Access to Care (AC) Section

AC01
=====

What language is spoken in your home most of the time?

ENGLISH ................................ 1 {LOOP_01}
SPANISH ................................ 2
ANOTHER LANGUAGE ....................... 3
REF ..................................... -7 {LOOP_01}
DK ..................................... -8 {LOOP_01}

[Code One]

AC02
=====

Are all members of your household comfortable conversing in English?

YES .................................... 1 {LOOP_01}
NO ..................................... 2
REF ..................................... -7 {LOOP_01}
DK ..................................... -8 {LOOP_01}

----------------------------------------------------
| IF CODED ‘2’ (NO) AND SINGLE-PERSON RU,          |
| AUTOMATICALLY CODE PERSON AT AC02A BY CAPI        |
| AND GO TO LOOP_01A                               |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘2’ (NO) AND A MULTI-PERSON RU,          |
| CONTINUE WITH AC02A                              |
----------------------------------------------------
AC02A
====

Who is not comfortable conversing in English?

PROBE: Is anyone else not comfortable conversing in English?

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

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

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-    |
| MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS AND |
| INSTITUTIONALIZED RU MEMBERS.                     |
----------------------------------------------------

----------------------------------------------------
| FLAG ALL SELECTED PERSONS TO BE INCLUDED ON       |
| ROSTER FOR AC31.                                  |
----------------------------------------------------

LOOP_01A
======

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK    |
| AC03-END_LP01A.                                   |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_01A COLLECTS WHETHER OR NOT |
| PERSON WAS BORN IN THE U.S., AND IF NOT, HOW LONG |
| PERSON HAS LIVED IN THE U.S. THIS LOOP CYCLES ON  |
| PERSONS THAT MEET THE FOLLOWING CONDITION:        |
| - PERSON WAS SELECTED AT AC02A (NOT COMFORTABLE   |
| CONVERSING IN ENGLISH)                            |
----------------------------------------------------
AC03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) born in the United States?

YES .................................... 1 {END_LP01A}
NO ....................................... 2
REF ...................................... -7
DK ....................................... -8

AC04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How long (have/has) (PERSON) lived in the United States?
IF LESS THAN 1 YEAR, CODE 0.

[ENTER NUMBER OF YEARS-2] ..............
LESS THAN 1 YEAR .......................... 0
REF ...................................... -7
DK ....................................... -8

END_LP01A
========

END_LP01A
========
LOOP_01

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK AC05-END_LP01 |

LOOP DEFINITION: LOOP_01 COLLECTS THE NAME OF THE USUAL SOURCE OF CARE PROVIDER, IF ANY, FOR EACH CURRENT RU MEMBER. THIS LOOP CYCLES ON PERSONS WHO MEET THE FOLLOWING CONDITIONS:

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

AC05

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

YES ..................................... 1 {AC09}
NO ...................................... 2 {AC07}
MORE THAN ONE PLACE ..................... 3
REF ..................................... -7 {END_LP01}
DK ...................................... -8 {END_LP01}

[Code One]

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.
AC06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

YES ..................................... 1 {AC09}
NO ...................................... 2
REF ..................................... -7 {END_LP01}
DK ...................................... -8 {END_LP01}

AC07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

SELDOM OR NEVER GETS SICK ............... 1 {AC08}
RECENTLY MOVED INTO AREA ................ 2 {AC08}
DON’T KNOW WHERE TO GO FOR CARE ........ 3 {AC08}
USUAL SOURCE OF MEDICAL CARE IN THIS AREA IS NO LONGER AVAILABLE ........... 4 {AC08}
CAN’T FIND A PROVIDER WHO SPEAKS (PERSON)’S LANGUAGE ..................... 5 {AC08}
LIKES TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS .............. 6 {AC08}
JUST CHANGED INSURANCE PLANS ............ 7 {AC08}
DON’T USE DOCTORS/TREAT MYSELF .......... 8 {AC08}
COST OF MEDICAL CARE .................... 9 {AC08}
OTHER REASON ............................ 91
REF ..................................... -7 {END_LP01}
DK ...................................... -8 {END_LP01}

[Code One]

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

AC07OV
=====

ENTER OTHER REASON:

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

What are the other reasons (PERSON) (do/does) not have a usual source of health care?

CODE ALL THAT APPLY.

NO OTHER REASONS ........................ 0
SELDOM OR NEVER GETS SICK ............... 1
RECENTLY MOVED INTO AREA ............... 2
DON'T KNOW WHERE TO GO FOR CARE ....... 3
USUAL SOURCE OF MEDICAL CARE IN THIS AREA IS NO LONGER AVAILABLE ....... 4
CAN'T FIND A PROVIDER WHO SPEAKS (PERSON)'S LANGUAGE ............... 5
LIKES TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS .......... 6
JUST CHANGED INSURANCE PLANS .......... 7
DON'T USE DOCTORS/TREAT MYSELF ....... 8
COST OF MEDICAL CARE .................. 9
OTHER REASON .......................... 91
REF ................................... -7
DK ................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

---------------------------------------------------------------------
| IF CODED '91' (OTHER REASON) ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH AC08OV |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO END LP01 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| EDIT: IF CODED '0' (NO OTHER REASONS), '-7' (REFUSED), OR '-8' (DON'T KNOW) IN THE FIRST FIELD, NO OTHER REASON CATEGORY CAN BE CODED. IF CODED '0' (NO OTHER REASONS), '-7' (REFUSED), OR '-8' (DON'T KNOW), IN A FIELD OTHER THAN THE FIRST FIELD AND A SUBSEQUENT CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.' |
---------------------------------------------------------------------
AC08OV
======

ENTER OTHER REASON:

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

AC09
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

PRESS ENTER TO CONTINUE.

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

BOX_01
======

----------------------------------------------------
<table>
<thead>
<tr>
<th>ASK THE PROVIDER ROSTER (PV) SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT THE COMPLETION OF THE PROVIDER ROSTER (PV)</td>
</tr>
<tr>
<td>SECTION, CONTINUE WITH BOX_02</td>
</tr>
</tbody>
</table>
FLAG THE PROVIDER ADDED OR SELECTED AS THE 'USC (USUAL SOURCE OF CARE) PROVIDER' FOR THIS PERSON FOR THIS PARTICULAR ROUND.

IF THIS USC PROVIDER IS FLAGGED AS 'FACILITY-TYPE-PROVIDER', CONTINUE WITH AC10

IF THIS USC PROVIDER IS FLAGGED AS 'PERSON-IN-FACILITY-PROVIDER' AND AC11 WAS NOT ALREADY ASKED FOR THIS USC PROVIDER IN AN EARLIER LOOP, GO TO AC11

OTHERWISE, (THAT IS, IF THIS USC PROVIDER IS FLAGGED AS 'PERSON-TYPE-PROVIDER' OR IF THIS USC PROVIDER IS FLAGGED AS 'PERSON-IN-FACILITY-PROVIDER' AND AC11 HAS ALREADY BEEN ASKED FOR THIS USC PROVIDER), GO TO AC12
AC10
====

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

(Do/Does) (PERSON) usually see a particular provider at (PROVIDER)?

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

-----------------------------------------------------------------------------
<p>| NOTE: FOR QUESTIONS AC10 - AC20, THE CONTEXT HEADER WILL DISPLAY THE | |
| PERSON-PROVIDER NAME IF THE USC PROVIDER BEING ASKED ABOUT IS FLAGGED AS |
| 'PERSON-TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-PROVIDER'. IF THE USC |
| PROVIDER BEING ASKED ABOUT IS FLAGGED AS 'FACILITY-TYPE-PROVIDER', THE |</p>
<table>
<thead>
<tr>
<th>CONTEXT HEADER WILL DISPLAY THE FACILITY-PROVIDER NAME.</th>
</tr>
</thead>
</table>

-----------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>IF AC11 WAS NOT ALREADY ASKED FOR THIS USC PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC11</th>
</tr>
</thead>
</table>

-----------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO AC12</th>
</tr>
</thead>
</table>
AC11
====

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

ASK IF NOT OBVIOUS.

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

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

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

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

AC12
====

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

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

DRIVE .............................................  1
IS DRIVEN ......................................  2
TAXI, BUS, TRAIN, OTHER PUBLIC TRANSPORTATION ...............  3
WALKS ...........................................  4
REF ....................................... -7
DK ......................................... -8

[Code One]
AC13
====

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

How long does it take (PERSON) to get to (PROVIDER)?

LESS THAN 15 MINUTES .................... 1
15 TO 30 MINUTES .......................... 2
31 MINUTES TO 60 MINUTES (1 HOUR) .... 3
61 MINUTES TO 90 MINUTES ............... 4
91 MINUTES TO 120 MINUTES (2 HOURS) ... 5
MORE THAN 120 MINUTES (2 HOURS) ....... 6
REF ...................................... -7
DK ........................................ -8

[Code One]

AC14
====

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

SHOW CARD AC-1.

How difficult is it for (PERSON) to get to (PROVIDER)?

Would you say it is ...

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

[Code One]
BOX_03
======

----------------------------------------------------
| IF THIS USC PROVIDER IS FLAGGED AS 'PERSON-TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-PROVIDER' AND AC15 WAS NOT ALREADY ASKED FOR THIS USC PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC15 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP01 |
----------------------------------------------------

AC15
====

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

Is (PROVIDER) a medical doctor?

YES ..................................... 1 {AC17}
NO ...................................... 2
REF ..................................... -7 {AC18}
DK ...................................... -8 {AC18}

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.
{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}

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

CODE ‘5’ IF CHIROPRACTOR VOLUNTEERED AS TYPE OF MEDICAL PERSON.

NURSE ...................................  1  {AC18}
NURSE PRACTITIONER ......................  2  {AC18}
PHYSICIAN’S ASSISTANT ...................  3  {AC18}
MIDWIFE ...................................  4  {AC18}
CHIROPRACTOR .............................  5  {AC18}
OTHER ................................... 91
REF ..................................... -7  {AC18}
DK ...................................... -8  {AC18}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

[Enter Other Specify] .....................  {AC18}
REF ....................................  -7  {AC18}
DK ......................................  -8  {AC18}
What is (PROVIDER)’s specialty?

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

[Code One]

ENTER OTHER:

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

Is (PROVIDER) Hispanic or Latino?

YES ..................................... 1
NO ...................................... 2
REF ..................................... -7
DK ...................................... -8
{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER......}

SHOW CARD AC-2.

What is (PROVIDER)'s race?

CODE ALL THAT APPLY.

WHITE .................................. 1
BLACK/AFRICAN AMERICAN ................. 2
ASIAN .................................. 3
INDIAN/NATIVE AMERICAN/ALASKA NATIVE ... 4
OTHER PACIFIC ISLANDER ................. 5
SOME OTHER RACE ....................... 91
REF ................................... -7
DK .................................... -8

[Code All That Apply]

------------------------------------------------------------------------------------------------------------------
| IF CODED '91' (SOME OTHER RACE) ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH AC19OV |
------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------
| OTHERWISE, GO TO AC20 |
------------------------------------------------------------------------------------------------------------------

AC19OV

ENTER OTHER RACE:

[Enter Other Specify] .................
REF ................................... -7
DK .................................... -8
AC20
====

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

Is (PROVIDER) male or female?

MALE ................................... 1
FEMALE ................................ 2
REF ................................... -7
DK .................................... -8

[Code One]

END_LP01
========

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_01 AND CONTINUE WITH BOX_04             |
----------------------------------------------------

BOX_04
=====

----------------------------------------------------
| IF AT LEAST ONE PROVIDER FLAGGED AS ‘USC PROVIDER’ |
| ON THE RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH |
| LOOP_02                                           |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO AC32A                           |
----------------------------------------------------
**LOOP_02**

---

FOR EACH ELEMENT IN THE RU-MEDICAL PROVIDERS-ROSTER, ASK AC21-END LP02

---

LOOP DEFINITION: LOOP_02 COLLECTS DETAILED INFORMATION ON EACH UNIQUE USUAL SOURCE OF CARE PROVIDER IDENTIFIED FOR THIS RU. THIS LOOP CYCLES ON PROVIDERS WHO MEET THE FOLLOWING CONDITION:

- PROVIDER FLAGGED AS ‘USC PROVIDER’ DURING THE CURRENT ROUND FOR A CURRENT RU MEMBER.

---

NOTE: IF THE USC PROVIDER BEING LOOPED ON IS FLAGGED AS ‘PERSON-TYPE PROVIDER’ OR ‘PERSON-IN- FACILITY PROVIDER’ THE CONTEXT HEADER IN LOOP_02 WILL DISPLAY THE PERSON PROVIDER NAME. IF THE USC PROVIDER BEING LOOPED ON IS FLAGGED AS ‘FACILITY-TYPE PROVIDER’ THE CONTEXT HEADER IN LOOP_02 WILL DISPLAY THE FACILITY PROVIDER NAME.

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

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

IF ONLY CHILDREN ARE DISPLAYED BELOW, USE THE PRONOUN 'YOU' OR THE PARENT'S NAME.

