF THE EV SECTION, |
| CONTINUE WITH PP05 |

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]

| DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT |
| WAS JUST ADDED FOR '{PERSON'S FIRST MIDDLE AND |
| LAST NAME}'. |

| NOTE: IN ROUNDS 1 AND 2 THE SENTENCE "[Please |
| include any visits or calls we have not yet talked |
| about.]" WAS NOT INCLUDED AS PART OF THE QUESTION |
| TEXT. |

END_LP04
=====

| IF PP05 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
| EVENT. |

| IF PP05 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW), END LOOP_04 AND CONTINUE WITH PP06 |

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}

REF -7 {PP08}
DK -8 {PP08}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

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.

BOX_08
=====

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

REF -7
DK -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

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

talked about]?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

END_LP07
=====

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-----
| IF PP13 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
| EVENT. |
-----

```

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-----
| IF PP13 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW), END LOOP_07 AND CONTINUE WITH |
| BOX_09A |
-----

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BOX_09A
=====

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-----
| IF ROUND 3 OR ROUND 5, CONTINUE WITH PP13A |
-----

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-----
| OTHERWISE, GO TO BOX_10 |
-----

```

PP13A
=====

JAN 01
DEC 31

SHOW CARD PP-4A.

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]

```

-----
| NOTE: IN ROUND 3, QUESTION REFERRED TO '1998', |
| NOT '1999'. |
-----

```

LOOP_07A
=====

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

BOX_10
=====

| GO TO BOX_18 |

PP14
=====

{STR-DT}
{END-DT}

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.

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

LOOP_08
=====

| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK
| PP15 - END_LP08.

| LOOP DEFINITION: LOOP_08 COLLECTS ALL EVENTS FOR
| EACH RU MEMBER WHEN THE CALENDAR IS INCOMPLETE OR
| WAS NOT USED. THIS LOOP CYCLES ON ALL RU MEMBERS
| INCLUDING PERSONS WHO WERE DECEASED OR
| INSTITUTIONALIZED AFTER THE REFERENCE PERIOD START
| DATE.

PP15
=====

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

SHOW CARD PP-5.

Now think about the health care (PERSON) has received {since (START DATE)/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]

| DISPLAY 'since (START DATE)' AND 'Since (START
| DATE) IF NOT ROUND 5. DISPLAY 'between (START
| DATE) and (END DATE)' AND 'Between (START DATE)

| and (END DATE)' IF ROUND 5. |

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}
{END-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

====

{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 **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
=====

| IF PP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
| EVENT. |

| IF PP18 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW), END LOOP_10 AND CONTINUE WITH PP19 |

PP19
====

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

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
=====

```

-----
IF PP22 IS CODED `1` (YES), CYCLE TO COLLECT NEXT
EVENT.
-----

```

```

-----
IF PP22 IS CODED `2` (NO), `-7` (REFUSED), OR `-8`
(DON'T KNOW), END LOOP_12 AND CONTINUE WITH PP23
-----

```

PP23
=====

```

{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 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]

```

-----
DISPLAY `Since (START DATE)` IF NOT ROUND 5.
DISPLAY `Between (START DATE) and (END DATE)` IF
ROUND 5.
-----

```

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

```

| KNOW), THE LOOP ENDS. |

BOX_15
=====

| 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.

[Code One]

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.

LOOP DEFINITION: LOOP_14 COLLECTS ALL
INSTITUTIONAL (IC) EVENTS NOT ALREADY RECORDED FOR
PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP26 DETERMINES WHETHER THE LOOP
CYCLES AGAIN. IF PP26 IS CODED '1' (YES), THE
LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP26
IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T
KNOW), THE LOOP ENDS.

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.

BOX_17
=====

| ASK THE EVENT ROSTER (EV) SECTION |

| AT COMPLETION OF THE EV SECTION, CONTINUE WITH |
| PP28 |

PP28
=====

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

SHOW CARD PP-11.

{Since (START DATE)/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.

[Code One]

NOTE: IN ROUND 3, QUESTION REFERRED TO '1998', NOT '1999'.

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

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_LP16
=====

IF PP30 IS CODED '1' (YES), CYCLE TO COLLECT NEXT
EVENT.

IF PP30 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'
(DON'T KNOW), END LOOP_16 AND CONTINUE WITH
END_LP08

END_LP08
=====

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_08 AND CONTINUE WITH BOX_18

BOX_18
=====

GO TO NEXT QUESTIONNAIRE SECTION.

Old Public Related Insurance (PR) 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?

```

YES ..... 1 {BOX_01B}
NO ..... 2 {END_LP01}
REF ..... -7 {END_LP01}
DK ..... -8 {END_LP01}

```

```

-----
FOR 'NAME OF PREV RD'S MEDICARE INSURER FOR
ESTABLISHMENT-PERSON,' DISPLAY THE NAME OF THE
ACTUAL MEDICARE INSURER RECORDED FOR THIS
ESTABLISHMENT -PERSON-PAIR.
-----

```

```

-----
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.
-----

```

BOX_01B
=====

```

-----
NOTE: STATES THAT DO NOT OFFER MEDICARE MANANGED
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
-----

```

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.
-----

```

PR020V
=====

Which insurance plan is (PERSON)'s Medicare insurance?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] {END_LP01}

WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: 'PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED}.' WHEN INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

FOR 'DISPLAY PLAN NAME SELECTED' DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.

FLAG INSURER CODED ABOVE AS 'CURRENT RD'S MEDICARE INSURER' FOR THIS ESTABLISHMENT-PERSON-PAIR.

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 {END_LP01}
REF -7 {END_LP01}
DK -8 {END_LP01}

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

KNOW), THERE IS NO 'CURRENT RD'S MEDICARE INSURER'
FOR THIS ESTABLISHMENT-PERSON-PAIR.

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.

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

YES, ALL 1
NO, ONLY SOME 2
NO, NONE 3
REF -7 {BOX_05}
DK -8 {BOX_05}

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

{STR-DT}
{END-DT}

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.'

BOX_03
=====

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
=====

{STR-DT}
{END-DT}

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

(START DATE) and (END DATE)}?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF MEDICAID.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS
BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY
'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE
NAME FOR THE PROGRAM) IF THE STATE IN WHICH
INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME
'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM
NAME BY STATE, SEE BOX ON HX06.

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.

IF CODED '2' (NO), '-7' (REFUSED), OR '8' (DON'T
KNOW) AND AT LEAST ONE RU MEMBER IS FLAGGED AS
'COVERED BY MEDICAID DURING CURRENT ROUND,'
GO TO LOOP_02

IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T
KNOW) AND NO RU MEMBERS ARE FLAGGED AS 'COVERED
BY MEDICAID DURING CURRENT ROUND,' GO TO BOX_05

OTHERWISE (I.E., IF CODED '1' (YES)),
CONTINUE WITH PR10

PR10
=====

{STR-DT}
{END-DT}

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-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

{STR-DT}
{END-DT}

{PLAN NAME: {NAME OF PREV RD'S MEDICAID INSURER FOR RU}}

{Last time we recorded that (READ NAME(S) BELOW) may be covered by (PLAN NAME).}

{Since (START DATE)/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.

 DISPLAY 'PLAN NAME: {NAME OF PREV RD'S MEDICAID INSURER FOR RU}' AND 'LAST TIME (PLAN NAME)..' IF THERE IS AN INSURER ASSOCIATED WITH MEDICAID IN THE PREVIOUS ROUND.
 FOR 'NAME OF PREV RD'S MEDICAID INSURER FOR RU', DISPLAY THE NAME OF THE ACTUAL INSURER RECORDED FOR MEDICAID DURING THE PREVIOUS ROUND.

 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.

 DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

 ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY MEDICAID DURING THE CURRENT ROUND.

 IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG PREVIOUS ROUND'S INSURER AS 'CURRENT RD'S MEDICAID INSURER'

 NOTE: STATES THAT DO NOT OFFER MEDICAID MANAGED CARE PLANS ARE ALASKA, ARKANSAS, IDAHO, 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.

PR120V
=====

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

NAME TO USE BY STATE, SEE BOX ON HX06.

WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: 'PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED}.' WHEN INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.

FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S INSURER FOR MEDICAID.'

PR13
=====

{STR-DT}
{END-DT}

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
=====
OMITTED.

| 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)}?

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

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

YES, ALL 1
NO, ONLY SOME 2
NO, NONE 3
REF -7 {BOX_08}
DK -8 {BOX_08}

PRESS F1 FOR DEFINITION OF CHAMPUS/CHAMPVA.

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.

IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS
LISTED HERE AS 'COVERED BY CHAMPUS/CHAMPVA DURING
CURRENT ROUND.' THEN GO TO BOX_06

IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS
LISTED HERE AS 'NOT COVERED BY CHAMPUS/CHAMPVA
DURING CURRENT ROUND.'

IF CODED '3' (NO, NONE)
AND
IF ANY CURRENT RU MEMBERS **NOT** LISTED IN PR19,
GO TO PR21

IF CODED '3' (NO, NONE),
AND
IF ALL CURRENT RU MEMBERS ARE LISTED IN PR19,
GO TO BOX_08

IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR20

PR20
=====

{STR-DT}
{END-DT}

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
=====

