

Closing (CL) Section

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

BOX\_01

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| 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

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| 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.

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OTHERWISE, GO TO BOX\_02

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| **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.

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**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.

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**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

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| 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). |

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

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

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CL01  
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{[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.]

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| ROSTER DEFINITION: DISPLAY EACH **PERSON** ON THE |  
| RU-PERSON-PROVIDER-PAIRS-ROSTER WHO MEETS THE |  
| FOLLOWING CONDITION(S): |  
| |  
| - PERSON IS ELIGIBLE FOR MPS PERMISSION FORM |  
| COLLECTION FOR THE CURRENT ROUND (SEE BOX\_01 |  
| SAMPLING SPECIFICATIONS) |  
| OR |  
| - PERSON WAS ASSOCIATED WITH A PERSON-PROVIDER- |  
| PAIR ELIGIBLE FOR PERMISSION FORM COLLECTION |  
| IN PREVIOUS ROUND, AND |  
| - CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED |  
| TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS |  
PERSON-PROVIDER-PAIR IN PREVIOUS ROUND

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

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

CL02  
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OMITTED.

LOOP\_01  
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| FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS- |  
ROSTER, ASK CL03 - END\_LP01

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| LOOP DEFINITION: LOOP\_01 PRESENTS EACH UNIQUE |  
| PERSON-PROVIDER-PAIR ELIGIBLE FOR PERMISSION FORM |  
| COLLECTION (THIS INCLUDES NEW AND OUTSTANDING |  
| FORMS) FOR THE INTERVIEWER TO COMPLETE THE |  
| PERMISSION FORM. THIS LOOP CYCLES ON RU-PERSON- |  
| PROVIDER-PAIRS WITH AN EVENT-PROVIDER-PAIR THAT |  
| MEET THE FOLLOWING CONDITION(S): |  
| - PAIR IS ELIGIBLE FOR PERMISSION FORM COLLECTION |  
| FOR THE CURRENT ROUND (SEE BOX\_01 SAMPLING |  
| SPECIFICATIONS) |  
| OR |  
| - PAIR WAS ELIGIBLE FOR PERMISSION FORM COLLECTION |  
| IN PREVIOUS ROUND, AND |  
| - CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO |  
| R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PAIR |  
IN THE PREVIOUS ROUND
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| NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON- |  
| PROVIDER-PAIR. |

CL03

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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

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| CYCLE ON NEXT PAIR ON THE RU-PERSON-PROVIDER- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
| THE LOOP DEFINITION. |
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| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_01 AND CONTINUE WITH LOOP_02 |
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LOOP\_02

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| FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS- |
| ROSTER, ASK CL04 - END_LP02 |
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| LOOP DEFINITION: LOOP_02 COLLECTS THE STATUS OF |
| PERSON-PROVIDER PERMISSION FORMS ELIGIBLE FOR |
| PERMISSION FORM COLLECTION (THIS INCLUDES NEW AND |
| OUTSTANDING FORMS). THIS LOOP CYCLES ON |
| RU-PERSON-PROVIDER-PAIRS WITH AN EVENT-PROVIDER- |
| PAIR THAT MEET THE FOLLOWING CONDITION(S): |
| - PAIR IS ELIGIBLE FOR PERMISSION FORM COLLECTION |
| FOR THE CURRENT ROUND (SEE BOX_01 SAMPLING |
| SPECIFICATIONS) |
| OR |
| - PAIR WAS ELIGIBLE FOR PERMISSION FORM COLLECTION |
| IN PREVIOUS ROUND, AND |
| - CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO |
| R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PAIR |
| IN THE PREVIOUS ROUND |
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| NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON- |
| PROVIDER-PAIR. |
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CL04

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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'.

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| 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.'

CL04OV1

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ENTER PROBLEM:  
[Enter Problem-45] ..... {CL05}

CL04OV2

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ENTER OTHER:  
[Enter Other Specify-45] ..... {END\_LP02}

CL05

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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.
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| 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  
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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



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ENTER OTHER REASON FOR REFUSAL:  
[Enter Other Specify-45] .....

END\_LP02

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| 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

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| 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

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| 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

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| CYCLE ON NEXT PERSON ON 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\_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.)

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| **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').

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**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)

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**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.

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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.

CL200V  
=====

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

CL360V  
=====

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}  
OTHER .....91  
REF ..... -7 {CL45OV2}  
DK ..... -8 {CL45OV2}

[Code One]

CL45OV1

=====

ENTER OTHER:

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

CL45OV2

=====

What is the name of that location?

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

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

-----  
| NOTE: IF SPACE AVAILABLE, ALLOW 2 LINES OF 45 |  
| CHARACTERS FOR DESCRIPTION. IF SPACE UNAVAILABLE, |  
ALLOW ONLY STANDARD ONE LINE OF TEXT.

CL46

=====

**ITEM: MAILING ADDRESS DIFFERENT FROM LOCATING (STREET) ADDRESS.**  
INTERVIEWER: IF AVAILABLE, VERIFY CURRENT MAILING ADDRESS SHOWN  
BELOW.

IF NO CURRENT INFORMATION, PROBE FOR NEW MAILING ADDRESS (IF AVAILABLE).

Current Info: [1ST\_STR\_ADDRESS]
[2ND\_STR\_ADDRESS]
[CITY]
[STATE]
[ZIP CODE]

ENTER NEW MAILING ADDRESS ..... 1
MAILING ADDRESS CORRECT ..... 2 {BOX\_17A}
MAILING ADDRESS NEEDS CORRECTION ..... 3
NO CURRENT MAILING ADDRESS ..... 4 {BOX\_17A}
REF ..... -7 {BOX\_17A}
DK ..... -8 {BOX\_17A}

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

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  
you  
of  
statistics. As a token of their appreciation, they would like  
to have this gift for your participation in MEPS. In addition, here is a letter of commendation recognizing your contributions  
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

CL68OV

=====

ENTER OTHER:  
[Enter Other Specify] .....

BOX\_20  
=====

-----  
END INTERVIEW.

[Return to Top](#)