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

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
Is (PROVIDER) the {person/place} (READ NAME(S) BELOW) would go to for ...

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

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

YES = 1
NO = 2

AC22_01 a. New health problems? ( )
AC22_02 b. Preventive health care, such as general checkups, examinations, and immunizations? ( )
AC22_03 c. Referrals to other health professionals when needed? ( )
AC22_04 d. Ongoing health problems? ( )

PRESS F1 FOR DEFINITION OF PREVENTIVE HEALTH CARE AND REFERRAL.

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

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

----------------------------------------------------------------------------------------------------------------------------------
| ALLOW ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ON ALL FORM ITEMS. |
----------------------------------------------------------------------------------------------------------------------------------
AC23
====

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

SHOW CARD AC-1.

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

Would you say it is ...

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

[Code One]

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

| IF AC11 WAS CODED '2' (HOSPITAL EMERGENCY ROOM) |
| FOR THIS USC PROVIDER, GO TO AC25 |

| OTHERWISE, CONTINUE WITH AC24 |

AC24
====

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

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

  YES ..................................... 1
  NO ...................................... 2
  REF ..................................... -7
  DK ...................................... -8
AC25

{name of medical care provider.......

show card AC-1.

How difficult is it to contact {a medical person at} (provider) after their regular hours in case of urgent medical needs?

Would you say it is ...

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

[code one]

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

AC26

{name of medical care provider.....}

Does {someone at} (provider) usually ask about prescription medications and treatments other doctors may give them?

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

---------------------------------------------
| DISPLAY 'someone at' IF USC PROVIDER BEING LOODED |
| ON IS FLAGGED AS 'FACILITY-TYPE-PROVIDER'. |
| OTHERWISE, USE A NULL DISPLAY.            |
AC27
====

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

SHOW CARD AC-3.

Thinking about the types of medical, traditional and alternative treatments (READ NAME(S) BELOW) are happy with, how often does (a medical person at) (PROVIDER) show respect for these treatments?

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

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

Would you say...

never, ......................................... 1
sometimes, ................................. 2
usually, or ................................. 3
always? ................................. 4
REF ................................... -7
DK .................................... -8

[Code One]

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

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

25-22
AC28
====

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

SHOW CARD AC-3.

If there were a choice between treatments, how often would {a medical person at} (PROVIDER) ask (READ NAME(S) BELOW) to help make the decision?

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

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

Would you say...

never, ........................................... 1
sometimes, .................................... 2
usually, or .................................... 3
always? ....................................... 4
REF ........................................... -7
DK .............................................. -8

[Code One]

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

---------------------------------------------------------------------------------------------------------------------
| DISPLAY ‘a medical person at’ IF USC PROVIDER BEING LOOPED ON IS FLAGGED AS ‘FACILITY-TYPE- PROVIDER’. OTHERWISE, USE A NULL DISPLAY. |
---------------------------------------------------------------------------------------------------------------------
AC29
====

OMITTED.

AC30
====

{Name of Medical Care Provider......}

Does {a medical person at} (PROVIDER) present and explain all options to (READ NAME(S) BELOW)?

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

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

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

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

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

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

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

25-24
BOX_05

<table>
<thead>
<tr>
<th>IF AT LEAST ONE RU MEMBER WAS SELECTED AT AC02A</th>
<th>(FLAGGED AS NOT COMFORTABLE CONVERSING IN ENGLISH)</th>
<th>AND PERSON IDENTIFIED THIS USC PROVIDER AS THEIR</th>
<th>USC PROVIDER, CONTINUE WITH AC31</th>
</tr>
</thead>
</table>

| OTHERWISE, GO TO END_LP02                         |

AC31

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

Does {someone at} (PROVIDER) speak the language (READ NAME(S) BELOW) prefer(s) or provide translator services for them?

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

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

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

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IDENTIFIED PROVIDER BEING ASKED ABOUT AS PERSON’S USC PROVIDER FOR THE CURRENT ROUND, AND
- PERSON IDENTIFIED AS NOT COMFORTABLE CONVERSING IN ENGLISH AT AC02A.

DISPLAY 'someone at' IF USC PROVIDER BEING LOOPED ON IS FLAGGED AS 'FACILITY-TYPE-PROVIDER.' OTHERWISE, USE A NULL DISPLAY.
END_LP02

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

-----------------------------
| IF NO OTHER PROVIDERS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH AC32A |
-----------------------------

AC32A

When answering the next few questions, do not include dental care and prescription medicines.

In the last 12 months, did anyone in the family or a doctor believe they needed any medical care, tests, or treatment?

YES .................................... 1
NO ..................................... 2 {AC40A}
REF ................................... -7 {AC40A}
DK .................................... -8 {AC40A}
In the last 12 months, was anyone in the family unable to get medical care, tests, or treatments they or a doctor believed necessary?

YES ........................................ 1
NO .......................................... 2 [AC36]
REF .......................................... -7 [AC36]
DK .......................................... -8 [AC36]

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,         |
| AUTOMATICALLY CODE PERSON AS 'UNMET NEED FOR       |
| MEDICAL CARE' AT AC33 BY CAPI AND GO TO LOOP_03    |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH AC33                                          |
----------------------------------------------------
Who was that?

PROBE: Was anyone else in the family unable to get medical care, tests, or treatments they or a doctor believed necessary?

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

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

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

------------------------------------------------------------------------------------------------------------------------
| IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED, GO TO AC36. |
------------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_03 |
------------------------------------------------------------------------------------------------------------------------

LOOP_03

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK AC34 - END_LP03

LOOP DEFINITION: LOOP_03 COLLECTS THE MAIN REASON AND THE PROBLEM WITH THE UNMET NEED FOR MEDICAL CARE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS NOT INSTITUTIONALIZED
- PERSON HAD AN UNMET NEED FOR MEDICAL CARE (I.E., PERSON WAS SELECTED AT AC33)

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

25-28
AC34

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

Which of these best describes the main reason (PERSON) (were/was) unable to get medical care, tests, or treatments (he/she) or a doctor believed necessary?

- COULDN'T AFFORD CARE ......................... 1
- INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE .............. 2
- DOCTOR REFUSED TO ACCEPT FAMILY’S INSURANCE PLAN .............................. 3
- PROBLEMS GETTING TO DOCTOR'S OFFICE ...... 4
- DIFFERENT LANGUAGE ............................. 5
- COULDN'T GET TIME OFF WORK .................. 6
- DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7
- WAS REFUSED SERVICES ............................. 8
- COULDN'T GET CHILD CARE ........................ 9
- DIDN'T HAVE TIME OR TOOK TOO LONG .......... 10
- OTHER ............................................. 91
- REF ............................................. -7
- DK ............................................. -8

[Code One]

AC35

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

How much of a problem was it that (PERSON) did not get medical care, tests, or treatments (he/she) or a doctor believed necessary?

Would you say ...

- a big problem, ............................... 1
- a small problem, or ......................... 2
- not a problem? .............................. 3
- REF ........................................... -7
- DK .......................................... -8

[Code One]
AC36
====

In the last 12 months, was anyone in the family delayed in getting medical care, tests, or treatments they or a doctor believed necessary?

YES ............................................. 1
NO ............................................. 2 {AC40A}
REF ............................................. -7 {AC40A}
DK ............................................. -8 {AC40A}

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, \n| AUTOMATICALLY CODE PERSON AS 'DELAY IN RECEIVING \n| MEDICAL CARE' AT AC37 BY CAPI AND GO TO LOOP_04 \n|----------------------------------------------------|

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE \n| WITH AC37 \n|----------------------------------------------------|
Who was that?

PROBE: Was anyone else in the family delayed in getting medical care, tests, or treatments they or a doctor believed necessary?

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

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

LOOP_04

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK AC38 – END LP04

LOOP DEFINITION: LOOP_04 COLLECTS THE MAIN REASON AND THE PROBLEM WITH THE DELAY IN RECEIVING MEDICAL CARE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS NOT INSTITUTIONALIZED
- PERSON HAD A DELAY IN RECEIVING MEDICAL CARE (I.E., PERSON WAS SELECTED AT AC37)
AC38

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

Which of these best describes the main reason (PERSON) (were/was) delayed in getting medical care, tests, or treatments (he/she) or a doctor believed necessary?

COULDN'T AFFORD CARE ......................... 1
INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE ..................... 2
DOCTOR REFUSED TO ACCEPT FAMILY’S INSURANCE PLAN ......................... 3
PROBLEMS GETTING TO DOCTOR’S OFFICE ...... 4
DIFFERENT LANGUAGE ........................... 5
COULDN’T GET TIME OFF WORK .................. 6
DIDN’T KNOW WHERE TO GO TO GET CARE ...... 7
WAS REFUSED SERVICES ........................... 8
COULDN’T GET CHILD CARE ...................... 9
DIDN’T HAVE TIME OR TOOK TOO LONG ...... 10
OTHER ........................................ 91
REF ........................................ -7
DK ........................................ -8

[Code One]

AC39

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

How much of a problem was it that (PERSON) (were/was) delayed in getting medical care, tests, or treatments (he/she) or a doctor believed necessary?

Would you say ...

a big problem, .......................... 1
a small problem, or ........................ 2
not a problem? .......................... 3
REF ........................................ -7
DK ........................................ -8

[Code One]
END_LP04

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_04 AND CONTINUE WITH AC40A              |
----------------------------------------------------

AC40A

In the last 12 months, did anyone in the family or a dentist believe they needed any dental care, tests, or treatment?

YES .................................... 1
NO ..................................... 2 (AC48A)
REF ................................... -7 (AC48A)
DK .................................... -8 (AC48A)

AC40

In the last 12 months, was anyone in the family unable to get dental care, tests, or treatments they or a dentist believed necessary?

YES .................................... 1
NO ..................................... 2 (AC44)
REF ................................... -7 (AC44)
DK .................................... -8 (AC44)

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,        |
| AUTOMATICALLY CODE PERSON AS 'UNMET NEED FOR      |
| DENTAL CARE' AT AC41 BY CAPI AND GO TO LOOP_05    |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH AC41                                          |
----------------------------------------------------
AC41
====

Who was that?

PROBE: Was anyone else in the family unable to get *dental* care, tests, or treatments they or a dentist believed necessary?

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

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

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

----------------------------------------------------
| IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED, GO TO AC36. |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_03 |
----------------------------------------------------

LOOP_05
======

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK AC42 – END_LP05 |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_05 COLLECTS THE MAIN REASON AND THE PROBLEM WITH THE UNMET NEED FOR DENTAL CARE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON IS NOT INSTITUTIONALIZED |
| - PERSON HAD AN UNMET NEED FOR DENTAL CARE (I.E., PERSON WAS SELECTED AT AC41) |
----------------------------------------------------
AC42

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

Which of these best describes the main reason (PERSON) (were/was) unable to get dental care, tests, or treatments (he/she) or a dentist believed necessary?

- COULDN'T AFFORD CARE ................. 1
- INSURANCE COMPANY WOULDN'T APPROVE,
  COVER, OR PAY FOR CARE .................. 2
- DOCTOR REFUSED TO ACCEPT FAMILY’S INSURANCE PLAN ......................... 3
- PROBLEMS GETTING TO DOCTOR’S OFFICE ...... 4
- DIFFERENT LANGUAGE ...................... 5
- COULDN'T GET TIME OFF WORK .............. 6
- DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7
- WAS REFUSED SERVICES .................... 8
- COULDN'T GET CHILD CARE .................. 9
- DIDN'T HAVE TIME OR TOOK TOO LONG ...... 10
- OTHER .................................... 91
- REF ...................................... -7
- DK ...................................... -8

[Code One]

AC43

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

How much of a problem was it that (PERSON) did not get dental care, tests, or treatments (he/she) or a dentist believed necessary?

Would you say ...

- a big problem, .......................... 1
- a small problem, or ....................... 2
- not a problem? ........................... 3
- REF .................................... -7
- DK .................................... -8

[Code One]
END_LP05
========

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_05 AND CONTINUE WITH AC44                |
----------------------------------------------------

AC44
====

In the last 12 months, was anyone in the family delayed in getting dental care, tests, or treatments they or a dentist believed necessary?

YES .................................... 1
NO ..................................... 2 {AC48A}
REF ................................... -7 {AC48A}
DK .................................... -8 {AC48A}

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,        |
| AUTOMATICALLY CODE PERSON AS 'DELAY IN RECEIVING  |
| DENTAL CARE' AT AC45 BY CAPI AND GO TO LOOP_06    |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
| WITH AC45                                         |
----------------------------------------------------
Who was that?

PROBE: Was anyone else in the family delayed in getting **dental** care, tests, or treatments they or a dentist believed necessary?