```
{STR-DT}
{END-DT}
```

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
=====

{STR-DT}
{END-DT}

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

PR26
=====

{STR-DT}
{END-DT}

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

GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND.

LOOP_04
=====

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_10 - END_LP04

LOOP DEFINITION: LOOP_04 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT-HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN AND
- 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.

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.

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 '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}

| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |
| INSURER FOR 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. |

{STR-DT}
{END-DT}

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. |

| 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 GOVT-HOSPITAL/PHYSICIAN DURING THE |
| CURRENT ROUND. |

{STR-DT}
{END-DT}

{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.

| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |
| (START DATE) and (END DATE), did' IF ROUND 5. |

| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW), THERE IS NO INSURER |
| ASSOCIATED WITH THE CURRENT ROUND FOR |
| GOVT-HOSPITAL/PHYSICIAN. |

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
| ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE |
| CURRENT ROUND. |

PR31
====

{STR-DT}
{END-DT}

What is the name of the {HMO/health insurance} from the program sponsored by a state or local government agency which provides hospital and physician benefits?

[Enter Plan Name]
REF -7
DK -8

| DISPLAY 'HMO' IF PR29 IS CODED '1' (YES, ALL ARE) |
| OR '2' (YES, SOME ARE). DISPLAY 'HEALTH |
| INSURANCE' IF PR30 CODED '1' (YES, ALL REQUIRED) |
| OR '2' (YES, SOME REQUIRED). |

| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |
| INSURER FOR GOVT-HOSPITAL/PHYSICIAN.' |

PR32

====

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT PR28OV}}/{NAME OF PLAN FROM PR31}}}

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.

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 '(PLAN NAME)' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, DISPLAY 'the program sponsored ...'.

PR33
====

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT PR28OV}}/{NAME OF PLAN FROM PR31}}}

How much does anyone in the family pay for {the (PLAN NAME)/that} coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars]
REF -7 {PR34}
DK -8 {PR34}

DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{PLAN NAME ENTERED AT PR28OV}' IF A PLAN WAS ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR31 FOR '{NAME OF PLAN FROM PR31}' IF A PLAN NAME WAS ENTERED.

DISPLAY 'the (PLAN NAME)' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, DISPLAY 'that'.

PR330V1
=====

ENTER UNIT OF COVERAGE:

| | | |
|--------------------------------------|----|--------|
| PER YEAR | 1 | {PR34} |
| QUARTERLY/EVERY 3 MONTHS | 2 | {PR34} |
| BIMONTHLY/EVERY 2 MONTHS | 3 | {PR34} |
| PER MONTH | 4 | {PR34} |
| PER WEEK | 5 | {PR34} |
| BIWEEKLY/EVERY 2 WEEKS | 6 | {PR34} |
| SEMI-ANNUALLY/2 TIMES PER YEAR | 7 | {PR34} |
| SEMI-MONTHLY/2 TIMES PER MONTH | 8 | {PR34} |
| OTHER | 91 | |
| REF | -7 | {PR34} |
| DK | -8 | {PR34} |

[Code One]

PR330V2
=====

ENTER OTHER:

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

BOX_10A
=====

OMITTED.

PR34
=====

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT PR28OV}}/{NAME OF PLAN FROM PR31}}}

Who {else} pays {some of/for} the premium or cost of this insurance?

| | |
|--------------------------|----|
| FEDERAL GOVERNMENT | 1 |
| STATE GOVERNMENT | 2 |
| LOCAL GOVERNMENT | 3 |
| SOME GOVERNMENT | 4 |
| OTHER | 91 |
| REF | -7 |
| DK | -8 |

[Code All That Apply)

DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{PLAN NAME ENTERED 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
=====

{STR-DT}
{END-DT}

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.

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

| | | |
|---------------------|----|----------|
| YES, ALL | 1 | |
| NO, ONLY SOME | 2 | |
| NO, NONE | 3 | |
| REF | -7 | {BOX_15} |
| DK | -8 | {BOX_15} |

PRESS F1 FOR DEFINITION STATE SPECIFIC PROGRAMS LISTED.

 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.

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.

BOX_13
=====

IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS
COVERED OR NOT COVERED BY GROUP 1 OTHER PUBLIC
INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT
RU MEMBERS WERE LISTED IN PR35), GO TO LOOP_05

OTHERWISE, CONTINUE WITH PR37

PR37
=====

{STR-DT}
{END-DT}

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.

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

DISPLAY THE LIST OF UP TO THREE ACTUAL NAMES OF
STATE PROGRAMS (AS LISTED IN HX16) FOR 'STATE NAME
FOR PROGRAM #N'.

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
OR
- PERSON WAS NOT FLAGGED AS COVERED BY GROUP 1
OTHER PUBLIC INSURANCE AT ANY TIME DURING THE
PREVIOUS ROUND

FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 1
OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.
FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY
GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT
ROUND.'

LOOP_05
=====

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-
PAIRS-ROSTER, ASK BOX_14 - END_LP05

LOOP DEFINITION: LOOP_05 COLLECTS TIME PERIOD
COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 1
OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON
ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE
FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GROUP 1 OTHER PUBLIC INSURANCE
AND
- PERSON IS COVERED BY GROUP 1 OTHER PUBLIC
INSURANCE DURING THE CURRENT ROUND

BOX_14
=====

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION
FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH
END_LP05

END_LP05

=====

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS,
END LOOP_05 AND CONTINUE WITH BOX_15

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.

FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 2
OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.
FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY
GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT
ROUND.

BOX_16
=====

IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS
COVERED OR NOT COVERED BY GROUP 2 OTHER PUBLIC
INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT
RU MEMBERS WERE LISTED AT PR39), GO TO LOOP_06

OTHERWISE, CONTINUE WITH PR41

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.

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

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

OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE
WITH PR42

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]

[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-MEMBERS-ROSTER WHO MEET EITHER OF THE
FOLLOWING CONDITIONS:
- PERSON WAS ADDED TO RU THIS ROUND
OR
- PERSON WAS NOT MARKED AS BEING COVERED BY
GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING
THE PREVIOUS ROUND

FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 2
OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.
FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY
GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT
ROUND.'

LOOP_06

=====

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-
PAIRS-ROSTER, ASK BOX_17 - END_LP06

LOOP DEFINITION: LOOP_06 COLLECTS TIME PERIOD
COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 2
OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON
ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE
FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GROUP 2 OTHER PUBLIC INSURANCE
AND
- PERSON IS COVERED BY GROUP 2 OTHER PUBLIC
INSURANCE DURING THE CURRENT ROUND

BOX_17

=====

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION
FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH
END_LP06

END_LP06

=====

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END
LOOP_06 AND CONTINUE WITH BOX_18

BOX_18

=====

| RETURN TO THE HEALTH INSURANCE (HX) SECTION. |

Provider Roster (PV) Section

PV01
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

{[What is the name of the person or place that provided health care to (PERSON)?]}

INTERVIEWER: IS THE PROVIDER {ASSOCIATED WITH THIS EVENT} A PERSON OR A FACILITY (INCLUDING GROUP PRACTICES AND HMOs)?

PERSON 1
FACILITY 2 {BOX_01}

PRESS F1 FOR DEFINITION OF PERSON/FACILITY.

 | DISPLAY '[What is ... (PERSON)?]' AND 'ASSOCIATED
 | WITH THIS EVENT' IF THE PROVIDER ROSTER (PV)
 | SECTION WAS NOT CALLED FROM THE ACCESS TO CARE
 | (AC) SECTION. IF THE PV SECTION WAS CALLED FROM
 | THE AC SECTION, USE A NULL DISPLAY.
 |-----

 | IF CODED '1' (PERSON), SET PROVIDER TYPE TO
 | 'PERSON-TYPE-PROVIDER'.
 |-----

 | IF CODED '2' (FACILITY), SET PROVIDER TYPE TO
 | 'FACILITY-PROVIDER'.
 |-----

 | IF CODED '1' (PERSON) AND NO PROVIDERS THAT ARE
 | TYPE 'PERSON-TYPE-PROVIDER' ON
 | RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV04
 |-----

 | IF CODED '1' (PERSON) AND AT LEAST ONE PROVIDER
 | THAT IS TYPE 'PERSON-TYPE-PROVIDER' ON
 | RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH PV02
 |-----

 | 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.

| ROSTER. PERSON-TYPE-PROVIDER | PV02_02. FACILITY | PV02_03. STREET |
|--|---|--|
| 1. [Display Truncated Person-Provider-25] | [Display Truncated Facility-Provider-30] | [Display Truncated Street Address-15] |
| 2. [Display Truncated Person-Provider-25] | [Display Truncated Facility-Provider-30] | [Display Truncated Street Address-15] |

 ROSTER DEFINITION: THIS ITEM DISPLAYS THE PROVIDERS ON THE RU-MEDICAL-PROVIDERS-ROSTER THAT ARE OF THE TYPE PERSON-TYPE-PROVIDER, WHICH INCLUDES THE SUBGROUP FLAGGED AS 'PERSON-IN-FACILITY-PROVIDER'.

 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 {PV06}
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}
  
```

```

-----
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.
FOR: {PERSON-TYPE-PROVIDER STREET ADDRESS LINE1.}
AND {PERSON-TYPE-PROVIDER STREET ADDRESS LINE2.},
DISPLAY LINES 1 & 2 OF THE PERSON-TYPE-PROVIDER'S
ADDRESS FOR THE PERSON-TYPE-PROVIDER SELECTED AT
PV02.

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'.
-----

```


PV06
=====

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

ENTER {NEW} STREET ADDRESS FOR (PROVIDER).

ENTER STREET ADDRESS AND VERIFY SPELLING. IF PROVIDER HAS MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

PROVIDER_STR1 (PV06_01): [_____]
PROVIDER_STR2 (PV06_02): [_____]

| DISPLAY 'NEW' IF PV03 IS CODED '2' (ADD NEW ADDRESS FOR PROVIDER). OTHERWISE, USE A NULL DISPLAY. |

| CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON EACH FORM ITEM. |

| IF PV04 WAS ASKED, ASSOCIATE ADDRESS WITH PERSON-TYPE-PROVIDER ENTERED AT PV04. |

| IF PV03 WAS CODED '2' (ADD NEW ADDRESS FOR PROVIDER), WRITE ANOTHER RECORD FOR PROVIDER IN RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS WITH THAT NEW PROVIDER RECORD. SET PROVIDER TYPE TO 'PERSON-TYPE-PROVIDER'. |

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
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

SELECT CORRECT {USUAL SOURCE OF CARE} {PROVIDER/FACILITY} {ASSOCIATED WITH THE EVENT}.

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

| | |
|----------------------------|-----------------|
| ROSTER. FACILITY-PROVIDERS | PV08_02. STREET |
|----------------------------|-----------------|

| | |
|--|---------------------------------------|
| [Display Truncated Facility-Provider-30] | [Display Truncated Street Address-15] |
| [Display Truncated Facility-Provider-30] | [Display Truncated Street Address-15] |
| [Display Truncated Facility-Provider-30] | [Display Truncated Street Address-15] |

