Closing (CL) Section

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

BOX_01

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IF:

1. AT LEAST ONE PERSON-PROVIDER-PAIR ELIGIBLE (SEE SAMPLING BOXES BELOW) FOR PERMISSION FORM COLLECTION FOR THE CURRENT ROUND,

2. OR

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

   CONTINUE WITH CL01

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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.

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).

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

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

CL01

As I mentioned during the last interview, it 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:

[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
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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.

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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’;

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.

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.


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.’ |
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CL04OV1
========

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

CL04OV2
========

ENTER OTHER:
[Enter Other Specify-45] .....................   {END_LP02}

CL05
=====

PID: [PID-3]         PERSON: [First, [Middle], Last Name-35]
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.


CL05OV

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 {END_LP02}

CL06OV
ENTER OTHER REASON FOR REFUSAL:
[Enter Other Specify-45] ............

END_LP02

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
LOOP_02 AND CONTINUE WITH BOX_02
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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                                        |
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OTHERWISE, GO TO BOX_03

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LOOP_02A

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| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK   |
| CL06A - END_LP02A                                |
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LOOP DEFINITION: LOOP_02A INSTRUCTS THE
INTERVIEWER TO COLLECT THE HEALTH CARE INSTITUTION HISTORY AND THE APPROPRIATE NUMBER OF MEDICAL PROVIDER PERMISSION FORMS FOR ALL RU MEMBERS WHO HAS A STATUS OF INSTITUTIONALIZED (IN A HEALTH CARE INSTITUTION) AT THE PREVIOUS ROUND’S INTERVIEW DATE, BUT WHO REJOINED THE COMMUNITY (OR CHANGED STATUS) DURING THE CURRENT ROUND. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER
- PERSON IS KEY
- PERSON DOES NOT HAVE A STATUS OF INSTITUTIONALIZED AS OF THE CURRENT ROUND’S INTERVIEW DATE
- PERSON HAD A STATUS OF INSTITUTIONALIZED ON THE PREVIOUS ROUND’S INTERVIEW DATE
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.

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 |
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
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.
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’


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**SAMPLING BOX FOR ROUNDS 4 AND 5 (TO BASE ON ROUND 3 CRITERIA, FOR COLLECTION OF PFs IN ROUNDS 4 AND 5):**

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


    1. ESTABLISHMENT IS THE FEDERAL GOVERNMENT (EM96 = 2)

    2. ESTABLISHMENT IS FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE=1

    3. ESTABLISHMENT IS FLAGGED AS ‘NOT SELF-EMPLOYED’ WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)

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**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 HF16 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: 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.
Subsection 3: HIPA Policy Booklets (Not collected in Panel 3)
OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

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

<table>
<thead>
<tr>
<th>BOX_10</th>
<th>------</th>
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<tbody>
<tr>
<td></td>
<td>IF ROUND 3 OR ROUND 5, CONTINUE WITH BOX_11</td>
</tr>
<tr>
<td></td>
<td>OTHERWISE, GO TO CL41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOX_11</th>
<th>------</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IF AT LEAST ONE PERSON-PHARMACY-PAIR ELIGIBLE</td>
</tr>
<tr>
<td></td>
<td>(SEE SAMPLING BOX BELOW) FOR PHARMACY PERMISSION</td>
</tr>
<tr>
<td></td>
<td>FORM COLLECTION, CONTINUE WITH CL29</td>
</tr>
<tr>
<td></td>
<td>OTHERWISE, GO TO CL41</td>
</tr>
</tbody>
</table>
SAMPLING BOX (FOR ROUND 3):
PERSON-PHARMACY-PAIRS ELIGIBLE FOR PHARMACY PERMISSION FORM COLLECTION IN ROUND 3:
- PERSON IS A KEY, ELIGIBLE RU MEMBER
- PERSON ASSOCIATED WITH THE PHARMACY
- PHARMACY COLLECTED DURING ROUND 1, 2, OR 3

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.
As you know, the U.S. Public Health Service is very interested in obtaining the most complete and accurate information about health care use and expenditures, including prescription medicines. Many pharmacies now offer their customers a summary of their prescription medicine charges. People sometimes request these summaries to help in preparing their taxes or insurance claims. To help us get the best information about the family’s prescriptions, we would like to obtain a printed summary from each pharmacy used by this family during the past year. To do this, we must have written permission. PRESS ENTER TO CONTINUE.

From the information I have, I would like to get a signed permission form for: (READ PERSON BELOW)’s prescriptions filled at (READ PHARMACY BELOW). TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

ROSTER. PERSON
[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.]