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

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

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

| IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED, GO TO AC36. |
---

| OTHERWISE, CONTINUE WITH LOOP_03 |
---

LOOP_06

---
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK AC46 - END_LP06 |
---

| LOOP DEFINITION: LOOP_06 COLLECTS THE MAIN REASON AND THE PROBLEM WITH THE DELAY IN RECEIVING DENTAL CARE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON IS NOT INSTITUTIONALIZED |
| - PERSON HAD A DELAY IN RECEIVING DENTAL CARE (I.E., PERSON WAS SELECTED AT AC45) |
---
AC46
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
SHOW CARD AC-4.

Which of these best describes the main reason (PERSON) (were/was) delayed in getting dental care, tests, or treatments (he/she) or a dentist believed necessary?

- COULN'T AFFORD CARE ..................... 1
- INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE ................. 2
- DOCTOR REFUSED TO ACCEPT FAMILY’S INSURANCE PLAN ............................. 3
- PROBLEMS GETTING TO DOCTOR'S OFFICE ....... 4
- DIFFERENT LANGUAGE .......................... 5
- COULDN'T GET TIME OFF WORK ............... 6
- DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7
- WAS REFUSED SERVICES .......................... 8
- COULDN'T GET CHILD CARE ................... 9
- DIDN'T HAVE TIME OR TOOK TOO LONG ...... 10
- OTHER ........................................ 91
- REF ........................................... -7
- DK ............................................ -8

[Code One]

AC47
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
SHOW CARD AC-5.

How much of a problem was it that (PERSON) (were/was) delayed in getting dental care, tests, or treatments (he/she) or a dentist believed necessary?

Would you say ...

- a big problem, .................................. 1
- a small problem, or ........................... 2
- not a problem? ................................. 3
- REF ........................................... -7
- DK ............................................ -8

[Code One]
AC48A
=====

In the last 12 months, did anyone in the family or a doctor believe they needed **prescription medicines**?

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

AC48
=====

In the last 12 months, was anyone in the family unable to get **prescription medicines** they or a doctor believed necessary?

YES ..................................... 1
NO ....................................... 2 {AC52}
REF ..................................... -7 {AC52}
DK ....................................... -8 {AC52}

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, | AUTOMATICALLY CODE PERSON AS 'UNMET NEED FOR PRESCRIPTION MEDICINES' AT AC49 BY CAPI AND GO TO LOOP_07 |
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH AC49 |
Who was that?

PROBE: Was anyone else in the family unable to get prescription medicines they or a doctor believed necessary?

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

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

LOOP_07

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK AC50 - END_LP07

LOOP DEFINITION: LOOP_07 COLLECTS THE MAIN REASON AND THE PROBLEM WITH THE UNMET NEED FOR PRESCRIPTION MEDICINES. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS NOT INSTITUTIONALIZED
- PERSON HAD AN UNMET NEED FOR PRESCRIPTION MEDICINES (I.E., PERSON WAS SELECTED AT AC49)
AC50
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

Which of these best describes the main reason (PERSON) (were/was) unable to get prescription medicines (he/she) or a doctor believed necessary?

- COULDN’T AFFORD CARE ......................... 1
- INSURANCE COMPANY WOULDN’T APPROVE, COVER, OR PAY FOR CARE ................. 2
- DOCTOR REFUSED TO ACCEPT FAMILY’S INSURANCE PLAN ......................... 3
- PROBLEMS GETTING TO DOCTOR’S OFFICE ...... 4
- DIFFERENT LANGUAGE ............................. 5
- COULDN’T GET TIME OFF WORK ................. 6
- DIDN’T KNOW WHERE TO GO TO GET CARE ...... 7
- WAS REFUSED SERVICES ............................ 8
- COULDN’T GET CHILD CARE ..................... 9
- DIDN’T HAVE TIME OR TOOK TOO LONG ...... 10
- OTHER ........................................ 91
- REF ........................................... -7
- DK ........................................... -8

[Code One]

AC51
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

How much of a problem was it that (PERSON) did not get prescription medicines (he/she) or a doctor believed necessary?

Would you say ...

- a big problem, ............................. 1
- a small problem, or .......................... 2
- not a problem? ............................... 3
- REF ........................................... -7
- DK ........................................... -8

[Code One]
END_LP07
========
----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
----------------------------------------------------
----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_07 AND CONTINUE WITH AC52               |
----------------------------------------------------

AC52
====

In the last 12 months, was anyone in the family delayed in getting prescription medicines they or a doctor believed necessary?

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

---------------------------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,                       |
| AUTOMATICALLY CODE PERSON AS 'DELAY IN RECEIVING                 |
| PRESCRIPTION MEDICINES' AT AC53 BY CAPI AND GO TO                |
| LOOP_08                                                          |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE               |
| WITH AC53                                                        |
---------------------------------------------------------------------
Who was that?

PROBE: Was anyone else in the family delayed in getting prescription medicines they or a doctor believed necessary?

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

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

LOOP_08

---

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK AC54 - END_LP08

---

LOOP DEFINITION: LOOP 08 COLLECTS THE MAIN REASON AND THE PROBLEM WITH THE DELAY IN RECEIVING PRESCRIPTION MEDICINES. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS NOT INSTITUTIONALIZED
- PERSON HAD A DELAY IN RECEIVING PRESCRIPTION MEDICINES (I.E., PERSON WAS SELECTED AT AC53)
(PERSON'S FIRST MIDDLE AND LAST NAME)

SHOW CARD AC-4.

Which of these best describes the main reason (PERSON) (were/was) delayed in getting prescription medicines (he/she) or a doctor believed necessary?

- COULN'T AFFORD CARE ......................... 1
- INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE ................. 2
- DOCTOR REFUSED TO ACCEPT FAMILY’S INSURANCE PLAN ............................ 3
- PROBLEMS GETTING TO DOCTOR'S OFFICE ..... 4
- DIFFERENT LANGUAGE ............................ 5
- COULN'T GET TIME OFF WORK .................... 6
- DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7
- WAS REFUSED SERVICES ............................ 8
- COULN'T GET CHILD CARE ....................... 9
- DIDN'T HAVE TIME OR TOOK TOO LONG ...... 10
- OTHER ........................................... 91
- REF ........................................... -7
- DK ........................................... -8

[Code One]

AC55

=*

(PERSON'S FIRST MIDDLE AND LAST NAME)

SHOW CARD AC-5.

How much of a problem was it that (PERSON) (were/was) delayed in getting prescription medicines (he/she) or a doctor believed necessary?

Would you say ...

- a big problem, .............................. 1
- a small problem, or ........................ 2
- not a problem? .............................. 3
- REF ........................................... -7
- DK ........................................... -8

[Code One]
END_LPI8

----

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

----

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_08 AND CONTINUE WITH BOX_06 |

BOX_06

----

| GO TO NEXT QUESTIONNAIRE SECTION |

---
Preventive Care (AP) Section

AP01
====
OMITTED.

AP02
====
OMITTED.

AP03
====
OMITTED.

AP04
====
OMITTED.

AP04A
=====
OMITTED.

AP05
====
OMITTED.

AP06
====
OMITTED.

AP07
====
OMITTED.

AP08
====
OMITTED.

AP09
====
OMITTED.

AP10
====
OMITTED.
The next few questions ask about the amounts and types of preventive care (PERSON) may receive.

On average, how often (do/does) (PERSON) receive a dental check-up?

- TWICE A YEAR OR MORE ..................... 1
- ONCE A YEAR ............................... 2
- LESS THAN ONCE A YEAR ................... 3
- NEVER GO TO DENTIST ..................... 4
- REF ........................................ 7
- DK ......................................... 8

[Code One]

PRESS F1 FOR DEFINITION OF DENTAL CHECK-UP.
About how long has it been since (PERSON) had (PERSON)’s blood cholesterol checked by a doctor or other health professional?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS .................... 2
WITHIN PAST 3 YEARS .................... 3
WITHIN PAST 5 YEARS .................... 4
MORE THAN 5 YEARS ...................... 5
NEVER .................................. 6
REF ................................... 7
DK .................................... 8

PRESS F1 FOR DEFINITION OF BLOOD CHOLESTEROL CHECK.

[Code One]
A routine check-up is a visit with a doctor or other health professional for assessing overall health, usually not prompted by a specific illness or complaint. It usually includes a blood pressure check, and may include taking a blood sample for analysis and questions about health behaviors such as smoking.

About how long has it been since (PERSON) had a routine check-up by a doctor or other health professional?

WITHIN PAST YEAR ......................... 1
WITHIN PAST 2 YEARS ..................... 2
WITHIN PAST 3 YEARS ..................... 3
WITHIN PAST 5 YEARS ..................... 4
MORE THAN 5 YEARS ....................... 5
NEVER .................................... 6
REF ...................................... -7
DK ....................................... -8

[Code One]

About how long has it been since (PERSON) had a flu shot?

WITHIN PAST YEAR ......................... 1
WITHIN PAST 2 YEARS ..................... 2
WITHIN PAST 3 YEARS ..................... 3
WITHIN PAST 5 YEARS ..................... 4
MORE THAN 5 YEARS ....................... 5
NEVER .................................... 6
REF ...................................... -7
DK ....................................... -8

PRESS F1 FOR DEFINITION OF FLU SHOT.

[Code One]
AP18A

=====

OMITTED (DENTURE ITEM)

AP18B

=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) lost all of (PERSON)’s upper and lower natural (permanent) teeth?

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

BOX_01A

=======

-----------------------------------------------
<p>| IF PERSON BEING ASKED ABOUT IS MALE AND IS 40 |
| YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 6-9), |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH AP19</th>
</tr>
</thead>
</table>

-----------------------------------------------
<p>| IF PERSON BEING ASKED ABOUT IS MALE AND IS LESS |
| THAN 40 YEARS OF AGE (OR IN AGE CATEGORIES 4-5), |</p>
<table>
<thead>
<tr>
<th>GO TO AP23</th>
</tr>
</thead>
</table>

-----------------------------------------------
<p>| OTHERWISE (I.E., PERSON BEING ASKED ABOUT IS |</p>
<table>
<thead>
<tr>
<th>FEMALE), GO TO AP20A</th>
</tr>
</thead>
</table>
A "P-S-A" or prostate specific antigen is a blood test for prostate cancer. About how long has it been since (PERSON) had a "P-S-A"?

<table>
<thead>
<tr>
<th>Duration</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHIN PAST YEAR</td>
<td>1</td>
</tr>
<tr>
<td>WITHIN PAST 2 YEARS</td>
<td>2</td>
</tr>
<tr>
<td>WITHIN PAST 3 YEARS</td>
<td>3</td>
</tr>
<tr>
<td>WITHIN PAST 5 YEARS</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS</td>
<td>5</td>
</tr>
<tr>
<td>NEVER</td>
<td>6</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

(Have/Has) (PERSON) had a hysterectomy?

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

PRESS F1 FOR DEFINITION OF HYSTERECTOMY.
AP20
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how long has it been since (PERSON) had a pap smear test?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS .................... 2
WITHIN PAST 3 YEARS .................... 3
WITHIN PAST 5 YEARS .................... 4
MORE THAN 5 YEARS ..................... 5
NEVER .................................. 6
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PAP SMEAR TEST.

[Code One]

AP21
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

During a breast exam a doctor or other health professional feels the breast for lumps. About how long has it been since (PERSON) had a breast exam?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS .................... 2
WITHIN PAST 3 YEARS .................... 3
WITHIN PAST 5 YEARS .................... 4
MORE THAN 5 YEARS ..................... 5
NEVER .................................. 6
REF ................................... -7
DK .................................... -8

[Code One]

IF PERSON BEING ASKED ABOUT IS 30 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 5-9), CONTINUE WITH AP22

OTHERWISE, GO TO AP23
A mammogram is an x-ray taken only of the breast by a machine that presses the breast against a plate. About how long has it been since (PERSON) had a mammogram?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS ...................... 2
WITHIN PAST 3 YEARS ...................... 3
WITHIN PAST 5 YEARS ...................... 4
MORE THAN 5 YEARS ....................... 5
NEVER .................................. 6
REF ................................... -7
DK .................................... -8

[Code One]

A blood stool test is a test that you do at home using a special kit or cards provided by a doctor or other health professional to determine whether the stool contains blood. (Have/Has) (PERSON) ever had this test using a home kit?

YES .................................... 1
NO ..................................... 2 {AP25}
REF ................................... -7 {AP25}
DK .................................... -8 {AP25}
{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON) have (PERSON)'s last blood stool test using a home kit?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS ..................... 2
WITHIN PAST 3 YEARS ..................... 3
WITHIN PAST 5 YEARS ..................... 4
MORE THAN 5 YEARS ...................... 5
REF ................................... -7
DK .................................... -8

[Code One]

{PERSON'S FIRST MIDDLE AND LAST NAME}

A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. (Have/Has) (PERSON) ever had this exam?

YES .................................... 1
NO ..................................... 2 {AP28}
REF ................................... -7 {AP28}
DK .................................... -8 {AP28}
When did (PERSON) have (PERSON)'s last sigmoidoscopy or colonoscopy?