 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
ABOVE NAME/ADDRESS NEEDS SPELLING OR
MINOR CORRECTION ..... 3 {BOX_02}
SELECTED WRONG FACILITY/ADDRESS ..... 4
REF ..... -7 {BOX_02}
DK ..... -8 {BOX_02}
```

[Code One]

DISPLAY 'PROVIDER' IF PV01 IS CODED '2'
(FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED
'1' (PERSON).

FOR: {FACILITY NAME SELECTED AT PV08}, DISPLAY
THE FACILITY-PROVIDER NAME SELECTED AT PV08.
FOR: {FACILITY STREET ADDRESS LINE1.} AND
{FACILITY STREET ADDRESS LINE2.}, DISPLAY LINES
1 AND 2 OF THE FACILITY-PROVIDER'S ADDRESS FOR THE
FACILITY-PROVIDER SELECTED AT PV08.

IF CODED '1' (FACILITY NAME AND ADDRESS CORRECT)
OR '3' (ABOVE NAME/ADDRESS FOR FACILITY NEEDS
SPELLING OR MINOR CORRECTION) AND PV01 IS CODED
'1' (PERSON), LINK THE FACILITY SELECTED AT PV08
TO THE PERSON-TYPE-PROVIDER FLAGGED AS
'PERSON-IN-FACILITY-PROVIDER'.

IF CODED '4' (SELECTED WRONG FACILITY/ADDRESS),
CAPI REDISPLAYS PV08 TO ALLOW INTERVIEWER TO
SELECT CORRECT FACILITY.

IF CODED '3' (ABOVE NAME/ADDRESS NEEDS SPELLING
OR MINOR CORRECTIONS), DISPLAY THE FOLLOWING
MESSAGE: 'THIS OPTION IS DISABLED. PLEASE
RECORD INFORMATION IN COMMENTS.'

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): [_____]

DISPLAY 'NEW' IF PV09 IS CODED '2' (ADD NEW
ADDRESS FOR FACILITY). OTHERWISE, USE A NULL
DISPLAY. DISPLAY 'PROVIDER' IF PV01 IS CODED '2'
(FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED
'1' (PERSON). DISPLAY 'NAME AND' IF 'NONE OF THE
ABOVE' WAS SELECTED AT PV08 OR PV08 WAS NOT ASKED.
IF 'NONE OF THE ABOVE' WAS SELECTED AT PV08 OR
PV08 WAS NOT ASKED, THE CONTEXT HEADER WILL NOT
DISPLAY THE NAME OF THE MEDICAL CARE PROVIDER.
THE CONTEXT HEADER WILL ONLY HAVE THE NAME OF THE
PROVIDER(S) ASSOCIATED WITH THE EVENT IF PV09 WAS
CODED '2' (ADD NEW ADDRESS FOR FACILITY).

CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON
PV10_02 AND PV10_03 ONLY.

IF PV09 IS CODED '2' (ADD NEW ADDRESS FOR
FACILITY), PV10 WILL NOT COLLECT THE FACILITY
NAME.

IF FACILITY-PROVIDER NOT SELECTED AT PV08 (I.E.,

PV08 WAS NOT ASKED OR 'NONE OF THE ABOVE' WAS
SELECTED), WRITE NAME AND ADDRESS ENTERED ABOVE TO
FACILITY-PROVIDER NAME COLUMN AND ADDRESS COLUMN
OF THE RU-MEDICAL-PROVIDERS-ROSTER.

IF FACILITY-PROVIDER SELECTED AT PV08 AND PV09 WAS
CODED '2' (ADD NEW ADDRESS FOR FACILITY), WRITE
ANOTHER RECORD FOR THE FACILITY-PROVIDER TO THE
RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS
WITH THAT NEW PROVIDER RECORD.

IF PV01 IS CODED '1' (PERSON), LINK THE FACILITY
TO THE PERSON-TYPE-PROVIDER FLAGGED AS
'PERSON-IN-FACILITY-PROVIDER'.

| GO TO BOX_02 |

PV11
====

OMITTED.

BOX_02
=====

| RETURN TO QUESTIONNAIRE SECTION FROM WHICH THE
| PROVIDER ROSTER (PV) SECTION WAS CALLED.
|



BOX_01
=====

RU CLASSIFICATIONS:

THE FOLLOWING RU CLASSIFICATIONS ARE USED THROUGHOUT THE REENUMERATION SECTION IN SKIP AND WORD FILL SPECIFICATIONS:

STANDARD RU - AN RU (OTHER THAN A STUDENT RU) THAT EXISTED IN THE PREVIOUS ROUND. DURING THE INTERVIEW WITH THE STANDARD RU, INFORMATION MAY BE OBTAINED THAT IDENTIFIES A 'NEW RU' OR A 'STUDENT RU' AND A NEW CASE IS CREATED. SEE DEFINITIONS BELOW.

NEW RU - WHEN ONE OR MORE RU MEMBERS ARE IDENTIFIED AS HAVING LEFT THE RU AND FORMED ONE OR MORE NEW RUs, A NEW CASE IS CREATED FOR EACH OF THE NEW RUs WHERE AT LEAST ONE KEY RU MEMBER LIVES. IN THE CURRENT ROUND, THE CASE IS CLASSIFIED AS A 'NEW RU' UNLESS IT SATISFIES THE CONDITIONS FOR A 'STUDENT RU' (SEE DEFINITION BELOW). IN THE NEXT ROUND, THE NEW RU WILL BE RECLASSIFIED AS A 'STANDARD RU' SINCE IT EXISTED IN THE PREVIOUS ROUND.

STUDENT RU - WHEN AN RU MEMBER IS IDENTIFIED IN A STANDARD OR NEW RU AS BEING AGE 17-23 (INCLUSIVE), NEVER MARRIED, NON-MILITARY, AND LIVING AWAY FROM THE STANDARD/NEW RU AT POST-SECONDARY SCHOOL WITHIN THE U.S., AN RU IS CREATED AND CLASSIFIED AS A 'STUDENT RU'. THE 'STUDENT RU' REMAINS CLASSIFIED AS A 'STUDENT RU' UNTIL ONE OF THE CRITERIA FOR A STUDENT RU CLASSIFICATION IS VIOLATED (E.G., AGE RANGE OR MARITAL STATUS). (NOTE: A STUDENT RU IS ALWAYS A SINGLE-PERSON RU.)

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.

THEREFORE, IF ROUND 1, THE FIRST TIME A CASE IS WORKED DURING THE ROUND, AT THE BEGINNING OF THE RE SECTION, THE ROSTER INCLUDES ALL ORIGINAL NHIS RU MEMBERS. IF NOT ROUND 1, THE FIRST TIME A CASE IS WORKED IN THE ROUND, AT THE BEGINNING OF THE RE SECTION, THE ROSTER INCLUDES ALL RU MEMBERS WHO WERE ELIGIBLE OR INSTITUTIONALIZED ON THE DATE OF THE PREVIOUS ROUND INTERVIEW.

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.

RE01
=====

YOU HAVE SELECTED THE {STUDENT RU} CASE FOR {FULL NAME OF

REFERENCE PERSON}. THE RU MEMBERS ARE LISTED BELOW.

TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

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

HAVE YOU SELECTED THE CORRECT CASE?

YES 1
NO 2

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

DISPLAY 'STUDENT RU' IF STUDENT RU. OTHERWISE, |
USE NULL DISPLAY. |

FOR '{FULL NAME OF REFERENCE PERSON}' DISPLAY THE |
FULL NAME OF PREVIOUS ROUND REFERENCE PERSON IF |
STANDARD RU OR STUDENT RU. DISPLAY FULL NAME OF |
OLDEST PERSON IN RU, IF NEW RU. |

IF CODED '2' (NO), DISPLAY THE FOLLOWING MESSAGE: |
'PRESS ENTER TO RETURN TO 'ENTER ID' SCREEN.' |

OTHERWISE (CORRECT CASE SELECTED), CONTINUE WITH |
RE02 |

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]

| IF ROUND 1 AND STANDARD RU, GO TO RE05 |

| IF ROUND 1 AND NEW RU, GO TO RE05A |

| IF ROUND 1 AND STUDENT RU, GO TO RE05B |

| OTHERWISE (NOT ROUND 1), GO TO RE07 |

LOOP_01

=====
OMITTED.

RE04

=====
OMITTED.

END_LP01

=====
OMITTED.

BOX_02

=====
OMITTED.

RE05

{REFERENCE PERSON'S FIRST MIDDLE AND LAST NAME}

(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.

| NOTE: IN ROUND 1, THE NAME IN THE CONTEXT |
| HEADER IS THE FULL NAME OF THE NHIS REFERENCE |
| PERSON. |

| IF RE02 CODED '1' (RU MEMBER), GO TO RE06 |

| IF RE02 CODED '2' (PROXY APPROVED BY SUPERVISOR),|
| GO TO RE08 |

RE05A

{REFERENCE PERSON'S FIRST MIDDLE AND LAST NAME}

(As I mentioned earlier,) my records show that (PERSON) (were/was) a member of a household that took part in the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW} and, at that time, the Census Bureau interviewer mentioned that members of that household might be contacted again for another health related survey. Since (PERSON) (are/is) no longer living with that household, we will interview this new household separately.

IF NEEDED, READ ALL OR PART OF THE FOLLOWING:

This survey, the Medical Expenditure Panel Survey, is also for the U.S. Public Health Service [specifically, the Agency for Health Care Policy and Research and the National Center for Health Statistics]. The information you provide will be kept completely confidential and private as required by law.

PRESS ENTER TO CONTINUE.

| NOTE: THE NAME OF THE REFERENCE PERSON DISPLAYED|
| IN THE CONTEXT HEADER IS THE FULL NAME OF THE |
| OLDEST RU MEMBER. |

| IF RE02 CODED '1' (RU MEMBER), GO TO RE06 |

| IF RE02 CODED '2' (PROXY APPROVED BY SUPERVISOR),|
| GO TO RE08 |

RE05B

=====

{REFERENCE PERSON'S FIRST MIDDLE AND LAST NAME}

(As I mentioned earlier,) my records show that {PERSON} (were/was) a member of a household that took part in the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW} and, at that time, the Census Bureau interviewer mentioned that members of that household might be contacted again for another health related survey. Since {PERSON} (are/is) 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.

| ROSTER. DU MEMBERS | RE06_02. RUID | RE06_03. GENDER | RE06_04. AGE | RE06_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] |

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.

IF 'NEW PROXY APPROVED BY SUPERVISOR' IS SELECTED, CONTINUE WITH RE08

OTHERWISE, GO TO RE09

RE08

ENTER NAME OF {RU MEMBER/PROXY} RESPONDENT.

May I have your full name?

VERIFY SPELLING.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

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

REFUSED AND DON'T KNOW DISALLOWED AT ALL FIELDS.

DISPLAY 'RU MEMBER' IF RE02 CODED '1' (RU MEMBER).
DISPLAY 'PROXY' IF RE02 CODED '2' (PROXY APPROVED BY SUPERVISOR).

IF 'NEW RU MEMBER NOT YET LISTED' SELECTED AT RE06, ADD PERSON ENTERED AT RE08 TO RU-MEMBERS-ROSTER AND FLAG PERSON AS 'RU MEMBER ADDED AT RE08'.

IF 'NEW PROXY APPROVED BY SUPERVISOR' CODED AT RE07, ADD PERSON ENTERED AT RE08 TO PERSONS-ROSTER AND FLAG PERSON AS 'PROXY ADDED AT RE08'.

RE09

VERIFY LOCATING ADDRESS BELOW WITH RESPONDENT.

STREET ADDRESS1: {RU'S MOST RECENT ST. ADDRESS1}
STREET ADDRESS2: {RU'S MOST RECENT ST. ADDRESS2}
CITY: {RU'S MOST RECENT CITY}
STATE: {ST}
ZIP CODE: {ZIP CODE}

CORRECT ADDRESS 1 {RE10A}
SAME ADDRESS - MINOR CORRECTIONS 2
NEW ADDRESS 3

[Code One]

PRESS F1 FOR DEFINITION OF LOCATING ADDRESS.

RE10

=====

MAKE CORRECTIONS TO LOCATING ADDRESS BELOW.
IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

Current Info: [STREET ADDRESS1]
 [STREET ADDRESS2]
 [CITY]
 [STATE]
 [ZIP CODE]

STREET ADDRESS1 (RE10_01): []
STREET ADDRESS2 (RE10_02): []
CITY (RE10_03): []
STATE (RE10_04): []
ZIP CODE (RE10_05): []

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS. |

RE10A

=====

RECORD THE NAME OF THE COUNTY WHERE THIS RU IS LOCATED.

[Enter County Name -25]
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.

| ROSTER. RU MEMBER | RE12_01. GENDER | RE12_02. DATE OF BIRTH | RE12_03. AGE |
|------------------------------|-----------------------------|------------------------|--------------------|
| 1. First Name Middle Name | [Display/Correct Selection] | [Display/Correct Date] | [Verify/Enter Age] |

REFUSED AND DON'T KNOW ALLOWED IN ALL COLUMNS
EXCEPT 'RU MEMBER' COLUMN.

DISPLAY 'NOTE: FOR ROUND 5, AGE IS CALCULATED AS
OF DEC 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'. |

RE130V

=====
{(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. |

RE15
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) enter full-time active duty service in the Armed Forces?

[Enter Month, Day, Year-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. |

BOX_07
=====

OMITTED.

RE16
=====

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.

RE17
=====

Thank you for your participation in this important study.

PRESS ENTER TO CONTINUE.

RE17A
=====

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.

RE17B
=====

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

IN-PERSON 1

TELEPHONE 2

(Code One)

| GO TO BOX_27 |

RE18
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) **ever** served on active duty in the Armed

Forces of the United States?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

| GO TO BOX_27 |

BOX_08
=====

| IF ROUND 1, GO TO RE20 |

| OTHERWISE (NOT ROUND 1), CONTINUE WITH BOX_09 |

BOX_09
=====

| IF ON DATE OF PREVIOUS ROUND INTERVIEW AT LEAST |
| ONE KEY RU MEMBER WAS CODED AS INSTITUTIONALIZED |
| IN A HEALTH CARE FACILITY (RE36 = 1 OR 2 -OR- |
| RE19 = 1), CONTINUE WITH LOOP_02 |

| IF STANDARD SINGLE-PERSON RU OR NEW SINGLE-PERSON |
| RU (THAT IS, ANY NON-STUDENT SINGLE-PERSON RU), |
| AND RE02 CODED '1' (RESPONDENT IS AN RU MEMBER), |
| GO TO RE47 |

| OTHERWISE, GO TO RE20 |

LOOP_02
=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| BOX_09A-END_LP02 |

| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION |
| TO DETERMINE THE LOCATION AND ELIGIBILITY OF KEY |
| RU MEMBERS WHO WERE INSTITUTIONALIZED AT A HEALTH |
| CARE FACILITY ON THE DATE OF THE PREVIOUS ROUND |
| INTERVIEW. THIS LOOP CYCLES ON RU MEMBERS WHO |
| MEET ALL OF THE FOLLOWING CONDITIONS: |
| - PERSON IS KEY |
| - PERSON WAS INSTITUTIONALIZED AT A HEALTH CARE |
| FACILITY ON THE DATE OF THE PREVIOUS ROUND |
| INTERVIEW (RE36 = 1 OR 2 -OR- RE19 = 1). |

BOX_09A
=====

| IF PERSON BEING ASKED ABOUT IS AN RU MEMBER |
| RESPONDENT (RE02 = 1), CODE 'NO' AT RE19 |
| AUTOMATICALLY BY CAPI, THEN CONTINUE WITH |
| BOX_09B |

| OTHERWISE, CONTINUE WITH RE19 |

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.

| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'On December |
| 31, 1999, was' IF ROUND 5. |

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
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 |

| NULL DISPLAY. |

| IF CODED '1' (LIVING WITH THIS FAMILY), FLAG |
| PERSON WITH THE NUMBER OF THE ROUND PERSON |
| REJOINED RU, THEN CONTINUE WITH RE19B |

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.

| EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR |
| BEFORE 12/31/1999. IF A DATE AFTER 12/31/1999 IS |
| ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'DATE |
| MUST BE ON OR BEFORE 12/31/1999. IF LEFT |
| INSTITUTION AFTER 12/31/1999, USE CTRL/B TO |
| BACK-UP AND RE-CODE RE19 TO 'YES'.' |

| **NOTE:** THE DATE ENTERED HERE DETERMINES THE START |
| OF THE REFERENCE PERIOD FOR THIS PERSON. |

RE19BOV
=====

On what date did (PERSON) return to live with this family?

[Enter Month Day Year-4]
REF -7
DK -8

| EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR |
| BEFORE 12/31/1999. IF A DATE AFTER 12/31/1999 IS |
| ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'DATE |
| MUST BE ON OR BEFORE 12/31/1999. IF JOINED RU |
| AFTER 12/31/1999, USE CTRL/B TO BACK-UP AND |
| RE-CODE RE19A.' |

| GO TO END_LP02 |

RE19C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-4]
REF -7
DK -8

PRESS F1 FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.

| EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR |
| BEFORE 12/31/1999. IF A DATE AFTER 12/31/1999 IS |
| ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'DATE |
| MUST BE ON OR BEFORE 12/31/1999. IF LEFT |

INSTITUTION AFTER 12/31/1999, USE CTRL/B TO
BACK-UP AND RE-CODE RE19 TO 'YES'.

NOTE: THE DATE ENTERED HERE DETERMINES THE START
OF THE REFERENCE PERIOD FOR THIS PERSON.

RE19COV

On what date did (PERSON) die?

[Enter Month Day Year-4]
REF -7
DK -8

EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR
BEFORE 12/31/1999. IF A DATE AFTER 12/31/1999 IS
ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'DATE
MUST BE ON OR BEFORE 12/31/1999. IF DIED AFTER
12/31/1999, USE CTRL/B TO BACK-UP AND RE-CODE
RE19A.'

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.

EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR
BEFORE 12/31/1999. IF A DATE AFTER 12/31/1999 IS
ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'DATE
MUST BE ON OR BEFORE 12/31/1999. IF LEFT
INSTITUTION AFTER 12/31/1999, USE CTRL/B TO
BACK-UP AND RE-CODE RE19 TO 'YES'.'

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.

| DISPLAY 'is (PERSON) now' IF NOT ROUND 5. DISPLAY |
| 'was (PERSON) on December 31, 1999' IF ROUND 5. |

| DISALLOW FINAL ENTRY OF CODE '1' |
| (INSTITUTIONALIZED IN HEALTH CARE FACILITY). IF |
| INTERVIEWER ENTERS CODE '1', DISPLAY THE FOLLOWING |
| MESSAGE 'VERIFY FACILITY TYPE. IF HEALTH CARE |
| FACILITY USE CTRL/J TO CORRECT RE19 TO YES.' |

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. OTHERWISE, USE A NULL DISPLAY. |

| IF PERSON CODED '4' (STUDENT UNDER 24 LIVING AWAY |
| AT POST-SECONDARY SCHOOL AT RE19E), CONTINUE |
| WITH RE19G |

| 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.

| DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY 'On |
| 'December 31, 1999, (were/was)' IF ROUND 5. |

DISALLOW FINAL ENTRY OF CODE '1' (GRADES 1-12).
IF INTERVIEWER TRIES TO ENTERS CODE '1', DISPLAY
THE FOLLOWING MESSAGE: 'USE CTRL/J TO CORRECT
RE19E TO STUDENT < 24 LIVING AWAY AT SCHOOL
GRADES 1-12).'

GO TO RE19I

RE19H
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Is/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),

OR '-8' (DK).

DISPLAY 'start living in another household' IF
RE19E CODED '5' (ANOTHER HOUSEHOLD - CURRENTLY
NOT FT MILITARY) AND RE19F CODED '1' (WITHIN
U.S.), '-7' (REF), OR '-8' (DK) OR IF RE19E CODED
'6' (ANOTHER HOUSEHOLD/MILITARY FACILITY -
CURRENTLY FULL-TIME MILITARY AND 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 '2' (MILITARY FACILITY) AND RE19HOV CODED
'1' (WITHIN U.S.), '-7' (REF), OR '-8' (DK).

DISPLAY 'leave the U.S.' IF RE19E CODED '4'
(STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY
SCHOOL) AND RE19F CODED '2' (OUTSIDE U.S.) OR IF
RE19E CODED '5' (ANOTHER HOUSEHOLD - CURRENTLY
NOT FULL-TIME MILITARY) AND RE19F CODED '2'
(OUTSIDE U.S.) OR IF RE19E CODED '6' (ANOTHER
HOUSEHOLD/MILITARY FACILITY - CURRENTLY FULL-TIME
MILITARY) AND RE19HOV CODED '2' (OUTSIDE U.S.).

EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR
BEFORE 12/31/1999. IF A DATE AFTER 12/31/1999 IS
ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'DATE
MUST BE ON OR BEFORE 12/31/1999. IF DATE IS AFTER
12/31/1999, USE CTRL/B TO BACK-UP AND RE-CODE
RE19A.'

END_LP02
=====

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' (REFUSED), OR '-8' |
| (DON'T KNOW), CODE RE21_02 AS '1' (IN RU) FOR ALL |
| RU MEMBERS AUTOMATICALLY BY CAPI, AND GO TO RE42 |

| OTHERWISE (RE20 CODED '2' (NO)), CONTINUE WITH |
| RE21 |

BOX_10

=====

OMITTED.

BOX_11

=====

OMITTED.

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.

 | REFUSED AND DON'T KNOW DISALLOWED. |
 |-----

 | 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: |
 | - 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 |
 |-----

OMITTED.

BOX_12

OMITTED.

RE22

OMITTED.

RE23

OMITTED.

BOX_13

OMITTED.

LOOP_02

USED ELSEWHERE.

RE24

OMITTED.

RE25

OMITTED.

END_LP02

USED ELSEWHERE.

BOX_14

OMITTED.

RE26

OMITTED.

RE27

OMITTED.

BOX_15

OMITTED.

RE28

OMITTED.

RE29

OMITTED.

BOX_16

OMITTED.

RE30

====
OMITTED.

RE31
====
OMITTED.

BOX_17
=====
OMITTED.

LOOP_03
=====
OMITTED.

RE32
====
OMITTED.

RE33
====
OMITTED.

BOX_18
=====
OMITTED.

RE34
====
OMITTED.

END_LP03
=====
OMITTED.

BOX_19
=====
OMITTED.

LOOP_04
=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| RE35-END_LP04 |

| LOOP DEFINITION: LOOP_04 DETERMINES THE LOCATION |
| OF RU MEMBERS WHO HAVE LEFT THE RU AND THE DATE |
| SUCH PERSONS LEFT. THIS INFORMATION IS USED TO |
| DETERMINE WHETHER SUCH PERSONS ARE ELIGIBLE FOR |
| THIS INTERVIEW (THAT IS, REMAIN ON THE RU-MEMBERS- |
| ROSTER) AND TO DEFINE THE REFERENCE PERIOD, IF |
| ANY, FOR SUCH PERSONS. THIS LOOP CYCLES ON RU |
| MEMBERS WHO MEET THE FOLLOWING CONDITION: |
| - PERSON LEFT RU (RE21_02 CODED '2') |

BOX_20 OMITTED.
=====

RE35
=====
{PERSON'S FIRST MIDDLE AND LAST NAME}

Why {(are/is)/was} (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}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| DISPLAY '(are/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}

[Code One]

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}

[Code One]

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.

DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF
ROUND 5. DISPLAY 'on December 31, 1999' IF ROUND
5. OTHERWISE, USE A NULL DISPLAY.

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.

IF CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR
'-8' (DON'T KNOW), FLAG PERSON AS 'FULL-TIME
MILITARY IN U.S. AND NOT ON MILITARY FACILITY'

BOX_21

OMITTED.

RE39

OMITTED.

RE40

{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the name and address of the nursing home or long term care facility where (PERSON) {is/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

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

| DISPLAY 'die' IF RE35 CODED '1' (DECEASED). |
| DISPLAY 'enter the institution' IF RE35 CODED '2' |
| (INSTITUTIONALIZED). |
| DISPLAY 'start living away at school' IF RE35 |
| CODED '3' (STUDENT UNDER 24 LIVING AWAY AT SCHOOL |
| IN GRADES 1-12) OR '4' (STUDENT UNDER 24 LIVING |
| AWAY AT POST-SECONDARY SCHOOL). |
| DISPLAY 'move' IF RE35 CODED '5' (MOVED - |
| CURRENTLY NOT IN MILITARY) AND RE37 CODED '1' |
| (WITHIN U.S.), '-7' (REF), OR '-8' (DK) OR IF |
| RE35 CODED '6' (MOVED - CURRENTLY FULL-TIME ACTIVE |
| DUTY IN THE ARMED FORCES). |
| DISPLAY 'leave the U.S.' IF RE35 CODED 5' |
| (MOVED - CURRENTLY NOT IN MILITARY) AND RE37 |
| CODED '2' (OUTSIDE U.S.). |
| DISPLAY 'leave the household' IF RE35 CODED '-7' |
| (REF) OR '-8' (DK). |
|-----

| EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR |
| BEFORE 12/31/1999. IF A DATE AFTER 12/31/1999 IS |
| ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'DATE |
| MUST BE ON OR BEFORE 12/31/1999. IF LEFT RU AFTER |
| 12/31/1999, USE CTRL/J TO BACK-UP AND RE-CODE |
| RE21.' |
|-----

| 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
RE38OV CODED '2' (OUTSIDE U.S.)
REMOVE PERSON FROM THE RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED AT RE41. PERSON IS OUT OF SCOPE AND INELIGIBLE. INFORMATION WILL NOT BE COLLECTED FOR THIS PERSON.

IF PERSON IS FLAGGED DURING THIS INTERVIEW AS ONE OF THE FOLLOWING:
- 'NEW STUDENT' (THAT IS, RE35 CODED '4' (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) AND (RE37 CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW)))
OR
- 'NON-MILITARY MOVER IN U.S.' (THAT IS, RE35 CODED '5' (MOVED - CURRENTLY NOT IN MILITARY) AND (RE37 CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW)))
OR
- 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY' (THAT IS, RE35 CODED '6' (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES) AND (RE38 CODED '2' (ANOTHER HOUSEHOLD), '-7' (REFUSED), OR '-8' (DON'T KNOW)) AND (RE38OV CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW))),
REMOVE PERSON FROM RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED AT RE41. THE RE SECTION WILL COLLECT LOCATING AND OTHER PERTINENT INFORMATION FOR PERSON BUT PERSON WILL NOT BE INCLUDED IN THIS INTERVIEW AFTER THE RE SECTION. INFORMATION FOR PERSON MAY BE COLLECTED AS PART OF ANOTHER RU.

IF DATE IS = OR AFTER 01/01/1998 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

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

| OTHERWISE IF NOT 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 |
| IN FLAGGED AS 'NEW STUDENT' OR 'NON-MILITARY |
| MOVER IN U.S.' OR 'FULL-TIME MILITARY IN U.S. |
| AND NOT ON MILITARY FACILITY')), GO TO RE57A |
|-----

RE42A

=====

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS
RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.

RE42B

=====

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

IN-PERSON 1
TELEPHONE 2

(Code One)

| GO TO BOX_27 |
|-----

RE42

=====

{At the time this household participated in the National Health
Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}/At the
time of the last interview}, {PREVIOUS ROUND REFERENCE PERSON} was
listed as the person who owns or rents this home. {Is/Was} that
still true {as of December 31, 1999}?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF OWNS/RENDS HOME.

| DISPLAY 'At the time this household participated |
| in the National Health Survey in {MONTH, DAY, |
| YEAR OF NHIS INTERVIEW}' IF ROUND 1. OTHERWISE, |
| DISPLAY 'At the time of the last interview'. |
|-----

| FOR '{PREVIOUS ROUND REFERENCE PERSON}', DISPLAY |
| NHIS REFERENCE PERSON IF ROUND 1. OTHERWISE, |
| DISPLAY PREVIOUS ROUND MEPS REFERENCE PERSON. |
|-----

| 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.

DISPLAY 'live' AND 'now' AND 'owns' AND 'rents'
IF NOT ROUND 5. DISPLAY 'lived' AND 'on December
31, 1999' AND 'owned' AND 'rented' IF ROUND 5.

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

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 {other than you} **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.

 DISPLAY 'Please .. questions.' IF ROUND 5. |
 OTHERWISE, USE A NULL DISPLAY. |

 DISPLAY 'Is' AND 'is' AND 'now' IF NOT ROUND 5. |
 DISPLAY 'Was' AND 'was' AND 'on December 31, 1999' |
 IF ROUND 5. |

 ROSTER DEFINITION: THIS ITEM USES THE |
 RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO |
 MEET THE FOLLOWING CONDITION: |
 - PERSON NOT ADDED TO RU-MEMBERS-ROSTER |
 THIS ROUND |

 DISPLAY 'other than you' IF RESPONDENT FLAGGED AS |
 'NEW RU MEMBER ADDED AT RE08'. OTHERWISE, USE |
 A NULL DISPLAY. |

RE47

{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.

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.

RE48

{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.

| ROSTER. DU MEMBERS | RE48_02. RUID | RE48_03. GENDER | RE48_04. AGE | RE48_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] |

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 'INTERVIEWER: IF ALL PERSONS WHO HAVE
 JOINED THE RU ARE ALREADY SELECTED, USE CTRL/B TO
 CHANGE PREVIOUS SCREEN TO 'NO'.' IF NOT ROUND 1.
 OTHERWISE, USE NULL DISPLAY.

DISPLAY 'ANY NEW RU MEMBERS NOT LISTED' AS THE
 LAST ENTRY ON ROSTER.

MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW
 KEYS TO MOVE CURSOR AMONG ROWS.
2. ALL COLUMNS ARE PROTECTED. CURSOR WILL NOT
 ENTER THESE COLUMNS, SO NO CHANGES ARE
 ALLOWED.
3. IF NEW RU, AN 'X' WILL BE DISPLAYED IN THE
 INTERVIEW COMPLETED THIS ROUND COLUMN FOR EACH
 PERSON WHO HAS ALREADY BEEN INTERVIEWED IN
 ANOTHER RU IN THE DU
4. IF PERSON WITH AN 'X' IN 'INTERVIEW COMPLETED
 THIS ROUND' COLUMN IS SELECTED, DISPLAY
 MESSAGE: 'PERSON CANNOT BE SELECTED. HAS
 BEEN INCLUDED IN INTERVIEW WITH ANOTHER RU.'
5. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER

RU FOR WHOM AN INTERVIEW HAS NOT BEEN COMPLETED, DISPLAY THE MESSAGE: 'PERSON IS MEMBER OF ANOTHER RU. VERIFY THAT PERSON JOINED OR CORRECT SELECTION.'

6. IF INTERVIEWER SELECTS A PERSON WHO HAS LEFT THIS RU OR A CURRENT RU MEMBER, DISPLAY THE MESSAGE: 'SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION.'

7. IF INTERVIEWER PASSES ESC KEY TO LEAVE SCREEN WITHOUT MAKING A SELECTION, DISPLAY THE MESSAGE: 'IF NO NEW PERSON HAS JOINED RU, USE CTRL/B TO CORRECT PREVIOUS SCREEN(S).'

IF A PERSON FROM ANOTHER RU VERIFIED AND SELECTED AS THE RESPONDENT, ADD THAT PERSON TO THE RU-MEMBERS-ROSTER.

IF 'ANY NEW RU MEMBERS NOT LISTED' IS SELECTED, CONTINUE WITH RE49

OTHERWISE, GO TO RE50

RE49

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.

| ROSTER. RU MEMBER | RE49_02. IN RU NOW? |
|--|---------------------|
| 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] |

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. |
-----

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IF PERSON IS ADDED AT RE49, ADD PERSON TO RU- |
MEMBERS-ROSTER AND FLAG PERSON AS ADDED AT RE49 |
-----

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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. 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. |
-----

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-----
IF ROUND 1 AND RE50 CODED '2' (NO), '-7' (REF), |
OR '-8' (DK), GO TO RE53 |
-----

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-----
IF NOT ROUND 1 AND RE50 CODED '2' (NO), '-7' |
(REF), OR '-8' (DK), GO TO BOX_24A |
-----

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-----
OTHERWISE (RE50 CODED '1' (YES)), CONTINUE WITH |
RE51 |
-----