----------------------------------------------------
<p>| 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, |</p>
<table>
<thead>
<tr>
<th>4, OR 5 IF ROUND 5.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>NOTE: DISPLAY EACH UNIQUE ELIGIBLE PERSON-PHARMACY-PAIR ONLY ONCE.</th>
</tr>
</thead>
</table>

LOOP_07
======

----------------------------------------------------
<p>| FOR EACH ELEMENT ON THE RU-PERSON-PHARMACY-PAIRS-|</p>
<table>
<thead>
<tr>
<th>ROSTER, ASK CL31 - END_LP07</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| 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, |</p>
<table>
<thead>
<tr>
<th>4, OR 5 IF ROUND 5.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-PHARMACY-PAIR.</th>
</tr>
</thead>
</table>

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] |
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}

PRESS F1 FOR MORE INFORMATION ON PHARMACY PERMISSION FORMS.

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

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

ENTER OTHER:
[Enter Other Specify-45] .............   {END_LP08}

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]

ENTER PHARMACY PERMISSION FORM NUMBER:
[Enter Number-8] .......................   {END_LP08}

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


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

PHARMID: [PharmID-4]
ENTER MAIN REASON FOR REFUSAL:

- DOESN'T WANT TO BOTHER PHARMACY ........ 1 {END LP08}
- CONFIDENTIALITY/SENSITIVE ISSUE ............ 2 {END LP08}
- PAYMENT PROBLEM WITH PHARMACY ............. 3 {END LP08}
- HAS ALREADY GIVEN ENOUGH INFORMATION ....... 4 {END LP08}
- WANTS MORE INFORMATION BEFORE SIGNING ...... 5 {END LP08}
- NOT INTERESTED ................................ 6 {END LP08}
- NO REASON GIVEN .............................. 7 {END LP08}
- OTHER .......................................... 91

[Code One]

ENTER OTHER REASON FOR REFUSAL:

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

END LP08

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

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

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

BOX_15

----------------------------------------
| GO TO CL41 |
----------------------------------------

CL35

OMITTED

LOOP_09

OMITTED

CL36

OMITTED

CL360V

OMITTED

CL37
Subsection 6: Collecting/Updating Locating Information (Round 1 through Round 5)

(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 |
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 REENTER.’

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 UPDATED.

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

---

Where is that telephone located?

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

[Code One]

---

ENTER OTHER:

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

---

What is the name of that location?

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

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

---

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

---

ITEM: MAILING ADDRESS DIFFERENT FROM LOCATING (STREET) ADDRESS.
INTERVIEWER: IF AVAILABLE, VERIFY CURRENT MAILING ADDRESS SHOWN BELOW.
IF NO CURRENT INFORMATION, PROBE FOR NEW MAILING ADDRESS (IF AVAILABLE).
Current Info:  
[1ST_STR_ADDRESS]  
[2ND_STR_ADDRESS]  
[CITY]  
[STATE]  
[ZIP CODE]

ENTER NEW MAILING ADDRESS .............. 1
MAILING ADDRESS CORRECT ................ 2 {BOX_17A}
MAILING ADDRESS NEEDS CORRECTION ....... 3
NO CURRENT MAILING ADDRESS ............. 4 {BOX_17A}
REF ................................. -7 {BOX_17A}
DK ................................. -8 {BOX_17A}

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

[What is that address?]
IF AVAILABLE, VERIFY AND UPDATE CURRENT MAILING ADDRESS.
IF UNAVAILABLE, ENTER COMPLETE MAILING ADDRESS.
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

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

1ST_STR_ADDRESS (CL47_01):  [_____________]
2ND_STR_ADDRESS (CL47_02):  [_____________]
CITY (CL47_03):  [_____________]
STATE (CL47_04):  [_____________]
ZIP CODE (CL47_05):  [_____________]
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

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

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

BOX_17A
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).

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): [__________]
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]
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): [__________]
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).
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>edit: if current contact address available, at least one field must be updated.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>flag contact person information for the ru with the name, address, and phone entered or corrected at cl51 for the current round.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

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): [__________]
press f1 for list of state abbreviations.
<table>
<thead>
<tr>
<th>edit: if no current contact relationship available, an entry must be made (ref and dk are allowed).</th>
</tr>
</thead>
<tbody>
<tr>
<td>edit: if current contact relationship available, accept an entry, ref or dk, or no update.</td>
</tr>
</tbody>
</table>
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 ALTERNATE RESPONDENT 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.
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]
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.

<table>
<thead>
<tr>
<th>Refused and don’t know allowed for each field.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flag person as ‘processed future mover’.</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>If all persons selected as future movers (i.e., selected at CL58) are flagged as ‘processed future mover’, go to END_LP11</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Otherwise, continue with CL60</td>
</tr>
</tbody>
</table>

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]
[First Name, [Middle Name], Last Name]
[First Name, [Middle Name], Last Name]

----------------------------------------
| 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 |
| BOX_18A                                     |

----------------------------------------
| OTHERWISE, GO TO CL62                     |

BOX_18A
=====

----------------------------------------
| IF NOT ROUND 5, CONTINUE WITH CL61A       |

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
<table>
<thead>
<tr>
<th>STREET ADDRESS (REF AND DK ARE ALLOWED).</th>
</tr>
</thead>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**CL67**

**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