- WITHIN PAST YEAR ....................... 1
- WITHIN PAST 2 YEARS .................... 2
- WITHIN PAST 3 YEARS .................... 3
- WITHIN PAST 5 YEARS .................... 4
- MORE THAN 5 YEARS ...................... 5
- REF ................................... -7
- DK .................................... -8

[Code One]

(Do/Does) (PERSON) now spend half an hour or more in moderate or vigorous physical activity at least three times a week?

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

PRESS F1 FOR DEFINITION OF MODERATE OR VIGOROUS PHYSICAL ACTIVITY.
About how tall (are/is) (PERSON) without shoes?
PROBE FOR INCHES IF NOT REPORTED.

ENTER FEET:

[Enter Feet] ............................
REF ................................... -7 {AP30}
DK .................................... -8 {AP30}

| SOFT RANGE CHECK: 2 TO 6 |
-------------------------------------

ENTER INCHES:

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

| SOFT RANGE CHECK: 0 TO 12 |
-------------------------------------
**AP30**

(Person's First Middle and Last Name)

About how much (do/does) (Person) weigh without shoes?

Enter current weight to the nearest pound.

[Enter Pounds] ............................................. {AP32}
REF ....................................................... -7 {AP32}
DK ......................................................... -8

----------------------------------------------------
| SOFT RANGE CHECK: 50 TO 500                        |
----------------------------------------------------

**AP31**

(Person's First Middle and Last Name)

Show card AP-1.

Looking at this card, what is your best guess of (Person)'s weight?

79 POUNDS OR LESS .................................... 1
80 TO 99 POUNDS ...................................... 2
100 TO 119 POUNDS .................................... 3
120 TO 139 POUNDS .................................... 4
140 TO 159 POUNDS .................................... 5
160 TO 179 POUNDS .................................... 6
180 TO 199 POUNDS .................................... 7
200 TO 219 POUNDS .................................... 8
220 TO 239 POUNDS .................................... 9
240 TO 259 POUNDS .................................... 10
260 TO 279 POUNDS .................................... 11
280 TO 299 POUNDS .................................... 12
300 TO 319 POUNDS .................................... 13
320 TO 339 POUNDS .................................... 14
340 TO 359 POUNDS .................................... 15
360 TO 379 POUNDS .................................... 16
380 TO 399 POUNDS .................................... 17
400 POUNDS OR MORE ................................... 18
REF .......................................................... -7
DK .......................................................... -8

[Code One]
{PERSON'S FIRST MIDDLE AND LAST NAME}

When (PERSON) drive(s) or ride(s) in a car, would (PERSON) say (PERSON) wear(s) a seat belt...

IF RESPONDENT VOLUNTEERS THAT PERSON NEVER DRIVES OR RIDES IN A CAR (E.G., ALWAYS USES PUBLIC TRANSPORTATION, WALKS, ETC.), CODE '6'.

Always, ................................. 1
Nearly Always, ........................... 2
Sometimes, ............................... 3
Seldom, or ............................... 4
Never? .................................. 5
NEVER DRIVES/RIDES IN A CAR ......... 6
REF ...................................... -7
DK ....................................... -8

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

PRESS ENTER TO CONTINUE.

Does anyone in the family own this home?

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

PRESS F1 FOR DEFINITION OF 'OWN THIS HOME'.
Who in the family owns this home?

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

CODE ALL THAT APPLY.

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

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

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

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

IF AMOUNT IS NOTHING, CODE ‘0’.

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

PRESS F1 FOR DEFINITION OF VALUE.

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

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

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

[Code One]

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

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

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.
AS07
====

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

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

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

PRESS F1 FOR DEFINITION OF STILL OWED.

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

AS08
====

SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

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

[Code One]
Does anyone in the family own a second home?

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

PRESS F1 FOR DEFINITION OF SECOND HOME.

Who in the family owns the second home?

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

CODE ALL THAT APPLY.

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

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

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

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

IF AMOUNT IS NOTHING, CODE ‘0’.

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

PRESS F1 FOR DEFINITION OF VALUE.

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

SHOW CARD AS-1.

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

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

[Code One]
Is any money owed or are there any loans outstanding on the second home?

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

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

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

How much is still owed for the second home?

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

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

PRESS F1 FOR DEFINITION OF STILL OWED.

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

Which category on the card best indicates the amount owed?

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

[Code One]

Does anyone in the family own part or all of a farm or business [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2 {AS24}
REF .................................. -7 {AS24}
DK .................................. -8 {AS24}

PRESS F1 FOR DEFINITION OF FARM AND BUSINESS.
How many farm(s) or business(es) are owned by the family?

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

| SOFT RANGE CHECK: 1 - 10 |
----------------------------------

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

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

CODE ALL THAT APPLY.

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

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

[Code All That Apply]
What are all the farm(s) or business(es) worth together if sold today?

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

IF AMOUNT IS NOTHING, CODE ’0’.

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

PRESS F1 FOR DEFINITION OF WORTH.

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

SHOW CARD AS-1.

Which category on the card best indicates the worth of the farm(s) or business(es) if sold today?

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

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

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

YES .................................... 1
NO ..................................... 2 {AS24}
REF ................................... -7 {AS24}
DK .................................... -8 {AS24}

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

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

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

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

PRESS F1 FOR DEFINITION OF STILL OWED.

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

| 30-12 |
SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

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

[Code One]

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

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

PRESS F1 FOR DEFINITION OF REAL ESTATE.
Who in the family owns other properties or real estate (such as land, rental real estate, or a real estate partnership)?

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

CODE ALL THAT APPLY.

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

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

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

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

IF AMOUNT IS NOTHING, CODE ‘0’.

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

PRESS F1 FOR DEFINITION OF VALUE.

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

SHOW CARD AS-1.

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

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

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

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

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

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

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

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

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

PRESS F1 FOR DEFINITION OF STILL OWED.

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

Which category on the card best indicates the amount owed?

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

[Code One]

Does anyone in the family own any transportation vehicles, such as cars, trucks, or vans?

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 {AS39}</td>
</tr>
<tr>
<td>REF</td>
<td>-7 {AS39}</td>
</tr>
<tr>
<td>DK</td>
<td>-8 {AS39}</td>
</tr>
</tbody>
</table>
AS32
====

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

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

----------------------------------------------------
| SOFT RANGE CHECK: 1 - 15 |
----------------------------------------------------

AS33
====

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

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

CODE ALL THAT APPLY.

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

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

[Code All That Apply]

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

----------------------------------------------------
| DISPLAY ‘PERSON DECEASED’ AND ‘PERSON NOT IN RU’ |
| AS THE LAST TWO ENTRIES ON THE ROSTER. |
----------------------------------------------------
Altogether, what is the present value of the transportation vehicles (such as cars, trucks, or vans), that is, about how much would it bring if you sold them on today’s market?

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

IF AMOUNT IS NOTHING, CODE '0'.

[Enter Whole $ Worth] ........................ .......... {AS36}
NOTHING ...................................... 0 {AS36}
REF .............................................. -7
DK .............................................. -8

PRESS F1 FOR DEFINITION OF VALUE.

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

SHOW CARD AS-1.

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

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

[Code One]
AS36
====

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

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

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

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

AS37
====

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

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

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

PRESS F1 FOR DEFINITION OF STILL OWED.

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

Which category on the card best indicates the amount owed?

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

[Code One]

Does anyone in the family own any recreational vehicles, such as motorcycles, a trailer, a motor home, a boat, or an airplane?

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

PRESS F1 FOR DEFINITION OF RECREATIONAL VEHICLES.
AS40
====

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

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

----------------------------------------------------
| SOFT RANGE CHECK: 1 - 15 |  
----------------------------------------------------

AS41
====

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

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

IF AMOUNT IS NOTHING, CODE ‘0’.

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

PRESS F1 FOR DEFINITION OF VALUE.

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

Which category on the card best indicates the value of the recreational vehicles (such as motorcycles, trailers, motor homes, boats, or airplanes)?

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

[Code One]

Is any money owed or are there any loans outstanding on the recreational vehicles (such as motorcycles, trailers, motor homes, boats, or airplanes)?

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

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

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.
How much is still owed for the recreational vehicles (such as motorcycles, trailers, motor homes, boats, or airplanes)?

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

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

PRESS F1 FOR DEFINITION OF STILL OWED.

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

SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

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

[Code One]
AS46
====

Does anyone in the family own any CDs, stocks, government or corporate bonds or mutual funds [other than what we have already talked about]?

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

PRESS F1 FOR DEFINITION OF CDs, SHARES OF STOCKS, BONDS, AND MUTUAL FUNDS.

AS47
====

Who in the family owns the CDs, stocks, government or corporate bonds or mutual funds?

PROBE: Does anyone else in the family own the CDs, stocks, government or corporate bonds or mutual funds?

CODE ALL THAT APPLY.

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

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

[Code All That Apply]
What are all the CDs, stocks, government or corporate bonds and mutual funds worth together if sold today?

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

IF AMOUNT IS NOTHING, CODE '0'.

[Enter Whole $ Worth] .................    {AS57}
NOTHING ...................................  0 {AS57}
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF WORTH.

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

SHOW CARD AS-1.

Which category on the card best indicates the worth of the CDs, stocks, government or corporate bonds and mutual funds if sold today?

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

[Code One]
<table>
<thead>
<tr>
<th>AS49A</th>
<th>OMITTED.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS49B</td>
<td>OMITTED.</td>
</tr>
<tr>
<td>AS49C</td>
<td>OMITTED.</td>
</tr>
<tr>
<td>AS50</td>
<td>OMITTED.</td>
</tr>
<tr>
<td>AS51</td>
<td>OMITTED.</td>
</tr>
<tr>
<td>AS52</td>
<td>OMITTED.</td>
</tr>
<tr>
<td>AS53</td>
<td>OMITTED.</td>
</tr>
<tr>
<td>BOX_01</td>
<td>OMITTED.</td>
</tr>
<tr>
<td>AS54</td>
<td>OMITTED.</td>
</tr>
<tr>
<td>AS55</td>
<td>OMITTED.</td>
</tr>
<tr>
<td>AS56</td>
<td>OMITTED.</td>
</tr>
</tbody>
</table>
Does anyone in the family have any Individual Retirement Accounts, that is, IRA, Keogh, or 401K accounts?

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

PRESS F1 FOR DEFINITION OF IRA, KEOGH, AND 401K ACCOUNTS.

How many IRA, Keogh, or 401K accounts does the family have?

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

-------------------------------------------
| SOFT RANGE CHECK: 1 - 20 |
-------------------------------------------
Who in the family has IRA, Keogh, or 401K accounts?

PROBE: Does anyone else in the family have IRA, Keogh, or 401K accounts?

CODE ALL THAT APPLY.

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

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

[Code All That Apply]

Altogether, what is the current value of these IRA, Keogh, and 401K accounts?

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

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

PRESS F1 FOR DEFINITION OF VALUE.
SHOW CARD AS-1.

Which category on the card best indicates the value of these IRA, Keogh, and 401K accounts?

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

[Code One]

OMITTED.
### AS67

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

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

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

### AS68

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

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

*SOFT RANGE CHECK: 1 - 20*
AS69
====

Who in the family has checking, savings, or money market accounts?

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

CODE ALL THAT APPLY.

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

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

[Code All That Apply]

AS70
====

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

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

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

PRESS F1 FOR DEFINITION OF HOW MUCH IS IN.

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

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

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

[Code One]

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

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

PRESS F1 FOR DEFINITION OF ‘OTHER SAVINGS OR ASSETS’.
Who in the family has other savings or assets [such as jewelry, money owed to you, a collection for investment purposes, rights in a trust or estate, or an annuity]?

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

CODE ALL THAT APPLY.

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

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

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

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

IF AMOUNT IS NOTHING, CODE '0'.

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

PRESS F1 FOR DEFINITION OF WORTH.

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

SHOW CARD AS-1.

Which category on the card best indicates the worth of the other savings or assets?

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

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

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

PRESS F1 FOR DEFINITION OF DEBTS.

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

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

CODE ALL THAT APPLY.

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

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

[Code All That Apply]
AS78
====

How much do these debts amount to?

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

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

PRESS F1 FOR DEFINITION OF ‘DEBTS AMOUNT TO’.

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

AS79
====

SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

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

[Code One]
BOX_02
======

| GO TO NEXT QUESTIONNAIRE SECTION. |
Calendar (CA) Section

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

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

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

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

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

ASK RESPONDENT TO GET MONTHLY PLANNER (CALENDAR) IF NOT ALREADY OUT.

HAS MONTHLY PLANNER ..................... 1 {CA03}
HAS CALENDAR OTHER THAN
MONTHLY PLANNER ..................... 2 {CA03}
DOES NOT HAVE CALENDAR ............. 3 {CA04}
WILL NOT USE CALENDAR .............. 4 {CA04}

[Code One]
We've talked about health conditions for the family. The next set of questions is about health care received {in the last few months/between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}}. As you may remember from the last interview, some of these questions ask for information which may be difficult to remember.