```

RE51
=====

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.

| 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 | [Display RUID] | [Display Selection] | [Display Age] | [Display Selection] |

| | | | | |
|---|----------------|------------------------|---------------|------------------------|
| Name-35 | | | | |
| 3. First Name Middle Name Last Name-35 | [Display RUID] | [Display Selection] | [Display Age] | [Display Selection] |

 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 SELECTS A PERSON WHO HAS LEFT
THIS RU OR A CURRENT RU MEMBER, DISPLAY THE
MESSAGE: 'SELECTION IS INAPPROPRIATE. MAKE
ANOTHER SELECTION.'

 ADD EACH PERSON SUCCESSFULLY SELECTED TO THE
 RU-MEMBERS-ROSTER AND FLAG PERSON AS ADDED AT
 RE51.

 IF 'ANY NEW RU MEMBERS NOT LISTED' SELECTED,
 CONTINUE WITH RE52

 IF ROUND 1 AND 'ANY NEW RU MEMBERS NOT LISTED'
 NOT SELECTED, GO TO RE53

 OTHERWISE, GO TO BOX_24A

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.

TO LEAVE, PRESS ESC.

| ROSTER. RU MEMBER | RE52_02. IN RU NOW? |
|--|---------------------|
| 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] |

 | 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). |
 |-----

OTHERWISE, DISPLAY PERSON SELECTED AT RE43 OR RE44 OR NAME ENTERED AT RE45.

RE54

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.

| ROSTER. DU MEMBERS | RE54_02. RUID | RE54_03. GENDER | RE54_04. AGE | RE54_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] |

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

| OTHERWISE, GO TO BOX_22A |

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 DELETES, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

| ROSTER. RU MEMBER | RE55_02. IN RU NOW? |
|--|---------------------|
| 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] |

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER.

MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
 2. ALLOW INTERVIEWERS TO ADD A PERSON(S) TO THE ROSTER.
 3. ALLOW INTERVIEWERS TO DELETE ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
 4. ALLOW INTERVIEWERS TO EDIT ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
 5. DISPLAY 'YES' IN RE55_02 FOR EACH PERSON CODED '1' (IN RU) AT RE52_02 WHEN SCREEN IS DISPLAYED.
 6. DO NOT ALLOW INTERVIEWERS TO CHANGE CODES IN RE55_02.
 7. AUTOMATICALLY DISPLAY 'YES' AT RE55_02 FOR PERSON ADDED AT THIS SCREEN.
-

ADD PERSONS TO THE RU-MEMBERS-ROSTER AND FLAG PERSONS AS ADDED AT RE55.

BOX_22A

=====

IF AT LEAST ONE PERSON ADDED TO THE RU-MEMBERS-ROSTER AT RE54 OR RE55, CONTINUE WITH LOOP_05

| OTHERWISE, GO TO BOX_24 |

LOOP_05

=====

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
RE56-END_LP05 |

LOOP DEFINITION: LOOP_05 COLLECTS INFORMATION |
THAT CAPI REQUIRES TO DETERMINE THE KEYNESS AND |
ELIGIBILITY OF PERSONS WHO WERE ADDED TO THE RU |
AT RE54 OR RE55. THIS LOOP CYCLES ON RU MEMBERS |
WHO MEET THE FOLLOWING CONDITION: |
- NEW RU MEMBER < 24, NEVER MARRIED, LIVING AWAY |
AT SCHOOL (SELECTED AT RE54 OR ADDED AT RE55) |

NOTE: AT THE END OF THE LOOP, CAPI REMOVES FROM |
THE RU-MEMBERS-ROSTER ANY NEW RU MEMBER WHO IS |
ADDED AT RE54 OR RE55 AND WHO IS FLAGGED AS |
'NEW STUDENT' OR 'NON-MILITARY MOVER IN U.S.' |
DURING THE COURSE OF THE LOOP. THE RE SECTION |
WILL COLLECT LOCATING AND OTHER PERTINENT |
INFORMATION FOR SUCH PERSONS BUT THEY WILL NOT BE |
INCLUDED IN THIS INTERVIEW BEYOND THE RE SECTION. |

IMMEDIATELY AFTER LOOP_05 ENDS, CAPI WILL REMOVE |
FROM THE RU-MEMBERS-ROSTER ANY NEW RU MEMBER WHO |
IS FLAGGED AS 'SAMPLEABLE AT NHIS' DURING THE |
COURSE OF THE LOOP. NO INFORMATION WILL BE |
COLLECTED FOR SUCH PERSONS. |

NEW RU MEMBERS WHO ARE NOT 'NEW STUDENT', 'NON- |
MILITARY MOVER IN U.S.', OR 'SAMPLEABLE AT NHIS' |
REMAIN ON THE RU-MEMBERS-ROSTER AFTER LOOP_05. |

RE56

=====

{PERSON'S FIRST MIDDLE AND LAST NAMES}

(Are/Is) (PERSON) attending ...

grades 1-12, 1
a college or university, or 2
some other training school
after high school? 3
REF -7
DK -8

[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 ...
INSTITUTIONALIZED 1 {BOX_23A}
STUDENT UNDER 24 LIVING AWAY AT
POST-SECONDARY SCHOOL 2
PERSON WAS NOT FT MILITARY AT TIME
OF NHIS AND WAS ...
LIVING IN U.S. 3
LIVING OUTSIDE U.S. 4 {BOX_23A}
PERSON WAS FT MILITARY AT TIME OF NHIS
AND WAS ...
LIVING AT A MILITARY FACILITY 5 {BOX_23A}
LIVING OUTSIDE U.S. 6 {BOX_23A}
LIVING IN ANOTHER HOUSEHOLD IN U.S. 7
PERSON WAS ...

LIVING WITH THIS FAMILY (PERSON LEFT
 OFF NHIS ROSTER) 8 {BOX_23A}
 OTHER 91
 REF -7
 DK -8

[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 |

| OTHERWISE, CONTINUE WITH RE56D |

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.

| ROSTER. RU MEMBER | RE57A_02. GENDER | RE57A_03. DATE OF BIRTH | RE57A_04. AGE |
|--|-------------------|-----------------------------|--------------------|
| 1. First Name Middle Name Last Name-35 | [Enter Selection] | [Enter Month Day Year-4] | [Verify/Enter Age] |
| 2. First Name Middle Name Last Name-35 | [Enter Selection] | [Enter Month Day Year-4] | [Verify/Enter Age] |
| 3. First Name | [Enter | [Enter Month | [Verify/Enter Age] |

| | | | |
|-----------------------------|------------|-------------|--|
| Middle Name Last Name-35 | Selection] | Day Year-4] | |
|-----------------------------|------------|-------------|--|

 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 {END_LP06A}
 1 - 4, 2 {END_LP06A}
 5 - 15, 3 {END_LP06A}
 16 - 23, 4 {END_LP06A}
 24 - 34, 5 {END_LP06A}
 35 - 44, 6 {END_LP06A}
 45 - 54, 7 {END_LP06A}
 55 - 64, or 8 {END_LP06A}
 65 years or older? 9 {END_LP06A}
 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 |

| OTHERWISE, GO TO BOX_25A |

BOX_25

OMITTED.

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.

| ROSTER. RU MEMBER | RE57_02. GENDER | RE57_03. DATE OF BIRTH | RE57_04. AGE |
|--|-------------------|-----------------------------|--------------------|
| 1. First Name Middle Name Last Name-35 | [Enter Selection] | [Enter Month Day Year-4] | [Verify/Enter Age] |
| 2. First Name Middle Name Last Name-35 | [Enter Selection] | [Enter Month Day Year-4] | [Verify/Enter Age] |
| 3. First Name Middle Name Last Name-35 | [Enter Selection] | [Enter Month Day Year-4] | [Verify/Enter Age] |

| REFUSED AND DON'T KNOW ALLOWED IN ALL FIELDS. |

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON IS A NEW RU MEMBER ADDED IN CURRENT ROUND WHO WAS NOT SELECTED FROM THE DU-MEMBERS-ROSTER

MATRIX BEHAVIOR SPECIFICATIONS:

1. FOR ALL PERSONS ON ROSTER, PRESENT BLANK FIELDS FOR THE MISSING DATA ITEMS (EITHER NOT YET COLLECTED OR MISSING FROM PREVIOUS ROUNDS)
2. PLACE CURSOR ON FIRST BLANK FIELD. AFTER ENTRY, MOVE CURSOR TO NEXT BLANK CELL ON THAT ROW.
3. COMPUTE AGE FROM DATE OF BIRTH AND DISPLAY IN RE57_04. IF UNABLE TO CALCULATE AGE BECAUSE OF MISSING DATA, DISPLAY "?" IN RE57_04.
4. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.
5. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.
6. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY RU MEMBER ON ROSTER.

IF AGE NOT MISSING FOR ANY NEW RU MEMBER WHO WAS NOT A DU MEMBER IN PREVIOUS ROUND (THAT IS, AGE NOT MISSING AT RE57_04)),
GO TO BOX_25A

OTHERWISE (AGE IS MISSING FOR ANY NEW RU MEMBER |
WHO WAS NOT A DU MEMBER IN PREVIOUS ROUND (THAT |
IS, AGE IS MISSING AT RE57_04)), |
CONTINUE WITH LOOP_06 |

LOOP_06
=====

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
RE58-END_LP06 |

LOOP DEFINITION: LOOP_06 COLLECTS AN AGE ESTIMATE|
FOR NEW RU MEMBERS WHOSE AGE IS MISSING. THIS |
LOOP CYCLES ON ALL RU MEMBERS WHO MEET THE |
FOLLOWING CONDITION: |
- PERSON'S AGE IS MISSING AT RE57_04 |

RE58
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

PROBE FOR RESPONDENT'S BEST ESTIMATE OF AGE.

(Are/Is) (PERSON)...

Less than 1 year old, 1 {END_LP06}
1 - 4, 2 {END_LP06}
5 - 15, 3 {END_LP06}
16 - 23, 4 {END_LP06}
24 - 34, 5 {END_LP06}
35 - 44, 6 {END_LP06}
45 - 54, 7 {END_LP06}
55 - 64, or 8 {END_LP06}
65 years or older? 9 {END_LP06}
REF -7
DK -8

[Code One]

RE59
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

ENTER YOUR BEST GUESS FOR (PERSON)'S AGE.

Less than 1 year old, 1
1 - 4, 2
5 - 15, 3
16 - 23, 4
24 - 34, 5
35 - 44, 6
45 - 54, 7
55 - 64, or 8
65 years or older? 9

[Code One]

END_LP06
=====

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

IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
END LOOP_06 AND CONTINUE WITH BOX_25A |

BOX_25A
=====

IF ROUND 1 AND AT LEAST ONE PERSON ON THE |
RU-MEMBERS-ROSTER WAS A MEMBER OF THE RU OR DU AT |
THE DATE OF THE NHIS INTERVIEW, |
OR |
IF AT LEAST ONE PERSON REMOVED FROM THE RU- |
MEMBERS-ROSTER THIS ROUND MEETS BOTH OF THE |
FOLLOWING CONDITIONS: |
- PERSON WAS A MEMBER OF THE RU OR DU AT THE DATE |
OF THE NHIS INTERVIEW |
AND |
- PERSON IS FLAGGED AS A 'NEW STUDENT', |
CONTINUE WITH LOOP_07 |

OTHERWISE, GO TO BOX_26 |

LOOP_07
=====

FOR EACH ELEMENT IN THE DU MEMBERS-ROSTER, ASK |
RE60-END_LP07 |

LOOP DEFINITION: LOOP_07 UPDATES NAME, GENDER, |
BIRTH DATE, AND AGE OF BOTH CURRENT RU MEMBERS WHO |
WERE MEMBERS OF THE RU OR DU AT THE TIME OF NHIS |
AND PERSONS WHO ARE FLAGGED AS 'NEW STUDENT'. |
THIS LOOP CYCLES ON ALL DU MEMBERS WHO MEET ANY |
ONE OF THE FOLLOWING CONDITIONS: |
- PERSON IS A CURRENT MEMBER OF THIS RU AND WAS |
A MEMBER OF THIS RU AT THE TIME OF NHIS |
OR |
- PERSON IS A CURRENT MEMBER OF THIS RU AND WAS A |
MEMBER OF THE DU AT THE TIME OF NHIS |
OR |
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER |
DURING THIS INTERVIEW AND IS FLAGGED AS A |
'NEW STUDENT' |

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): [_____]

| REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS. |
| HOWEVER, DO NOT ALLOW INTERVIEWER TO CHANGE 'REAL |
| DATA' TO '-7' (REFUSED) OR '-8' (DON'T KNOW). |

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

| REFUSED AND DON'T KNOW ALLOWED. HOWEVER, DO NOT |
| ALLOW INTERVIEWER TO CHANGE 'REAL DATA' TO '-7' |
| (REFUSED) OR '-8' (DON'T KNOW). |

RE62

=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

I have recorded that (PERSON) was born on (READ DATE BELOW).
Is that correct?

MAKE CORRECTIONS TO DATE OF BIRTH BELOW.

IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

Current Info: [NHIS DATE OF BIRTH]

[Enter Month,Day,Year-4]
REF -7
DK -8

| REFUSED AND DON'T KNOW ALLOWED. HOWEVER, DO NOT |
| ALLOW INTERVIEWER TO CHANGE 'REAL DATA' TO '-7' |
| (REFUSED) OR '-8' (DON'T KNOW). |

| IF CURRENT INFO IS NOT AVAILABLE, ENTRY FOR DATE |
| OF BIRTH IS REQUIRED. (REF AND DK ARE ALLOWED.) |

| IF ANY FIELD IN DATE OF BIRTH CODED '-7' (REFUSED)|
| OR '-8' (DON'T KNOW), GO TO RE64 |

| OTHERWISE, CONTINUE WITH RE63 |

RE63

=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

So (PERSON) is {AGE CALCULATED FROM DATE OF BIRTH AT RE62} years old. Is that correct?

- YES 1 {END_LP07}
- NO 2
- REF -7 {RE65}
- DK -8 {RE65}

 | IF CODED '2' (NO), DISPLAY MESSAGE: 'IF AGE |
 | INCORRECT, USE CTRL/B AND CORRECT DATE OF BIRTH |
 | AT PREVIOUS SCREEN.' |

RE64

{PERSON'S FIRST MIDDLE AND LAST NAME}

How old (are/is) (PERSON)?