THANK RESPONDENT FOR USING CALENDAR DURING THE PREVIOUS INTERVIEW. ASK RESPONDENT TO GET CALENDAR IF NOT ALREADY OUT.

HAS MONTHLY PLANNER ...................... 1
HAS CALENDAR OTHER THAN
MONTHLY PLANNER ...................... 2
DOES NOT HAVE CALENDAR ................. 3 {CA04}
WILL NOT USE CALENDAR ................. 4 {CA04}

[Code One]

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

7-3
Has anyone in the family been using the calendar to record all visits to medical providers and medical places, most of the visits, only some of the visits, or has the calendar not been used?

- ALL VISITS RECORDED ...................... 1 {BOX_03}
- MOST VISITS RECORDED ................... 2 {BOX_03}
- SOME VISITS RECORDED ................... 3
- DID NOT USE ............................... 4
- VOLUNTEERED: NO EVENTS TO RECORD ...... 5 {BOX_03}
- REF ....................................... -7
- DK ......................................... -8

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

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

CIRCLE {TODAY'S DATE/12/31/2006} {AND DATE OF LAST INTERVIEW}.

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

HOLD UP SUMMARY OF HEALTH CARE EVENTS FOR THIS RU.

PRESS ENTER TO CONTINUE.
Condition Enumeration (CE) Section

BOX_01
======
----------------------------------------------------
| AS A CONDITION IS ENTERED (IN THIS SECTION AS     |
| WELL AS IN LATER SECTIONS), FLAG THE CONDITION   |
| WITH THE ROUND IN WHICH THE CONDITION WAS FIRST  |
| CREATED. THIS ROUND FLAG IS USED TO DETERMINE    |
| WHETHER THE CONDITION IS ELIGIBLE FOR THE CN     |
| SECTION. (A CONDITION IS ELIGIBLE ONLY IN THE    |
| ROUND IN WHICH IT WAS CREATED.)                   |
----------------------------------------------------

LOOP_01
=======
----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,        |
| ASK CE01-END_LP01                                 |
----------------------------------------------------

LOOP DEFINITION: LOOP_01 COLLECTS GENERAL HEALTH | RATINGS AND ENUMERATES THE MEDICAL CONDITIONS OF | EACH PERSON IN THE RU. THIS LOOP CYCLES ON EACH | PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE | FOLLOWING CONDITIONS:
| - PERSON IS A CURRENT OR INSTITUTIONALIZED RU    | MEMBER |
| AND                                              |       |
| - PERSON IS NOT DECEASED                         |       |
I'd like to talk about (PERSON)'s health.

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

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

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCELLENT</td>
<td>1</td>
</tr>
<tr>
<td>VERY GOOD</td>
<td>2</td>
</tr>
<tr>
<td>GOOD</td>
<td>3</td>
</tr>
<tr>
<td>FAIR</td>
<td>4</td>
</tr>
<tr>
<td>POOR</td>
<td>5</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF FIRST CYCLE OF LOOP, CONTINUE WITH CE03</td>
</tr>
<tr>
<td>OTHERWISE, GO TO CE04</td>
</tr>
</tbody>
</table>

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

PRESS ENTER TO CONTINUE.

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.

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

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

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

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

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.
DISPLAY 'At the time (PERSON) entered the institution, did (PERSON) have any physical or mental health problems, or had (PERSON) experienced any accidents or injuries?' IF PERSON CODED AS BEING INSTITUTIONALIZED.

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

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

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

DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.
CE05
====

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

What did (PERSON) have?

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

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

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

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

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

----------------------------------------------------
| FLAG RESPONSE(S) AS COLLECTED IN CE SECTION.   |
|----------------------------------------------------
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

END_LP01
========

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_01 AND CONTINUE WITH BOX_02              |
----------------------------------------------------

BOX_02
======

----------------------------------------------------
| CHECK HOUSEHOLD ENUMERATION. IF ANY FEMALES AGED |
| 10-55 YEARS, INCLUSIVE, (OR AGE CATEGORIES 3-8) IN|
| THE RU, CONTINUE WITH BOX_03                     |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_09                          |
----------------------------------------------------

BOX_03
======

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

----------------------------------------------------
| OTHERWISE, GO TO BOX_06                          |
----------------------------------------------------
LOOP_02
=======

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

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

- PERSON IS FEMALE AND 10-55 YEARS OF AGE,
  INCLUSIVE, OR IN AGE CATEGORIES 3-8
  AND
- PERSON WAS FLAGGED AS 'STILL PREGNANT' (PG01
  CODED '1' (YES)) DURING THE PREVIOUS ROUND

LOOP_03
=======

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

LOOP DEFINITION: LOOP_03 COLLECTS DETAILED
INFORMATION ABOUT EACH PREGNANCY OF EACH PERSON
CYCLED ON IN LOOP_02. THE FIRST LOOP CYCLE
COLLECTS INFORMATION ABOUT THE PREGNANCY NOT ENDED
DURING THE PREVIOUS ROUND. THE RESPONSE TO CE06
DETERMINES WHETHER THE LOOP CYCLES AGAIN.
SUBSEQUENT CYCLES, IF ANY, COLLECT INFORMATION
ABOUT PREGNANCIES SINCE THE PERSON’S START DATE,
STARTING WITH THE MOST RECENT PREGNANCY.
MEPS FAMES Panel 10 Round 5 Condition Enumeration (CE) Section
November 20, 2006

BOX_04
======
----------------------------------------------------
| ASK PREGNANCY DETAIL (PG) SECTION                 |
----------------------------------------------------
----------------------------------------------------
| WHEN PG SECTION COMPLETED, CONTINUE WITH BOX_05   |
----------------------------------------------------

BOX_05
======
----------------------------------------------------
| IF LOOPING ON PREGNANCY 1 AND PG01 IS CODED '1'   |
| (YES) FOR THIS PREGNANCY, ADD 'PREGNANCY (1)-    |
| STARTED-RD{n}' TO PERSON'S-MEDICAL-CONDITIONS-    |
| ROSTER.                                           |
|                                                    |
| IF LOOPING ON PREGNANCY 1 AND PG01 IS CODED '2'   |
| (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR    |
| THIS PREGNANCY, ADD 'PREGNANCY (1)-ENDED-RD{n}' TO|
| PERSON'S MEDICAL-CONDITIONS-ROSTER.               |
|                                                    |
| IF LOOPING ON PREGNANCY 2, ADD 'PREGNANCY (2)-    |
| ENDED-RD{n}' TO PERSON'S-MEDICAL-CONDITIONS-ROSTER|
|                                                    |
| IF LOOPING ON PREGNANCY 3, ADD 'PREGNANCY (3)-    |
| ENDED-RD{n}' TO PERSON'S-MEDICAL-CONDITIONS-ROSTER|
|                                                    |
| NOTE: NO FLAG IS ADDED TO PERSON'S-MEDICAL-       |
| CONDITIONS-ROSTER FOR THE PREVIOUS ROUND PREGNANCY|
| SINCE THIS PREGNANCY WOULD ALREADY HAVE A FLAG SET|
| FOR IT IN THE PREVIOUS ROUND. ONCE A PREGNANCY IS |
| ADDED TO PERSON'S-MEDICAL-CONDITIONS-ROSTER THAT  |
| IS 'STARTED', IT WILL NEVER BE CHANGED TO 'ENDED'. |
| THAT IS, THE FLAGS ON THE ROSTER NEVER CHANGE FOR |
| PREGNANCY. INTERVIEWERS WILL BE TRAINED ON THIS.  |
----------------------------------------------------
CE06
=====

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

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

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

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

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

END_LP03
=======

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

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

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

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

BOX_06
======

----------------------------------------------------
| CHECK HOUSEHOLD ENUMERATION. IF ANY FEMALES AGE    |
| 10-55 (OR AGE CATEGORIES 3-8) IN THE RU WHO WERE   |
| NOT FLAGGED AS 'STILL PREGNANT' DURING PREVIOUS    |
| ROUND, CONTINUE WITH CE07                          |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_09                            |
----------------------------------------------------
{STR-DT}
{END-DT}

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

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

-----------------------------
| DISPLAY ‘Besides the pregnancies we’ve already talked about, \{since/between\}’ IF SOMEONE IN THE RU WAS FLAGGED AS ‘STILL PREGNANT’ AT TIME OF LAST INTERVIEW. OTHERWISE, DISPLAY ‘\{Since/Between\}’.
| DISPLAY ‘since’ AND ‘Since’ IF NOT ROUND 5.
| DISPLAY ‘between’ AND ‘Between’ IF ROUND 5.
| DISPLAY ‘ and \{END DATE\}’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
| DISPLAY ‘else’ IF SOMEONE IN THE RU WAS FLAGGED AS ‘STILL PREGNANT’ AT TIME OF LAST INTERVIEW. OTHERWISE, USE A NULL DISPLAY.
-----------------------------
CE08
====

{STR-DT}
{END-DT}

Who was pregnant [since (START DATE)/between (START DATE) and (END DATE)]?

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

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

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

----------------------------------------------------
<p>| DISPLAY ’since (START DATE)’ IF NOT ROUND 5.    |
| DISPLAY ’between (START DATE) and (END DATE)’ IF |</p>
<table>
<thead>
<tr>
<th>ROUND 5.</th>
</tr>
</thead>
</table>

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| IN THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING |
| CONDITIONS:
<p>| |
| |
| - PERSON IS FEMALE AND 10-55 YEARS OF AGE, |
|   INCLUSIVE, OR IN AGE CATEGORIES 3-8 |
| AND |
| - PERSON WAS NOT FLAGGED AS ’STILL PREGNANT’ |
| (PG01 CODED ’2’ (NO), ’-7’ (REFUSED), OR ’-8’ |
| (DON’T KNOW)) DURING THE PREVIOUS ROUND FOR ALL |</p>
<table>
<thead>
<tr>
<th>PREGNANCIES</th>
</tr>
</thead>
</table>

<p>| NOTE: THIS ROSTER SHOULD NOT EXCLUDE PEOPLE WHO |
| ARE CURRENTLY OUT-OF-SCOPE (I.E., DECEASED, |</p>
<table>
<thead>
<tr>
<th>INSTITUTIONALIZED, ETC.).</th>
</tr>
</thead>
</table>
LOOP_04
======

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

LOOP DEFINITION: LOOP_04 COLLECTS INFORMATION ABOUT THE PREGNANCIES OF RU MEMBERS DURING THIS ROUND WHO WERE NOT 'STILL PREGNANT' DURING THE PREVIOUS ROUND. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS FEMALE AND 10-55 YEARS OF AGE, INCLUSIVE, OR IN AGE CATEGORIES 3-8 AND
- PERSON WAS NOT FLAGGED AS 'STILL PREGNANT' (PG01 CODED '2' (NO), '-7' (REFUSED), OR '8' (DON'T KNOW) OR NOT ASKED FOR ALL PREGNANCIES DURING THE PREVIOUS ROUND) AND
- PERSON WAS SELECTED AT CE08 (PREGNANT SINCE START DATE)
LOOP_05
======

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

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

BOX_07
======

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

----------------------------------------------------
| IF LOOPING ON PREGNANCY 1 AND PG01 IS CODED '1'   |
| (YES) FOR THIS PREGNANCY, ADD 'PREGNANCY (1)-     |
| STARTED-RD{n}' TO PERSON'S-MEDICAL-CONDITIONS-    |
| ROSTER.                                           |
|                                                    |
| IF LOOPING ON PREGNANCY 1 AND PG01 IS CODED '2'   |
| (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR    |
| THIS PREGNANCY, ADD 'PREGNANCY (1)-ENDED-RD{n}' TO|
| PERSON'S MEDICAL-CONDITIONS-ROSTER.               |
|                                                    |
| IF LOOPING ON PREGNANCY 2, ADD 'PREGNANCY (2)-    |
| ENDED-RD{n}' TO PERSON'S-MEDICAL-CONDITIONS-ROSTER|
|                                                    |
| IF LOOPING ON PREGNANCY 3, ADD 'PREGNANCY (3)-    |
| ENDED-RD{n}' TO PERSON'S-MEDICAL-CONDITIONS-ROSTER|
|                                                    |
|----------------------------------------------------

CE09

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

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

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

----------------------------------------------------
| DISPLAY 'Was this' AND 'pregnancy' IF FIRST TIME   |
| THROUGH LOOP_05.  OTHERWISE, DISPLAY 'Were these'  |
| AND 'pregnancies' IF NOT FIRST TIME THROUGH LOOP_05|
|                                                    |
| DISPLAY 'since (START DATE)' IF NOT ROUND 5.       |
| DISPLAY 'between (START DATE) and (END DATE)' IF   |
| ROUND 5.                                          |
END_LP05
========

----------------------------------------------------
| IF CE09 IS CODED '2' (NO), CYCLE ON NEXT          |
| PREGNANCY.                                        |
----------------------------------------------------

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

END_LP04
========

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_04 AND CONTINUE WITH BOX_09              |
----------------------------------------------------

BOX_09
======

----------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION                   |
----------------------------------------------------
Closing (CL) Section

Subsection 1: MPC Authorization Forms (Round 1 through Round 5)

BOX 01
-----

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

Note: Receipt control will update CAPI inter-round, using the code structure at CL04. Updates can be either positive or negative. This means that inter-round an AF 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.

Note: Due to new legislation that went into effect April 2005, a new authorization form is used to make it HIPAA compliant.

Otherwise, go to BOX 02
SAMPLING BOX (FOR ROUND 1):
PERSON-PROVIDER-PAIRS ELIGIBLE FOR MPC
AUTHORIZATION FORM COLLECTION:

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

ROUND 1: PERSON-PROVIDER-PAIRS ELIGIBLE FOR AUTHORIZATION 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 AUTHORIZATION 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.
**SAMPLING BOX (FOR ROUNDS 2-5):**

PERSON-PROVIDER-PAIRS ELIGIBLE FOR MPC AUTHORIZATION FORM COLLECTION:

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

ROUNDS 2-5: PERSON-PROVIDER-PAIRS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION ARE THOSE ASSOCIATED WITH A HOSPITAL-BASED EVENT (HS, ER, AND OP EVENTS) AND CARE WAS PROVIDED TO PERSON DURING THE CURRENT REFERENCE PERIOD.

ADDITIONAL PAIRS ELIGIBLE FOR AUTHORIZATION 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 AUTHORIZATION 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 MPC 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 AUTHORIZATION 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 AUTHORIZATION FORMS, AN RU IS SELECTED FOR THE MPC 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

- 100% 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))

- 100% OF THE REMAINING RUs (THAT IS, RUs WITH NO RU MEMBER COVERED BY MEDICAID OR GOV’T-HOSPITAL/PHYSICIAN AND HMO COVERAGE AT ANY TIME DURING THE REFERENCE PERIOD).

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

NOTE: IF THE PERSON-PROVIDER-PAIR IS OUTSTANDING FROM A PREVIOUS ROUND AND THERE IS A NEW ELIGIBLE EVENT FOR THIS PAIR IN THE CURRENT ROUND, THE PAIR WILL NOT BE TREATED AS IF IT IS OUTSTANDING. THAT IS, THE DISPLAYS FOR PREVIOUS ROUND STATUS WILL NOT BE SHOWN, ETC.
(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 authorization from the family members receiving these services. I would like to get authorization 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 AUTHORIZATION 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 MPC AUTHORIZATION FORM |
| COLLECTION FOR THE CURRENT ROUND (SEE BOX_01 |
| SAMPLING SPECIFICATIONS)                        |
| OR                                               |
| - PERSON WAS ASSOCIATED WITH A PERSON-PROVIDER- |
| PAIR ELIGIBLE FOR AUTHORIZATION 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 MPC       |
| AUTHORIZATION FORM COLLECTION DURING THE        |
| PREVIOUS ROUND. OTHERWISE, DISPLAY 'It'.        |
----------------------------------------------------
CL02
====
OMITTED.

LOOP_01
=======

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

LOOP DEFINITION: LOOP_01 PRESENTS EACH UNIQUE PERSON-PROVIDER-PAIR ELIGIBLE FOR AUTHORIZATION FORM COLLECTION (THIS INCLUDES NEW AND OUTSTANDING FORMS) FOR THE INTERVIEWER TO COMPLETE THE AUTHORIZATION FORM. THIS LOOP CYCLES ON RU-PERSON-PROVIDER-PAIRS WITH AN EVENT-PROVIDER-PAIR THAT MEET THE FOLLOWING CONDITION(S):
- PAIR IS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION FOR THE CURRENT ROUND (SEE BOX_01 SAMPLING SPECIFICATIONS)
OR
- PAIR WAS ELIGIBLE FOR AUTHORIZATION 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: {COMPLETE AUTHORIZATION FORM/LOCATE APPROPRIATE
PREPRINTED MPC AUTHORIZATION 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]

{AF STATUS FROM PREVIOUS ROUND: {DISPLAY PREVIOUS ROUND STATUS - 40}}

SIGNATURE DATE ON MPC AF MUST BE ON OR AFTER: [MM/DD/YYYY]

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

PRESS ENTER TO CONTINUE.

PRESS F1 FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.
DISPLAY ‘COMPLETE AUTHORIZATION FORM ...’ IF PAIR CREATED AND ELIGIBLE DURING CURRENT ROUND. OTHERWISE, DISPLAY ‘LOCATE ... LOCATED’.

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


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

DISPLAY ‘IF MPC AF FOR ... NEW MPC AF.’ IF CURRENT PERSON-PROVIDER-PAIR WAS ELIGIBLE FOR MPC 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 AUTHORIZATION FORMS ELIGIBLE FOR AUTHORIZATION 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 AUTHORIZATION FORM COLLECTION FOR THE CURRENT ROUND (SEE BOX_01 SAMPLING SPECIFICATIONS)
OR
- PAIR WAS ELIGIBLE FOR AUTHORIZATION 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 AUTHORIZATION FORM. IF NOT AVAILABLE TO SIGN, LEAVE AF AND BOOKLET WITH RESPONDENT. RECORD STATUS BELOW AND UPDATE AF LOG IF AF UNSIGNED OR PRE-PRINTED.

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 MPC AF MUST BE ON OR AFTER: {MM/DD/YYYY}

ENTER THE AUTHORIZATION 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 MPC AUTHORIZATION FORMS.

[Code One]

DISPLAY THE RU END REFERENCE DATE OF THE MOST RECENT ROUND FOR WHICH PAIR IS/WAS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION FOR ‘MM/DD/YYYY’.

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

[Enter Problem-45] ..........................  {CL05}

ENTER OTHER:

[Enter Other Specify-45] ...............   {END_LP02}

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

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

SIGNATURE DATE ON MPC AF MUST BE ON OR AFTER:  {MM/DD/YYYY}

ENTER MPC AUTHORIZATION FORM NUMBER:

{NOTE:  IF 2 FORMS COLLECTED FOR THE SAME PAIR, ENTER MPC AF NUMBER
FROM THE FORM WITH THE MOST RECENT SIGNATURE DATE.  HOWEVER, COLLECT
ALL SIGNED AF(S) AND MAKE A NOTE OF EXTRA AF(S) IN COMMENT AREA OF
THE AF LOG.}

[Enter Number-8] ..........................

----------------------------------------------------
| DISPLAY THE RU END REFERENCE DATE OF THE MOST   |
| RECENT ROUND FOR WHICH PAIR IS/WAS ELIGIBLE     |
| FOR AUTHORIZATION FORM COLLECTION FOR           |
| ‘MM/DD/YYYY’.                                    |
----------------------------------------------------

DISPLAY 'NOTE: ... LOG.' IF CURRENT PERSON-
PROVIDER-PAIR ELIGIBLE FOR MPC IN PREVIOUS ROUND
AND FORM WAS NOT SIGNED IN THE PREVIOUS ROUND.
OTHERWISE, USE A NULL DISPLAY.
NOTE: EACH AUTHORIZATION FORM HAS A PRE-ASSIGNED AUTHORIZATION 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 FIRST NUMERIC DIGIT (SECOND CHARACTER OF ENTRY) MUST BE 0, 1, 2, 3, 4, OR 9. THE LAST ALPHA MUST BE S, T, U, V, OR W.

CL050V

ENTER MPC AUTHORIZATION FORM SIGNATURE DATE:

[Enter Month, Day, Year-4] ................. {END_LP02}
CL06
====

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

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

ENTER MAIN REASON FOR REFUSAL:

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

[Code One]

CL060V
=====

ENTER OTHER REASON FOR REFUSAL:

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

END_LP02
=====

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

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

32-13
BOX_02
======

----------------------------------------------------
| IF NOT ROUND 1 AND ANY KEY RU MEMBER HAD A        |
| STATUS OF INSTITUTIONALIZED (IN A HEALTH CARE     |
| INSTITUTION) AT THE PREVIOUS ROUND’S INTERVIEW    |
| DATE, BUT HAS A DIFFERENT STATUS AS OF THE        |
| CURRENT ROUND’S INTERVIEW DATE, CONTINUE WITH     |
| LOOP_02A                                          |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, GO TO BOX_03                           |
----------------------------------------------------

LOOP_02A
======

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

----------------------------------------------------
| LOOP DEFINITION: LOOP_02A INSTRUCTS THE           |
| INTERVIEWER TO COLLECT THE HEALTH CARE INSTITUTION|
| HISTORY AND THE APPROPRIATE NUMBER OF MEDICAL     |
| PROVIDER AUTHORIZATION 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 MPC AF 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 MPC AF FOR EACH DIFFERENT HEALTH CARE INSTITUTION LISTED ON HEALTH CARE INSTITUTION HISTORY. WRITE ‘IC’ IN UPPER LEFT CORNER OF MPC AF. REFER TO SECTION 3 OF HISTORY FOR INSTRUCTIONS ON COMPLETING THESE AF(S).

3. FOR EACH MPC AF CREATED THIS WAY, RECORD PERSON AND PROVIDER INFORMATION IN THE AF LOG.

4. REQUEST SIGNATURE(S) ON AF(S).

5. LEAVE UNSIGNED AF(S) AND THE AF BOOKLET WITH RESPONDENT.

6. RECORD AF STATUS FOR EACH MPC AF ON THE AF LOG. CAI WILL NOT COLLECT THIS INFORMATION.

PRESS ENTER TO CONTINUE.

END_LP02A

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

-------------------------------------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_02A AND CONTINUE WITH BOX_03 |
-------------------------------------------------------------------------------------
Subsection 2: HIPS Authorization Forms (In Panel 10, sampling will be done but Authorizations Forms will not be collected.)

BOX_03
========

SAMPLING BOX FOR ROUNDS 2 AND 3: (TO BASE ON ROUND 1 CRITERIA FOR COLLECTION OF AFs IN ROUND 2 AND ROUND 3):
RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS AUTHORIZATION FORM COLLECTION:

- ALL PAIRS WHERE THE PERSON IS THE POLICYHOLDER OF THIS INSURANCE ON THE DATE OF THE ROUND 1 INTERVIEW AND THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE (DEFINED LATER) HELD ON THE DATE OF THE ROUND 1 INTERVIEW (DEFINED LATER) WITH FOUR EXCEPTIONS:
  1. ESTABLISHMENT IS FLAGGED AS ‘EMPLOYER’ AND EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2 OR HP13=1)
  2. ESTABLISHMENT IS FLAGGED AS ‘NOT SELF-EMPLOYED’ WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)
  3. PERSON IS THE POLICYHOLDER OF THIS INSURANCE AND IS FLAGGED AS ‘POLICYHOLDER NOT LISTED IN RU’
SAMPLING BOX FOR ROUNDS 2 AND 3: (TO BASE ON ROUND 1 CRITERIA FOR COLLECTION OF AFs IN ROUND 2 AND ROUND 3):

RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS AUTHORIZATION 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)

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 AUTHORIZATION FORM IS REQUIRED FOR BOTH THE EMPLOYER AND THE UNION. IN THESE CASES, BOTH ESTABLISHMENT-PERSON-PAIRS ARE ELIGIBLE FOR HIPS AUTHORIZATION 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 AUTHORIZATION 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 AUTHORIZATION 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.

32-18
SAMPLING BOX FOR ROUNDS 4 AND 5 (TO BASE ON ROUND 3 CRITERIA, FOR COLLECTION OF AFs IN ROUNDS 4 AND 5):
RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS AUTHORIZATION FORM COLLECTION:

- ALL PAIRS WHERE THE PERSON IS THE POLICYHOLDER OF THIS INSURANCE ON THE DATE OF THE ROUND 3 INTERVIEW AND THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE (DEFINED LATER) HELD ON THE DATE OF THE ROUND 3 INTERVIEW (DEFINED LATER) WITH FOUR EXCEPTIONS:

1. ESTABLISHMENT IS FLAGGED AS 'EMPLOYER' AND EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2 OR HP13=1)

2. ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EmployED' WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)

3. PERSON IS THE POLICYHOLDER OF THIS INSURANCE AND IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN DU'


SAMPLING BOX FOR ROUNDS 4 AND 5 (TO BASE ON ROUND 3 CRITERIA, FOR COLLECTION OF AFs IN ROUNDS 4 AND 5):
RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS AUTHORIZATION 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)
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
AUTHORIZATION FORM IS REQUIRED FOR BOTH THE
EMPLOYER AND THE UNION. IN THESE CASES, BOTH
ESTABLISHMENT-PERSON-PAIRS ARE ELIGIBLE FOR HIPS
AUTHORIZATION 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 AUTHORIZATION 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.

GO TO BOX_05

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

BOX_04A
=======
OMITTED.

BOX_04
=======
OMITTED.

CL07
=====
OMITTED.

LOOP_03
=======
OMITTED.

CL08
=====
OMITTED.

CL09
=====
OMITTED.

CL09OV1
=======
OMITTED.