- [Enter Age] {END_LP07}
- REF -7
- DK -8

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

| BEFORE 12/31/1999. IF A DATE AFTER 12/31/1999 IS |
| ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'DATE |
| MUST BE ON OR BEFORE 12/31/1999. IF PERSON JOINED |
| RU AFTER 12/31/1999, USE CTRL/B TO BACK-UP RE49/ |
| RE52 AND REVIEW ENTRIES.' |

| 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}

REF -7
DK -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE66H

=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the name and address of the nursing home or long term care facility where (PERSON) (were/was) on January 1, 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

=====

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

IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
END LOOP_07A AND CONTINUE WITH BOX_27 |

LOOP_08
=====

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
RE67-END_LP08 |

LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION |
ON THE LOCATION AT THE TIME OF NHIS OF NEW RU |
MEMBERS WHO ARE NOT NEWBORN TO DETERMINE THEIR |
KEYNESS AND ELIGIBILITY. THIS LOOP CYCLES ON RU |
MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS: |
- ADDED TO RU IN CURRENT ROUND |
AND |
- NOT NEWBORN (THAT IS, NOT BORN BETWEEN THE |
NHIS INTERVIEW DATE AND THE DATE OF THE |
CURRENT INTERVIEW) |

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. |

IF DATE < PREVIOUS ROUND INTERVIEW DATE, |
CONTINUE WITH RE68 |

IF DATE = OR > PREVIOUS ROUND INTERVIEW DATE, |
GO TO RE73 |

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}

DK -8 {RE73}

[Code One]

IF RE68 CODED '1' (YES), CODE RE73 '7' (LIVING WITH THIS FAMILY (PERSON LEFT OFF NHIS ROSTER)) AUTOMATICALLY BY CAPI, THEN GO TO END_LP08

IF CODED '2' (NO), DISPLAY MESSAGE: 'USE CTRL/B AND CORRECT DATE PERSON JOINED RU AT PREVIOUS SCREEN.'

BOX_26A

===== USED ELSEWHERE.

RE69

===== OMITTED.

RE70

===== OMITTED.

RE71

===== OMITTED.

RE72

===== OMITTED.

RE73

===== {PERSON'S FIRST MIDDLE AND LAST NAME}

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 91
- REF -7 {END_LP08}
- DK -8 {END_LP08}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE73OV

===== ENTER OTHER:

- [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]

RE74
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the name and address of the nursing home or long term care facility where (PERSON) (were/was) living at the time of the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

NAME (RE74_01): [_____]
STREET ADDRESS1 (RE74_02): [_____]
STREET ADDRESS2 (RE74_03): [_____]
CITY (RE74_04): [_____]
STATE (RE74_05): [_____]
ZIP CODE (RE74_06): [_____]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| CODES '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE |
| ALLOWED ON EACH FORM ITEM. |

| GO TO END_LP08 |

RE75
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

At the time of the National Health Interview Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}, were either of (PERSON)'s parents living in this household?

YES 1
NO 2
REF -7
DK -8

END_LP08
=====

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

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_08 AND CONTINUE WITH BOX_27 |

BOX_27
=====

| CONTINUE WITH REENUMERATION-B (RE-B) SUBSECTION |

Reenumeration (RE) Section Subsection B

BOX_28AA
=====

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.

BOX_28
=====

IF STUDENT RU AND RU-MEMBERS-ROSTER IS EMPTY,
GO TO BOX_44

IF STUDENT RU AND RU-MEMBERS-ROSTER IS NOT EMPTY,
GO TO BOX_37

IF STANDARD OR NEW RU
AND
RU-MEMBERS-ROSTER IS EMPTY
AND
NO PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-
ROSTER DURING THIS INTERVIEW IS FLAGGED AS ONE OF
THE FOLLOWING:
- 'NEW STUDENT'
OR
- 'NON-MILITARY MOVER IN U.S.'
OR
- 'FULL-TIME MILITARY IN U.S. AND NOT ON
MILITARY FACILITY',
GO TO BOX_44

IF STANDARD OR NEW RU
AND
RU-MEMBERS-ROSTER IS EMPTY
AND
AT LEAST ONE PERSON WHO WAS AN ORIGINAL RU MEMBER
(THAT IS, ON THE RU-MEMBERS-ROSTER AT THE TIME OF

NHIS) WAS REMOVED FROM THE RU-MEMBERS-ROSTER
 DURING THIS INTERVIEW AND FLAGGED AS A 'NEW
 STUDENT', GO TO LOOP_09

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.'
 OR
 - '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

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 NAME} {COLUMN PERSON'S RELATIONSHIP}.}

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

| ROSTER. DU MEMBER NAME | RE76_01. DU MEMBER 1 | RE76_02. DU MEMBER 2 | RE76_03. DU MEMBER 3 |
|---------------------------|-------------------------|-------------------------|-------------------------|
| 1. First Name-15 | [Enter Selection] | [Enter Selection] | [Enter Selection] |
| 2. First Name-15 | [Enter Selection] | [Enter Selection] | [Enter Selection] |
| 3. First Name-15 | [Enter Selection] | [Enter Selection] | [Enter Selection] |

| | |
|-------------------------|-------------------------------|
| 1 = MOTHER | 5 = DAUGHTER/ADOPTED DAUGHTER |
| 2 = FATHER | 6 = SON/ADOPTED SON |
| 3 = SISTER/STEP-/HALF- | 7 = WIFE/SPOUSE |
| 4 = BROTHER/STEP-/HALF- | 8 = HUSBAND/SPOUSE |

PRESS F1 FOR COMPLETE LIST OF RELATIONSHIP CODES.

REFUSED AND DON'T KNOW ALLOWED.

ROSTER DEFINITION: THIS ITEM USES THE
DU-MEMBERS-ROSTER TO DISPLAY ALL DU MEMBERS WHO
MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS A MEMBER OF THE RU FOR THIS CASE
OR
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER
DURING THIS INTERVIEW AND IS FLAGGED AS A 'NEW
STUDENT'

DISPLAY 'What {is/was} 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.'

IF ANY RELATIONSHIP IS CODED '99' (NOT RELATED),
CONTINUE WITH RE77

OTHERWISE, GO TO BOX_29

RE77
====

REVIEW RELATIONSHIPS BELOW. USE CODES 28-33 IF MORE DESCRIPTIVE.

28 = FEMALE PARTNER 32 = PARTNER'S DAUGHTER
29 = MALE PARTNER 33 = PARTNER'S SON
30 = MOTHER'S PARTNER 91 = OTHER RELATED, SPECIFY
31 = FATHER'S PARTNER

USE OTHER RELATIONSHIP CODES IF APPROPRIATE.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

| ROSTER UNRELATED MEMBER | RE77_01. DU MEMBER 1 | RE77_02. DU MEMBER 2 | RE77_03. SPECIFICATION |
|----------------------------|-------------------------|-------------------------|---------------------------|
| 1. First Name-15 | [Enter Selection] | [Enter Selection] | [Enter Other Specify] |
| 2. First Name-15 | [Enter Selection] | [Enter Selection] | [Enter Other Specify] |
| 3. First Name-15 | [Enter Selection] | [Enter Selection] | [Enter Other Specify] |

PRESS F1 FOR COMPLETE LIST OF RELATIONSHIP CODES.

REFUSED AND DON'T KNOW ALLOWED.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS
IN THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING
CONDITION:
- PERSON IS CODED '99' (NOT RELATED) AT RE76 IN
AT LEAST ONE CELL IN ROW WITH PERSON'S NAME

MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW HORIZONTAL AND VERTICAL SCROLLING TO COLLECT RELATIONSHIPS AMONG ALL MEMBERS IN THE MATRIX.
2. THE FIRST COLUMN DISPLAYS THE NAMES OF ROW PERSONS CODED '99' (NOT RELATED) AT RE76 FOR AT LEAST ONE RELATIONSHIP. THE COLUMN HEADINGS 'DU MEMBER 1', 'DU MEMBER 2', ETC. ARE FILLED WITH THE NAMES OF THE DU MEMBERS.
3. DISPLAY RELATIONSHIPS THAT WERE CODED IN RE76.
4. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.
5. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.
6. INTERVIEWERS SHOULD NOT BE ALLOWED TO DELETE ANY PERSON(S).
7. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY PERSON ON MATRIX.

IF AT LEAST ONE RU MEMBER OR 'NEW STUDENT' MEETS
THE FOLLOWING CONDITION:
- CODED '99' (NOT RELATED) FOR RELATIONSHIP WITH
REFERENCE PERSON AT RE77,
CONTINUE WITH RE78

| OTHERWISE, GO TO BOX_29 |

BOX_28A
=====

OMITTED.

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]

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS
| IN THE DU-MEMBERS-ROSTER WHO MEET BOTH OF THE
| FOLLOWING CONDITIONS:
| - AN RU MEMBER OR 'NEW STUDENT' DISPLAYED AT RE76
| AND
| - NOT RELATED TO REFERENCE PERSON (RELATIONSHIP
| TO REFERENCE PERSON CODED '99' AT RE77)
|-----

| REMOVE ALL RU MEMBERS DISPLAYED AT RE78 FROM THE
| RU-MEMBERS-ROSTER AND FLAG SUCH PERSONS AS
| REMOVED FROM THE ROSTER AT RE78. (NOTE THAT
| 'NEW STUDENTS' HAVE BEEN REMOVED FROM THE RU-
| MEMBERS-ROSTER EARLIER IN THE RE SECTION.)
|-----

| IF PERSON DISPLAYED AT RE78 MEETS BOTH OF THE
| FOLLOWING CONDITIONS:
| - ADDED TO THE RU DURING THIS INTERVIEW
| AND
| - FLAGGED AS A 'NEW STUDENT',
| TURN OFF THE 'NEW STUDENT' FLAG. PERSON IS NOT
| RELATED TO REFERENCE PERSON AND, THEREFORE, DOES
| NOT MEET THE REQUIREMENTS FOR A 'NEW STUDENT'
| ASSOCIATED WITH THIS RU. PERSON IS NOT KEY AND
| IS OUT OF SCOPE FOR THIS STUDY. NO INFORMATION
| WILL BE COLLECTED FOR PERSON.
|-----

BOX_28B
=====

OMITTED.

LOOP_08A
=====

OMITTED.

END_LP08A
=====

OMITTED.

BOX_29
=====

| IF ROUND 1 AND AT LEAST ONE PERSON ON THE
|-----

DU-MEMBERS-ROSTER MEETS EITHER OF THE FOLLOWING
SETS OF CONDITIONS:

PERSON IS:

- CURRENTLY ON THE RU-MEMBERS-ROSTER
- AND
- AGE 17 - 23, INCLUSIVE, AT THE TIME OF NHIS
- AND
- AN ORIGINAL RU OR DU MEMBER (THAT IS, ON THE
RU-MEMBERS-ROSTER OR THE DU-MEMBERS-ROSTER
AT THE START OF THIS ROUND)
- AND
- PERSON'S KEYNESS HAS NOT YET BEEN DETERMINED
DURING THIS INTERVIEW OR IN A PREVIOUS
INTERVIEW WITHIN THIS ROUND

OR PERSON IS:

- FLAGGED AS A 'NEW STUDENT'
- AND
- AN ORIGINAL RU MEMBER (THAT IS, ON THE RU-
MEMBERS-ROSTER AT THE START OF THIS ROUND),

CONTINUE WITH LOOP_09

OTHERWISE, GO TO BOX_30A

LOOP_09
=====

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

{MONTH, DAY, YEAR OF NHIS INTERVIEW} (were/was) (PERSON)
attending school?

| | | |
|-----------|----|------------|
| YES | 1 | |
| NO | 2 | {END_LP09} |
| REF | -7 | {END_LP09} |
| DK | -8 | {END_LP09} |

RE80
=====

{PERSON'S FIRST MIDDLE LAST NAME}

(Were/Was) (PERSON) attending ...

| | | |
|--|----|------------|
| grades 1-12, | 1 | {END_LP09} |
| a college or university, or | 2 | |
| some other training school after high school? | 3 | |
| REF | -7 | {END_LP09} |
| DK | -8 | {END_LP09} |

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

IF CODED '2' (COLLEGE) OR '3' (OTHER TRAINING
SCHOOL)
AND
PERSON WAS **NOT** CODED 'NEVER MARRIED' AT NHIS
INTERVIEW,
GO TO END_LP09

IF CODED '2' (COLLEGE) OR '3' (OTHER TRAINING
SCHOOL)
AND
PERSON WAS CODED 'NEVER MARRIED' AT NHIS
INTERVIEW,
CONTINUE WITH RE80A

RE80A
=====

{PERSON'S FIRST MIDDLE LAST NAME}

At the time of the National Health Interview Survey in {MONTH,
DAY, YEAR OF NHIS INTERVIEW} were either of (PERSON)'s parents
living in this household?

| | | |
|-----------|----|------------|
| YES | 1 | {END_LP09} |
| NO | 2 | |
| REF | -7 | {END_LP09} |
| DK | -8 | {END_LP09} |

RE81
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does)(PERSON) have parents who live somewhere else?

| | | |
|-----------|----|------------|
| YES | 1 | |
| NO | 2 | {END_LP09} |
| REF | -7 | |
| DK | -8 | |

BOX_29A
=====

OMITTED.

RE82
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is this (PERSON)'s usual year-round place of residence or is
this (PERSON)'s place of residence **only** during the school year?

USUAL YEAR-ROUND PLACE OF RESIDENCE 1 {END_LP09}
RESIDENCE ONLY DURING SCHOOL YEAR 2 {END_LP09}
SOME OTHER ARRANGEMENT 91
REF -7
DK -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

IF RE82 CODED '2' (RESIDENCE ONLY DURING SCHOOL
YEAR)
AND
PERSON IS FLAGGED AS A 'NEW STUDENT',
TURN OFF THE 'NEW STUDENT' FLAG. PERSON DOES NOT
MEET THE REQUIREMENTS FOR A 'NEW STUDENT'
ASSOCIATED WITH THIS RU. PERSON IS NOT KEY AND
IS OUT OF SCOPE FOR THIS STUDY. NO INFORMATION
WILL BE COLLECTED FOR PERSON.