CL09OV2
=======
OMITTED.
CL10
====
OMITTED.

CL11
====
OMITTED.

CL110V
=====  OMITTED.

END_LP03
=====  OMITTED.
Subsection 3: HIPS Policy Booklets (Not collected in Panel 10)

BOX_05
======

----------------------------------------------------
<table>
<thead>
<tr>
<th>GO TO BOX_10</th>
</tr>
</thead>
</table>

BOX_06
======

CL12
====
OMITTED.

CL13
====
OMITTED.

CL14
====
OMITTED.

LOOP_04
======
OMITTED.

CL15
====
OMITTED.

CL15OV
======
OMITTED.

CL16
====
OMITTED.

CL17
====
OMITTED.

CL17OV
======
OMITTED.

END_LP04
========
OMITTED.
OMITTED.
Subsection 4: Pharmacy Requests and Authorization Forms (Round 3 and Round 5)

**BOX 10**

---


---

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

---

| OTHERWISE, GO TO BOX_14 |

---

**BOX 11**

---

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

---

| OTHERWISE, GO TO BOX_14 |

---

**SAMPLING BOX (FOR ROUND 3):**

PERSON-PHARMACY-PAIRS ELIGIBLE FOR PHARMACY AUTHORIZATION 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
AUTHORIZATION FORM COLLECTION IN ROUND 5:

- PERSON IS A KEY, ELIGIBLE RU MEMBER
- PERSON ASSOCIATED WITH THE PHARMACY
- PHARMACY COLLECTED OR USED 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
AUTHORIZATION FORM IS ASKED ABOUT FOR THAT PAIR.
IF THE SAME PHARMACY IS ASSOCIATED WITH MORE THAN
ONE PERSON, A AUTHORIZATION FORM IS ASKED FOR
EACH UNIQUE PERSON-PHARMACY-PAIR.
As you know, the U.S. Public Health Service is very interested in obtaining the most complete and accurate information about health care use and expenditures, including prescription medicines. Many pharmacies now offer their customers a summary of their prescription medicine charges. People sometimes request these summaries to help in preparing their taxes or insurance claims.

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

PRESS ENTER TO CONTINUE.
From the information I have, I would like to get a signed authorization form for:

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

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

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

[HAND RESPONDENT THE AUTHORIZATION 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 AUTHORIZATION FORM COLLECTION (SEE BOX 11 SAMPLING SPECIFICATIONS) FOR_rounds_1, 2, OR_3 IF ROUND_3 OR_FOR_rounds_3, 4, OR_5 IF ROUND_5. | |
----------------------------------------------------

----------------------------------------------------
| NOTE: DISPLAY EACH UNIQUE ELIGIBLE PERSON-PHARMACY-PAIR ONLY ONCE. | |
----------------------------------------------------
FOR EACH ELEMENT ON THE RU-PERSON-PHARMACY-PAIRS-ROSTER, ASK CL31 - END_LP07

LOOP DEFINITION: LOOP_07 PRESENTS EACH UNIQUE PERSON-PHARMACY-PAIR ELIGIBLE FOR PHARMACY AUTHORIZATION FORM COLLECTION FOR THE INTERVIEWER TO COMPLETE THE AUTHORIZATION FORM. THIS LOOP CYCLES ON THE RU-PERSON-PHARMACY-PAIRS THAT MEET THE FOLLOWING CONDITION:

- PAIR IS ELIGIBLE FOR PHARMACY AUTHORIZATION FORM COLLECTION (SEE BOX_11 SAMPLING SPECIFICATIONS) FOR ROUNDS 1, 2, OR 3 IF ROUND 3 OR FOR ROUNDS 3, 4, OR 5 IF ROUND 5.

NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-PHARMACY-PAIR.
INTERVIEWER: (LOCATE APPROPRIATE PREPRINTED PHARMACY AUTHORIZATION FORMS (COMPLETE NEW ONE IF FORM CANNOT BE LOCATED)/COMPLETE PHARMACY AUTHORIZATION FORM) 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 AUTHORIZATION FORMS.

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

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       |
| AUTHORIZATION FORM COLLECTION FOR THE INTERVIEWER|
| TO RECORD THE STATUS OF THE AUTHORIZATION FORM.  |
| THIS LOOP CYCLES ON THE RU-PERSON-PHARMACY-PAIRS |
| THAT MEET THE FOLLOWING CONDITION:               |
| - PAIR IS ELIGIBLE FOR PHARMACY AUTHORIZATION    |
| FORM COLLECTION (SEE BOX_11 SAMPLING SPECIFICATIONS)
| FOR ROUNDS 1, 2, OR 3 IF ROUND 3 OR FOR ROUNDS  |
| 3, 4, OR 5 IF ROUND 5.                           |
----------------------------------------------------

----------------------------------------------------
| NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-  |
| PHARMACY-PAIR.                                   |
----------------------------------------------------
INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN AUTHORIZATION FORM. IF NOT AVAILABLE TO SIGN, LEAVE AUTHORIZATION FORM AND BOOKLET WITH RESPONDENT. RECORD STATUS BELOW AND UPDATE AF LOG IF AF UNSIGNED OR PRE-PRINTED.

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 AUTHORIZATION 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 AUTHORIZATION 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.’                                                  |
---------------------------------------------------------------------
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 AUTHORIZATION FORM NUMBER:
[Enter Number-8] .......................   {END_LP08}

---------------------------------------------
| NOTE: EACH PHARMACY AUTHORIZATION FORM HAS A |
| PRE-ASSIGNED PHARMACY AUTHORIZATION 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 FIRST |
| NUMERIC DIGIT (SECOND CHARACTER OF ENTRY) MUST |
| BE 7, 8, OR 9. THE LAST ALPHA MUST BE S, T, U, |
| V, OR W. |
---------------------------------------------
MEPS FAMES Panel 10 Round 5 Closing (CL) Section
November 20, 2006

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 CONTINUE |      |
| WITH BOX_14                                                           |      |
---------------------------------------------------------------------

32-34
Subsection 5: Self-Administered Questionnaire (Collected in Rounds 2 through 5)

**BOX_14**

---

| IF ROUND 2 OR 4, CONTINUE WITH BOX_15 |
---

| IF ROUND 3 OR 5, GO TO BOX_16 |
---

| OTHERWISE, GO TO BOX_16A |
---

**BOX_15**

---

| IF ROUND 2 OR 4 AND AT LEAST ONE RU MEMBER |
| ELIGIBLE FOR SAQ (I.E., AT LEAST ONE CURRENT RU MEMBER WHO IS NOT DECEASED OR INSTITUTIONALIZED AND IS IN THE RU AT THE ROUND 2 OR 4 INTERVIEW DATE AND IS 18 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9) ON JULY 1, 2005 IF ROUND 2 OR ON JULY 1, 2006 IF ROUND 4 OR HAS TURNED 18 BETWEEN JULY 1, 2005 IF ROUND 2 OR JULY 1, 2006 IF ROUND 4 AND THE DATE OF INTERVIEW), CONTINUE WITH CL35 |
---

| OTHERWISE, GO TO CL41 |
---

---

| NOTE: DETERMINING WHICH ADULTS IN THE RU RECEIVE AN SAQ AND WHICH ADULTS ARE FOLLOWED-UP IN ROUND 3 OR 5 WILL BE BASED ONLY ON ROUND 2 OR 4 INFORMATION. THAT IS, NO RU MEMBERS ADDED IN ROUND 3 OR 5 WILL BE ASKED TO COMPLETE AN SAQ. |
---
Now I would like to ask (READ PERSON NAMES BELOW) to complete a brief survey about health and health opinions.

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

<table>
<thead>
<tr>
<th>ROSTER. PERSON</th>
<th>CL35_01. PID</th>
</tr>
</thead>
<tbody>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
</tr>
</tbody>
</table>

AS APPROPRIATE, PREPARE AN SAQ FOR EACH PERSON LISTED ABOVE.
LOOP_09
=======

----------------------------------------------------
| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK |
| CL36 – END_LP09                                  |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_09 COLLECTS THE SAQ STATUS |
| FOR EACH PERSON ELIGIBLE TO COMPLETE THE SAQ.    |
| THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-|  
| ROSTER WHO MEETS THE FOLLOWING CONDITIONS:       |
| - PERSON DOES NOT HAVE A STATUS OF DECEASED OR   |
| INSTITUTIONALIZED ON ROUND 2 OR 4 INTERVIEW DATE |
| - PERSON CURRENTLY IN RU ON ROUND 2 OR 4 INTERVIEW|
| DATE                                              |
| - PERSON IS 18 YEARS OF AGE OR OLDER (OR IN AGE  |
| CATEGORIES 4-9) ON JULY 1, 2005 IF ROUND 2 OR    |
| ON JULY 1, 2006 IF ROUND 4 OR HAS TURNED 18      |
| BETWEEN JULY 1, 2005 IF ROUND 2 OR JULY 1, 2006  |
| IF ROUND 4 AND THE DATE OF INTERVIEW              |
----------------------------------------------------

CL36
=====

(PERSON’S FIRST MIDDLE AND LAST NAME)

PID: {PID}

COLLECT (PERSON)’S COMPLETED SAQ AND EXPLAIN THAT THEY WILL RECEIVE $5.00 FOR EACH COMPLETED SAQ.

IF (PERSON) NOT AVAILABLE OR NOT ABLE TO COMPLETE SAQ AT THIS TIME, LEAVE SAQ WITH (PERSON) OR RESPONDENT AND EXPLAIN INSTRUCTIONS.

ENTER THE STATUS OF THE SAQ.

  COMPLETED AND GIVEN TO INTERVIEWER ..... 1 {END_LP09}
  NOT COMPLETED, WILL PICK UP AT
  LATER DATE ............................. 2 {END_LP09}
  NOT COMPLETED, WILL MAIL TO OFFICE ..... 3 {END_LP09}
  MAILED TO SAQ RESPONDENT .............. 4 {END_LP09}
  REFUSED TO COMPLETE .................... 5 {CL37}
  OTHER ................................. 91

[Code One]
AT PID, DISPLAY THE PERSON’S 3 DIGIT PID.

EDIT: CODE ‘4’ (MAILED TO SAQ RESPONDENT) 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 OTHER:

[Enter Other Specify-45] ...............   {END_LP09}

---

PERSON’S FIRST MIDDLE AND LAST NAME

ENTER MAIN REASON FOR REFUSAL:

TOO BUSY/NOT INTERESTED .................... 1 {END_LP09}
TOO PERSONAL/SENSITIVE INFORMATION ...... 2 {END_LP09}
TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP . 3 {END_LP09}
HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP09}
WANTS MORE INFORMATION .................... 5 {END_LP09}
NOT INTERESTED .............................. 6 {END_LP09}
NO REASON GIVEN ............................ 7 {END_LP09}
OTHER ........................................ 91

[Code One]

ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] .................
END_LP09

---------------------------------------------
| 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_09 AND GO TO BOX_16A                 |
---------------------------------------------

BOX_16

---------------------------------------------
| IF AT LEAST ONE PERSON WITH AN SAQ DISPOSITION OF |
| '2' (NOT COMPLETED, WILL PICK UP AT LATER DATE), |
| '3' (NOT COMPLETED, WILL MAIL TO OFFICE), '4'    |
| (MAILED TO SAQ RESPONDENT), '5' (REFUSED TO    |
| COMPLETE SAQ), OR '91' (OTHER) RECORDED AT CL36 |
| DURING ROUND 2 OR 4 AND NOT UPDATED BY RECEIPT |
| CONTROL TO '1' (COMPLETE), '2' (PARTIAL COMPLETE),|
| '4' (PROBLEM), OR '6' (WRONG SAQ TYPE) ((I.E., |
| RECEIPT CONTROL IS EQUAL TO '3' (REFUSED) OR '5' |
| (NOT HERE/BLANK)), CONTINUE WITH CL38          |
---------------------------------------------

---------------------------------------------
| OTHERWISE, GO TO BOX_16A                    |
---------------------------------------------
During the last interview a short survey about health and health opinions was left with (READ PERSON NAMES BELOW) to complete.

I would like to check to see if I could pick these surveys up or if they were already mailed back to the home office.)

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

ROSTER. PERSON CL38_01. PID
[First Name, [Middle Name], Last Name-65] [PID]
[First Name, [Middle Name], Last Name-65] [PID]
[First Name, [Middle Name], Last Name-65] [PID]

1. COLLECT SAQs, IF AVAILABLE.
2. IF ANY REPORTED AS LOST, RE-DISTRIBUTE APPROPRIATE NUMBER AND TYPE OF SAQs TO THE RESPONDENT.