BOX_29B
=====

OMITTED.

RE83
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does someone in this household have **primary** responsibility for
(PERSON)'s health and health care?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF PRIMARY RESPONSIBILITY.

IF RE83 CODED '2' (NO), '-7' (DON'T KNOW), OR '-8'
(REFUSED)
AND
PERSON IS FLAGGED AS A 'NEW STUDENT',
TURN OFF THE 'NEW STUDENT' FLAG. PERSON DOES NOT
MEET THE REQUIREMENTS FOR A 'NEW STUDENT'
ASSOCIATED WITH THIS RU. PERSON IS NOT KEY AND
IS OUT OF SCOPE FOR THIS STUDY. NO INFORMATION
WILL BE COLLECTED FOR PERSON.

END_LP09
=====

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_09 AND CONTINUE WITH BOX_30

BOX_30
=====

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.'
OR
- '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

====
OMITTED.

END_LP11
=====
OMITTED.

BOX_33
=====
OMITTED.

RE92
=====
OMITTED.

RE93
=====
OMITTED.

RE93A
=====
OMITTED.

RE93B
=====
OMITTED.

BOX_34
=====
OMITTED.

IF ROUND 1
AND
AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER
IS > 16 YEARS OLD AND NOT CODED 'FULL TIME ACTIVE
DUTY IN THE MILITARY',
CONTINUE WITH RE94A

IF NOT ROUND 1
AND
AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER
IS > 16 YEARS OLD AND < 60 YEARS OLD,
GO TO LOOP_12A0

OTHERWISE, GO TO BOX_35

BOX_35AA
=====
OMITTED.

BOX_34A
=====
OMITTED.

RE94
=====
OMITTED (INTEGRATED WITH RE94A).

RE94A
=====
OMITTED.

{In addition to (READ NAMES BELOW),has/Has} anyone in the family
ever served on active duty in the Armed Forces of the
United States?

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

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

YES 1
NO 2 {BOX_35}
REF -7 {BOX_35}
DK -8 {BOX_35}

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

IF AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER IS CODED AS ON FULL-TIME ACTIVE DUTY IN THE MILITARY (RE35 CODED '6') IN ANY INTERVIEW DURING THIS ROUND, DISPLAY THE INTRODUCTORY PHRASE 'In addition to ...' AND THE SCREEN INSTRUCTIONS AND ROSTER. OTHERWISE, DISPLAY 'Has' AND DO NOT DISPLAY THE SCREEN INSTRUCTIONS AND ROSTER.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- CODED AS ON FULL-TIME ACTIVE DUTY IN THE MILITARY (RE35 CODED '6') IN ANY INTERVIEW DURING THIS ROUND,

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.

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

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- AGE > 16 YEARS OLD
AND
- NOT CODED AS ON FULL-TIME ACTIVE DUTY IN THE MILITARY (RE35 CODED '6') IN ANY INTERVIEW DURING THIS ROUND

DISPLAY 'else' IF A ROSTER WAS DISPLAYED AT RE94.
OTHERWISE, USE NULL DISPLAY.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY NUMBER OF PERSON(S) LISTED ON THE ROSTER.
 2. INTERVIEWER SHOULD NOT BE ABLE TO EDIT ANY OF THE NAMES.
 3. INTERVIEWER SHOULD NOT BE ABLE TO ADD NEW PERSONS.
 4. INTERVIEWER SHOULD NOT BE ABLE TO DELETE ANY PERSONS.
-

LOOP_12
=====

FOR EACH ELEMENT IN RU-MEMBER-ROSTER,
ASK RE96-END_LP12

LOOP DEFINITION: LOOP_12 COLLECTS INFORMATION ON
WHEN PERSON SERVED IN THE ARMED FORCES AND WHETHER
PERSON IS CURRENTLY ON FULL-TIME ACTIVE DUTY.
THIS LOOP CYCLES ON RU MEMBERS SELECTED AT RE95.

RE96
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON) serve in the Armed Forces?

World War I (April 1917 - Nov. 1918) ... 1
World War II (Sept. 1940 - July 1947) .. 2
Korean War (June 1950 - Jan. 1955) 3
Vietnam Era (Aug. 1964 - April 1975) ... 4
Post-Vietnam (May 1975 - Present) 5
Other service (all other periods) 6
REF -7
DK -8

[Code All That Apply]

IF PERSON IS < 60 YEARS OF AGE,
CONTINUE WITH RE96A

OTHERWISE, GO TO END_LP12

RE96A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is (PERSON) **now** on **full-time** active duty service with the
Armed Forces of the United States?

YES 1
NO 2 {END_LP12}
REF -7 {END_LP12}
DK -8 {END_LP12}

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

IF CODED '1' (YES), FLAG PERSON AS 'FULL-TIME
MILITARY AND LIVING IN RU'.

RE96B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) enter full-time active duty service
in the Armed Forces?

[Enter Month, Day, Year -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
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) enter full-time active duty service in the Armed Forces?

[Enter Month, Day, Year -2]
REF -7
DK -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

EDIT (FOR ROUND 5): DATE MUST BE ON OR BEFORE 12/31/1999. IF A DATE AFTER 12/31/1999 IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'DATE MUST BE ON OR BEFORE 12/31/1999. IF PERSON WAS ONLY FULL-TIME MILITARY AFTER 12/31/1999, USE CTRL/B TO BACK-UP AND CHANGE RESPONSE TO RE96B1.'

END_LP12A0
=====

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
=====

OMITTED.

BOX_35A
=====

IF AT LEAST ONE RU MEMBER IS KEY AND NOT FULL-TIME MILITARY (THAT IS, KEY AND NOT FLAGGED AS EITHER:
- 'FULL-TIME MILITARY AND LIVING IN RU'
OR
- 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY',
PERSONS FLAGGED DURING LOOP_12 OR LOOP_12A0 AS 'FULL-TIME MILITARY LIVING IN RU' ARE ELIGIBLE FOR THIS INTERVIEW.

IF NO RU MEMBER IS KEY AND NOT FULL-TIME MILITARY (THAT IS, KEY AND NOT FLAGGED AS EITHER:
- 'FULL-TIME MILITARY AND LIVING IN RU'
OR
- 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY',
PERSONS FLAGGED DURING LOOP_12 OR LOOP_12A0 AS 'FULL-TIME MILITARY LIVING IN RU' ARE NOT ELIGIBLE FOR THIS INTERVIEW. REMOVE ALL PERSONS FLAGGED AS 'FULL-TIME MILITARY LIVING IN RU' FROM THE RU-MEMBERS-ROSTER AND FLAG PERSONS AS REMOVED AT LOOP_12 OR LOOP_12A0.

IF NO ONE WAS REMOVED FROM THE RU-MEMBERS-ROSTER AT LOOP_12 OR LOOP_12A0,
GO TO BOX_35

IF AT LEAST ONE PERSON WAS REMOVED FROM THE RU-

```
MEMBERS-ROSTER AT LOOP_12 OR LOOP_12A0
AND
AT LEAST ONE PERSON REMAINS ELIGIBLE FOR THE
THE INTERVIEW (THAT IS, THE RU-MEMBERS-ROSTER IS
NOT EMPTY),
GO TO RE96E
```

```
IF THE RU-MEMBERS-ROSTER IS EMPTY (THAT IS, ALL
REMAINING RU MEMBERS WERE REMOVED AT LOOP_12 OR
LOOP_12A0), CONTINUE WITH RE96C
```

RE96C
=====

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS
RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.

RE96D
=====

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_37
```

RE96E
=====

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]

```
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS
ON THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING
CONDITIONS:
- FLAGGED AS 'FULL-TIME MILITARY LIVING IN RU'
AND
- REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS
INTERVIEW
```

BOX_35
=====

```
IF ANY PERSONS ON THE RU-MEMBERS-ROSTER MEET THE
FOLLOWING CONDITION:
- AGE = OR > 16,
CONTINUE WITH RE97
```

```
OTHERWISE, GO TO BOX_37
```


BOX_36
=====

OMITTED.

RE97
=====

{(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.

| ROSTER. FIRST MIDDLE LAST NAME | RE97_02. MARITAL STATUS |
|--|-------------------------|
| 1. First Name Middle Name Last Name-35 | [Enter Selection] |
| 2. First Name Middle Name Last Name-35 | [Enter Selection] |
| 3. First Name Middle Name Last Name-35 | [Enter Selection] |

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.
-

BOX_37
=====

IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS ANY ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER AND ETHNICITY DATA IS MISSING
OR
- PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED WITH THIS RU AND ETHNICITY DATA IS MISSING,
CONTINUE WITH LOOP_13

OTHERWISE, GO TO BOX_38

LOOP_13
=====

FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, ASK
RE98-END_LP13

LOOP DEFINITION: LOOP_13 COLLECTS ETHNICITY FOR
RU MEMBERS AND NEW STUDENTS WHOSE ETHNICITY DATA
IS MISSING. THIS LOOP CYCLES ON DU MEMBERS WHO
MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER AND ETHNICITY DATA IS
MISSING
OR
- PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED
WITH THIS RU AND ETHNICITY DATA IS MISSING

RE98
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD RE-1.

Do any of the groups on this card represent (PERSON)'s **main**
national origin or ancestry?

| | | |
|-----------|----|------------|
| YES | 1 | |
| NO | 2 | {END_LP13} |
| REF | -7 | {END_LP13} |
| DK | -8 | {END_LP13} |

PRESS F1 FOR DEFINITIONS OF GROUPS LISTED ON CARD.

RE99
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD RE-1.

Which group represents (PERSON)'s **main** national origin or
ancestry?

IF RESPONDENT CANNOT CHOOSE ONE NATIONAL ORIGIN, PRESS F1 FOR
APPROPRIATE PROBES.

| | | |
|---|----|------------|
| PUERTO RICAN | 1 | {END_LP13} |
| CUBAN | 2 | {END_LP13} |
| MEXICAN, MEXICAN-AMERICAN, MEXICANO, CHICANO | 3 | {END_LP13} |
| OTHER LATIN AMERICAN | 4 | |
| OTHER SPANISH | 5 | |
| OTHER | 91 | {END_LP13} |
| REF | -7 | {END_LP13} |
| DK | -8 | {END_LP13} |

[Code One]

ALSO PRESS F1 FOR DEFINITIONS OF NATIONAL ORIGIN/ANCESTRY.

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} |

[Code One]

RE100OV
=====

ENTER OTHER:

[Enter Other Specify]
 REF -7
 DK -8

END_LP13
=====

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

 | IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
 | END LOOP_13 AND CONTINUE WITH BOX_38 |

BOX_38
=====

 | IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS |
 | ANY ONE OF THE FOLLOWING CONDITIONS: |
 | - PERSON IS AN RU MEMBER AND RACE DATA IS MISSING |
 | OR |
 | - PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED |
 | WITH THIS RU AND RACE DATA IS MISSING, |
 | CONTINUE WITH LOOP_14 |

 | OTHERWISE, GO TO LOOP_15 |

LOOP_14
=====

 | FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, ASK |
 | RE101-END_LP14 |

 | LOOP DEFINITION: LOOP_14 COLLECTS RACE DATA FOR |
 | RU MEMBERS AND NEW STUDENTS WHOSE RACE DATA IS |

```

IS MISSING. THIS LOOP CYCLES ON DU MEMBERS WHO
MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER AND RACE DATA IS MISSING
OR
- PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED
WITH THIS RU AND RACE DATA IS MISSING,
-----

```

RE101
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD RE-2.

Please look at this card and tell me the group which **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]

RE102OV
=====

ENTER OTHER:

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

END_LP14
=====

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

IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_14 AND CONTINUE WITH LOOP_15

LOOP_15
=====

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
BOX_39-END_LP15

LOOP DEFINITION: LOOP_15 COLLECTS INFORMATION ON
EDUCATION LEVEL OF ALL RU MEMBERS AND NEW
STUDENTS. THIS LOOP CYCLES ON RU MEMBERS WHO
MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER (THAT IS, CURRENTLY ON
THE RU-MEMBERS-ROSTER FOR THIS RU)
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.

```

-----
| DISPLAY 'What' IF NOT ROUND 5. DISPLAY 'As of |
| December 31, 1999, what' IF ROUND 5. |
-----

-----
| 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

RE107
=====

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

| ROSTER. RU MEMBERS | RE108_02. PART-TIME/FULL-TIME STATUS |
|---|--------------------------------------|
| 1. First Name Middle Name Last Name-35 | [Enter Selection] |
| 2. First Name Middle Name Last | [Enter Selection] |

| | |
|--|-------------------|
| Name-35 | |
| 3. First Name Middle Name Last Name-35 | [Enter Selection] |

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..."
```

LOOP_16
=====

```
FOR EACH ELEMENT IN DU-MEMBERS-ROSTER,
ASK RE110-END_LP16
```

```
LOOP DEFINITION: LOOP_16 COLLECTS LOCATING ADDRESS
AND PHONE NUMBER FOR EACH STUDENT RU. THIS LOOP
CYCLES ON PERSONS WHO MEET BOTH OF THE FOLLOWING
CONDITIONS:
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER
  THIS ROUND
AND
- PERSON IS FLAGGED AS A 'NEW STUDENT'
```

RE110
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the address and telephone number where (PERSON)
can be reached at school.

IF NO TELEPHONE, ENTER '000'.

```
STREET_ADDRESS1 (RE110_01): [ _____ ]
STREET_ADDRESS2 (RE110_02): [ _____ ]
CITY (RE110_03): [ _____ ]
STATE (RE110_04): [ _____ ]
ZIP CODE (RE110_05): [ _____ ]
TELEPHONE (RE110_06): [ _____ ]
```

RECORD ADDRESS AND TELEPHONE ABOVE AND ON
SPLIT/STUDENT MOVING FORM.

END_LP16
=====

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

```
IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_16 AND CONTINUE WITH BOX_43
```

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): [_____]

CITY (RE111A_3): [_____]
STATE (RE111A_4): [_____]
ZIP CODE (RE111A_5): [_____]
TELEPHONE (RE111A_6): [_____]

RECORD ADDRESS AND TELEPHONE ABOVE AND ON
SPLIT/STUDENT MOVING FORM.

| FLAG PERSON AS 'PROCESSED MOVER' . |

| IF ALL PERSONS WHO MEET EITHER OF THE FOLLOWING
| CONDITIONS:
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE
| INTERVIEW WITH THIS RU AND FLAGGED AS 'NON-
| MILITARY MOVER IN U.S.'
| OR
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE
| INTERVIEW WITH THIS RU AND FLAGGED AS 'FULL-
| TIME MILITARY IN U.S. AND NOT ON MILITARY
| FACILITY'
| ARE FLAGGED AS 'PROCESSED MOVER' ,
| GO TO END_LP17

| OTHERWISE, CONTINUE WITH RE111B |

RE111B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

IF KNOWN, CODE WITHOUT ASKING.

Is (PERSON) living with any of the following family members?
(READ NAMES BELOW)

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

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

YES 1
NO 2 {END_LP17}
REF -7 {END_LP17}
DK -8 {END_LP17}

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL
| PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET BOTH OF
| THE FOLLOWING CONDITIONS:
| - NOT FLAGGED AS 'PROCESSED MOVER'
| AND
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE
| INTERVIEW WITH THIS RU
| AND EITHER OF THE FOLLOWING CONDITIONS:
| - FLAGGED AS 'NON-MILITARY MOVER IN U.S.'
| OR
| - FLAGGED AS 'FULL-TIME MILITARY IN U.S. AND NOT
| ON MILITARY FACILITY'

RE112
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Who lives with (PERSON)?

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

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

[Code All That Apply]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL
PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET BOTH OF
THE FOLLOWING CONDITIONS:
- NOT FLAGGED AS 'PROCESSED MOVER'
AND
- REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE
INTERVIEW WITH THIS RU
AND EITHER OF THE FOLLOWING CONDITIONS:
- FLAGGED AS 'NON-MILITARY MOVER IN U.S.'
OR
- FLAGGED AS 'FULL-TIME MILITARY IN U.S. AND NOT
ON MILITARY FACILITY'

FLAG ALL SELECTED PERSONS AS 'PROCESSED MOVER'.

END_LP17
=====

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

IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_17 AND CONTINUE WITH BOX_44A

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.

BOX_44
=====

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}
{JOB-ED}

{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}
{JOB-ED}

{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}

{JOB-ED}

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]

RJ03OV
=====

ENTER OTHER:

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

BOX_04
=====

```

-----
ASK THE EMPLOYMENT WAGE (EW) SECTION.

AT COMPLETION OF EMPLOYMENT WAGE (EW) SECTION,
CONTINUE WITH RJ04
-----

```

RJ04
=====

{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 {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 |
| DK | -8 |

[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'
-----

```

| (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), |
| CONTINUE WITH RJ05 |

| OTHERWISE, GO TO RJ05A |

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]

RJ050V
=====

ENTER OTHER:

| | | |
|-----------------------------|----|---------|
| [Enter Other Specify] | | {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 | |
| 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]

RJ100V
=====

ENTER OTHER:

[Enter Other Specify]
REF -7
DK -8

END_LP01
=====

| CYCLE ON NEXT JOB IN THE PERSON'S-JOBS-ROSTER THAT |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |

| IF NO OTHER JOBS MEET THE STATED CONDITIONS, END |
| LOOP_01 AND CONTINUE WITH BOX_06 |

BOX_06
=====

| CONTINUE WITH EMPLOYMENT A SUBSECTION (EM-A) |

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 INFORMATION RECORDED 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]

| IF ROUND > 1, DISPLAY "ADDITIONAL OR DIFFERENT".
| IF ROUND 1, USE A NULL DISPLAY.
|-----

RS04
=====

ENTER **DIRECTIONS** THAT WILL HELP TO LOCATE THE RU IN THE
NEXT ROUND.

[Enter Text]

| THIS ITEM COLLECTS DIRECTIONS IN STANDARD MEMO
| SCREEN FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES
| AND CHARACTERS PER LINE THAT THE SCREEN WILL
| PERMIT.
|-----

RS05
=====

OTHER THAN PERMISSION FORM PROBLEMS REPORTED IN THE CLOSING
SECTION, IN GENERAL, DID YOU HAVE ANY PROBLEMS OR QUESTIONS
OR ENCOUNTER ANY UNUSUAL SITUATIONS WITH THE CAPI
ADMINISTRATION OF THE QUESTIONNAIRE OR ANYTHING ELSE?

YES 1
NO 2 {RS09}

| NOTE: INFORMATION FORM ITEM RS05 WILL NOT APPEAR
| ON THE FACE SHEET.
|-----

RS06
=====

ENTER COMMENTS OR QUESTIONS OR DESCRIBE THE SITUATION:

[Enter Text]

| THIS ITEM COLLECTS COMMENTS, QUESTIONS OR
| DESCRIPTIONS OF PROBLEMS IN STANDARD MEMO SCREEN
| FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES AND
| CHARACTERS PER LINE THAT THE SCREEN WILL PERMIT.
|-----

RS07
=====

OMITTED

RS08
=====

OMITTED

RS09
=====

WAS THE INTERVIEW FOR THIS RU OBSERVED THIS ROUND?

YES 1
NO 2

[Code One]

BOX_01A
=====

| IF MESSAGE FROM DATA PREP, CONTINUE WITH RS10.
| OTHERWISE, GO TO RS12
|-----

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 HQ02 IS CODED '1' (YES, COVERED NOW) FOR THE
POLICYHOLDER] OR [OE01 OR OE12 OR OE26 IS CODED
'1' (YES) FOR THE PLAN]
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS
DECEASED OR THE POLICYHOLDER WAS ORIGINALLY
SELECTED AS 'POLICYHOLDER NOT IN RU/DU' -- AT
LEAST ONE DEPENDENT (SELECTED AT HP16) IS
COVERED BY THE INSURANCE AT THE TIME OF THE
CURRENT ROUND'S INTERVIEW DATE [HQ01 IS CODED

'1'(WHOLE TIME) OR HQ02 IS CODED '1' (YES,
COVERED NOW FOR THE COVERED PERSON] OR [OE01 OR
OE12 OR OE26 IS CODED '1' (YES)] FOR THE PLAN

NOTE: ESTABLISHMENTS WHICH ARE EMPLOYERS AND
PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS
'SELF-EMPLOYED' WITH A FIRM-SIZE=1 ARE TREATED AS
DIRECT PURCHASED INSURANCE, THAT IS, LOOP_01 WILL
CYCLE ON THE ESTABLISHMENT PROVIDING THE
INSURANCE, (I.E., CREATED FROM THE HX03 SERIES)
NOT THE EMPLOYER.

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

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

SP06

====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

How difficult is it for (POLICYHOLDER) (or other family members) to get a referral to see a specialist?

IF A REFERRAL WAS NEVER NEEDED, PROBE: How difficult do you think it would be to get a referral if you needed to see a specialist in the future?

Would you say ...

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

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST AND REFERRAL.

SP07
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

In general, how difficult is it for (POLICYHOLDER) (or other family members) to get an appointment with a specialist?

CODE '95' IF RESPONDENT VOLUNTEERS THAT THE FAMILY NEVER TRIED TO MAKE AN APPOINTMENT WITH A SPECIALIST.

Would you say ...

- very difficult, 1
- somewhat difficult, 2
- not too difficult, or 3
- not at all difficult? 4
- NEVER MADE APPOINTMENT 95
- REF -7
- DK -8

[Code One]

PRESS F1 FOR DEFINITION OF SPECIALIST.

SP08
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

Looking at this card, please tell me how satisfied (POLICYHOLDER) (and the family) (are/is) with the coverage (PLAN NAME) provides for ...

- 1 = VERY SATISFIED
- 2 = SOMEWHAT SATISFIED
- 3 = NOT TOO SATISFIED
- 4 = NOT AT ALL SATISFIED
- 95 = SERVICE NOT COVERED
- 96 = DON'T KNOW IF SERVICE IS COVERED

SP08_01 a. Preventive health care? ()

SP08_02 b. Hospitalization? ()
SP08_03 c. Prescription medications? ()
SP08_04 d. Mental health services? ()

PRESS F1 FOR DEFINITIONS OF HEALTH CARE SERVICES LISTED.

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

SP09
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

Over the last year, has the plan refused to pay for or approve
medical care (POLICYHOLDER) (or the family) thought was covered?

YES 1
NO 2
REF -7
DK -8

SP10
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

Over the last year, has the plan paid substantially less than
(POLICYHOLDER) (or the family) thought was expected for
services the plan covered?

YES 1
NO 2
REF -7
DK -8

SP11
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.....}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

Over the last year, (have/has) (POLICYHOLDER) (or anyone in the
family) called (PLAN NAME)'s customer service department or
anyone in the plan's administration offices?

YES 1
NO 2 {SP13}
REF -7 {SP13}
DK -8 {SP13}

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'.

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.

SP17
====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

SHOW CARD SP-1.

Looking at this card, how would you rate the family's overall satisfaction with {(PLAN NAME)/the coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits}?

Would you say ...

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

[Code One]

DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.

FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY '(PLAN NAME)' IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, DISPLAY 'the coverage through'.

DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF FAMILY HAS MEDICAID AND THERE IS NO INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID INSURANCE DURING THE CURRENT ROUND. DISPLAY 'the program ... benefits' IF THE FAMILY HAS GOVT-HOSPITAL/PHYSICIAN AND THERE IS NO INSURER ASSOCIATED WITH THE FAMILY'S GOVT-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND.

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.

SP18
====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

How likely is the family to recommend {(PLAN NAME)/the coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}}/the program sponsored by a state or local government agency which provides hospital and physician benefits} to family or friends?

Would you say ...

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

[Code One]

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| SEE FILL SPECIFICATIONS FROM SP17 |
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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 ...

| | |
|---|----|
| 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]

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-----
| DISPLAY 'PLAN NAME: ... INSURER}' IF THERE IS AN |
| INSURER ASSOCIATED WITH THE FAMILY'S MEDICAID OR |
| GOV'T-HOSPITAL/PHYSICIAN INSURANCE DURING THE |
| CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY. |
| |
| FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE |
| CURRENT ROUND'S INSURER FOR THE FAMILY'S MEDICAID |
| OR GOV'T-HOSPITAL/PHYSICIAN INSURANCE. |
| |
| DISPLAY '(PLAN NAME)' IF THERE IS AN INSURER |
| ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T- |
| HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT |
| ROUND. OTHERWISE, DISPLAY 'the coverage through'. |
| |
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF |
| FAMILY HAS MEDICAID AND THERE IS NO INSURER |
| ASSOCIATED WITH THE FAMILY'S MEDICAID INSURANCE |
| DURING THE CURRENT ROUND. DISPLAY 'this program' |
| IF THE FAMILY HAS GOVT-HOSPITAL/PHYSICIAN AND THERE |
| IS NO INSURER ASSOCIATED WITH THE FAMILY'S GOVT- |
| HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT |
| ROUND. |
|-----
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-----
| 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.

SP20
====

{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}}

is it for family members to get a referral to see a specialist?

How difficult

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

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 |
 |-----

'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY
STATE, SEE BOX ON HX06.

SP26
====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

Over the last year, has anyone in the family called anyone in
{(PLAN NAME)'s/{Medicaid's/{STATE NAME FOR MEDICAID}'s}/this
program's} administration offices?

YES 1
NO 2 {SP28}
REF -7 {SP28}
DK -8 {SP28}

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)'s' IF THERE IS AN INSURER
ASSOCIATED WITH THE FAMILY'S MEDICAID OR GOV'T-
HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT
ROUND. DISPLAY '{Medicaid's/{STATE NAME FOR
MEDICAID}'s}' IF FAMILY HAS MEDICAID AND THERE IS
NO CURRENT ROUND MEDICAID INSURER. DISPLAY 'this
program's' IF FAMILY HAS GOV'T-HOSPITAL/PHYSICIAN
AND THERE IS NO CURRENT ROUND'S GOV'T-HOSPITAL/
PHYSICIAN INSURER.

DISPLAY 'Medicaid's' IF STATE IN WHICH INTERVIEW IS
BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY
'STATE NAME FOR MEDICAID's' (SUBSTITUTING THE REAL
STATE NAME FOR PROGRAM WITH AN 'S') 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.

SP27
====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

SHOW CARD SP-1.

How satisfied was the family with the information received or
with how the problem was resolved?

Would you say ...

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

[Code One]

SP28
====

{NAME OF ESTABLISHMENT.....}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/GOVT-H/P INSURER}}

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. |

BOX_04
=====

| GO TO NEXT QUESTIONNAIRE SECTION. |