ROSTER DEFINITION: DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:
- PERSON DID NOT HAVE A STATUS OF DECEASED OR INSTITUTIONALIZED ON ROUND 2 OR 4 INTERVIEW DATE
- PERSON WAS CURRENTLY IN RU ON ROUND 2 OR 4 INTERVIEW DATE
- PERSON IS 18 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9) ON JULY 1, 2005 IF ROUND 2 OR JULY 1, 2006 IF ROUND 4 AND THE DATE OF INTERVIEW
- CL36 WAS CODED ‘1’ (COMPLETED AND GIVEN TO INTERVIEWER), ‘2’ (NOT COMPLETED, WILL PICK UP AT LATER DATE), ‘3’ (NOT COMPLETED, WILL MAIL TO OFFICE), ‘4’ (MAILED TO SAQ RESPONDENT), ‘5’ (REFUSED TO COMPLETE SAQ), OR ‘91’ (OTHER) DURING ROUND 2 OR 4 FOR PERSON AND NOT UPDATED BY RECEIPT CONTROL TO ‘1’ (COMPLETE), ‘2’ (PARTIAL COMPLETE), ‘4’ (PROBLEM), OR ‘6’ (WRONG SAQ TYPE) (I.E., RECEIPT CONTROL IS EQUAL TO ‘3’ (REFUSED) OR ‘5’ (NOT HERE/BLANK))

DISPLAY THE ROW PERSON’S PID AT CL38_01.
LOOP_10
=======

<p>| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK |</p>
<table>
<thead>
<tr>
<th>CL39 - END_LP10</th>
</tr>
</thead>
</table>

-----------------------------------------------
| LOOP DEFINITION: LOOP_10 COLLECTS THE SAQ STATUS|
| FOR EACH PERSON ELIGIBLE TO COMPLETE THE SAQ.   |
| THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-|
| ROSTER WHO MEETS THE FOLLOWING CONDITIONS:      |
| - PERSON DID NOT HAVE A STATUS OF DECEASED OR   |
| INSTITUTIONALIZED ON ROUND 2 OR 4 INTERVIEW DATE|
| - PERSON WAS CURRENTLY IN RU ON ROUND 2 OR 4    |
| INTERVIEW DATE                                  |
| - PERSON IS 18 YEARS OF AGE OR OLDER (OR IN AGE |
| CATEGORIES 4-9) ON JULY 1, 2005 IF ROUND 2 OR   |
| ON JULY 1, 2006 IF ROUND 4 OR HAS TURNED 18     |
| BETWEEN JULY 1, 2005 IF ROUND 2 OR JULY 1, 2006 |
| IF ROUND 4 AND THE DATE OF INTERVIEW            |
| - CL36 WAS CODED '1' (COMPLETED AND GIVEN TO    |
| INTERVIEWER), '2' (NOT COMPLETED, WILL PICK UP   |
| AT LATER DATE), '3' (NOT COMPLETED, WILL MAIL    |
| TO OFFICE), '4' (MAILED TO SAQ RESPONDENT), '5'  |
| (REFUSED TO COMPLETE SAQ), OR '91' (OTHER)      |
| DURING ROUND 2 OR 4 FOR PERSON AND NOT UPDATED  |
| BY RECEIPT CONTROL TO '1' (COMPLETE), '2'       |
| (PARTIAL COMPLETE), '4' (PROBLEM), OR '6'       |
| (WRONG SAQ TYPE) ((I.E., RECEIPT CONTROL IS     |
| EQUAL TO '3' (REFUSED) OR '5' (NOT HERE/BLANK)) |

-----------------------------------------------
**MEPS FAMES Panel 10 Round 5 Closing (CL) Section**

**November 20, 2006**

**CL39**

{PERSON’S FIRST MIDDLE AND LAST NAME}

PID: {PID}

{SAQ STATUS FROM PREVIOUS ROUND: {PREVIOUS ROUND STATUS -40}}

COLLECT (PERSON)’s COMPLETED SAQ AND EXPLAIN THAT THEY WILL RECEIVE $5.00 FOR EACH COMPLETED SAQ.

ENTER THE STATUS OF THE SAQ:

- COMPLETED AND GIVEN TO INTERVIEWER ..... 1 {END_LP10}
- NOT COMPLETED, WILL PICK UP AT LATER DATE .................... 2 {END_LP10}
- NOT COMPLETED, WILL MAIL TO OFFICE ..... 3 {END_LP10}
- ALREADY MAILED TO HOME OFFICE ........... 4 {END_LP10}
- REFUSED TO COMPLETE .......................... 5 {CL40}
- OTHER ........................................ 91

[Code One]

----------------------------------------------------
| AT PID, DISPLAY THE PERSON’S 3 DIGIT PID.         |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘SAQ STATUS FROM PREVIOUS ROUND’ {PREVIOUS|
| ROUND STATUS -40’’. OTHERWISE, USE A NULL DISPLAY. |
| FOR ‘PREVIOUS ROUND STATUS-40’, DISPLAY THE TEXT  |
| ASSOCIATED WITH THE ROUND 2 OR 4 (OR RECEIPT CONTROL UPDATED STATUS) STATUS ENTERED AT CL36. |

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

**CL39OV**

ENTER OTHER:

[Enter Other Specify-45] ............... {END_LP10}
{PERSON’S FIRST MIDDLE AND LAST NAME}

ENTER MAIN REASON FOR REFUSAL:

TOO BUSY/NOT INTERESTED .............. 1 {END LP10}
TOO PERSONAL/SENSITIVE INFORMATION ... 2 {END LP10}
TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP . 3 {END LP10}
HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END LP10}
WANTS MORE INFORMATION ............... 5 {END LP10}
NOT INTERESTED ................................ 6 {END LP10}
NO REASON GIVEN ................................ 7 {END LP10}
OTHER ........................................ 91

[Code One]

ENTER OTHER REASON FOR REFUSAL:

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

END LP10

-----------------------
| 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_10 AND CONTINUE WITH BOX_16A |

-----------------------
BOX_16A
-------

-------------------------------------------------------------------------------------------------------------------------------------
| IF ROUND 3 OR 5, CONTINUE WITH BOX_16B                                                                                           |
-------------------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------------------
| OTHERWISE, GO TO CL41                                                                                                               |
-------------------------------------------------------------------------------------------------------------------------------------

BOX_16B
-------

-------------------------------------------------------------------------------------------------------------------------------------
| IF ROUND 3 OR 5 AND AT LEAST ONE RU MEMBER ELIGIBLE FOR DIABETES CARE SUPPLEMENT (I.E., AT LEAST ONE RU MEMBER WHO IS CODED ‘1’ (YES) AT PC02), CONTINUE WITH CL40A |
-------------------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------------------
| OTHERWISE, GO TO CL41                                                                                                               |
-------------------------------------------------------------------------------------------------------------------------------------
SELF DIABETES CARE SUPPLEMENT (DCS):

Earlier we asked (READ SELF NAMES BELOW) to complete a few questions about the care received for diabetes.

PROXY DCS:

Earlier we asked that someone knowledgeable about (READ PROXY NAMES BELOW) diabetes complete a few questions about the care received.

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

<table>
<thead>
<tr>
<th>ROSTER. PERSON</th>
<th>CL40A_01. PID</th>
<th>CL40A_02. TYPE OF DCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
<td>{SELF/PROXY}</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
<td>{SELF/PROXY}</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
<td>{SELF/PROXY}</td>
</tr>
</tbody>
</table>

AS APPROPRIATE, COLLECT DCS FOR EACH PERSON LISTED ABOVE.
LOOP_10A

-----------
| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK | CL40B - END_LP10A |
-----------

-----------
| LOOP DEFINITION: LOOP_10A COLLECTS THE DCS STATUS | FOR EACH PERSON ELIGIBLE TO COMPLETE THE DCS. |
| THIS LOOP CYCLES ON EACH PERSON ON THE RU- | MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITION: |
| | |
| - PC02 IS CODED ‘1’ (YES) FOR THE PERSON |
-----------
CL40B
======

{PERSON’S FIRST MIDDLE AND LAST NAME}

PID: {PID}  TYPE OF DCS:  {SELF/PROXY}

COLLECT (PERSON)’S COMPLETED DIABETES CARE SUPPLEMENT

IF (PERSON) NOT AVAILABLE OR NOT ABLE TO COMPLETE DCS AT THIS TIME, LEAVE DCS WITH (PERSON) OR RESPONDENT AND EXPLAIN INSTRUCTIONS.

ENTER THE STATUS OF THE DCS:

COMPLETED AND GIVEN TO INTERVIEWER .... 1 {END_LP10A}
NOT COMPLETED, WILL PICK UP AT LATER DATE ...................... 2 {END_LP10A}
NOT COMPLETED, WILL MAIL TO OFFICE ...... 3 {END_LP10A}
MAILED TO DCS RESPONDENT ............. 4 {END_LP10A}
REFUSED TO COMPLETE .................... 5 {CL40C}
OTHER ................................. 91

[Code One]

----------------------------------------------------
| AT PID, DISPLAY THE PERSON’S 3 DIGIT PID.         |
----------------------------------------------------

----------------------------------------------------
| AT TYPE OF DCS, DISPLAY ‘SELF’ IF THE PERSON     |
| BEING LOOPED ON IS CODED ‘1’ (SELF) AT PC03.     |
| DISPLAY ‘PROXY’ IF THE PERSON BEING LOOPED ON    |
| IS CODED ‘2’ (PROXY) AT PC03.                    |

----------------------------------------------------
| EDIT: CODE ‘4’ (MAILED TO DCS RESPONDENT) 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.’                            |

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

CL40BOV
======

ENTER OTHER:

[Enter Other Specify-45] ............... {END_LP10A}

32-47
CL40C

{PERSON’S FIRST MIDDLE AND LAST NAME}

ENTER MAIN REASON FOR REFUSAL:

1. TOO BUSY/NOT INTERESTED
2. TOO PERSONAL/SENSITIVE INFORMATION
3. TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP
4. HAS ALREADY GIVEN ENOUGH INFORMATION
5. WANTS MORE INFORMATION
6. NOT INTERESTED
7. NO REASON GIVEN
91. OTHER

[Code One]

CL40COV

ENTER OTHER REASON FOR REFUSAL:

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

END_LP10A

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

-----------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITION, |
| END LOOP_10A AND GO TO CL41 |
-----------------------------------------------
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 |
What is the best time of day and day of the week to get in touch with you?

ENTER BEST TIME TO CONTACT RESPONDENT/PROXY.

[Enter Text] ...........................

----------------------------------------------------
| NOTE: FOUR LINES OF 45 CHARACTERS SHOULD BE      |
| AVAILABLE FOR ENTRY OF FREE FORM TEXT.            |
----------------------------------------------------

ENTER WHO BEST TIME RECORDED FOR:

CURRENT RESPONDENT ..................... 1 {BOX_17}
CURRENT PROXY ......................... 2 {BOX_17}
ENTIRE RU .............................. 3 {BOX_17}
OTHER .................................. 91

[Code One]

ENTER OTHER:

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

----------------------------------------------------
| IF NO CURRENT RU MEMBER PART OF THE RU ON THE    |
| CURRENT INTERVIEW DATE (I.E., ALL RU MEMBERS     |
| DECEASED, INSTITUTIONALIZED, OR OUT OF THE COUNTRY|
| ON CURRENT INTERVIEW DATE), GO TO BOX_18          |
----------------------------------------------------
| OTHERWISE, CONTINUE WITH CL43                    |
----------------------------------------------------
ITEM: SECOND PHONE (WORK, FRIEND, RELATIVE, OTHER) WHERE FAMILY COULD BE REACHED.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT SECOND PHONE SHOWN BELOW.

IF NO CURRENT INFORMATION, PROBE:

Do you have a second phone number where you can be reached such as a work number, the number of a friend or relative?

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.

------------------------------------------------------------------------------------------------------------------
[What is that telephone number?]

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

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

Current Info: [2ND_TELEPHONE]

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

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

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

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

<table>
<thead>
<tr>
<th>FLAG SECOND PHONE INFORMATION FOR THE RU WITH THE NUMBER ENTERED OR CORRECTED AT CL44 FOR THE CURRENT ROUND.</th>
</tr>
</thead>
</table>
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: ALLOW 2 LINES OF 45 CHARACTERS FOR |
| DESCRIPTION.                                |
ITEM: MAILING ADDRESS DIFFERENT FROM LOCATING (STREET) ADDRESS.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT MAILING ADDRESS SHOWN BELOW.

IF NO CURRENT INFORMATION, PROBE:

Do you have a mailing address that is different from your physical address, such as a P.O. Box?

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. |
-------------------------------------------------------------------
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:

Do you have a second home, such as a vacation home where we could contact you if you’re not available at your usual address?

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

ENTER NEW SECOND HOME ADDRESS AND TELEPHONE ............................ 1
SECOND HOME ADDRESS AND TELEPHONE CORRECT ............................ 2 {CL50}
SECOND HOME ADDRESS OR TELEPHONE NEEDS CORRECTION ..................... 3
NO CURRENT SECOND HOME ................. 4 {CL50}
REF ................................... -7 {CL50}
DK .................................... -8 {CL50}

EDIT: CODES ‘2’ (SECOND HOME ADDRESS AND TELEPHONE CORRECT) AND ‘3’ (SECOND HOME ADDRESS OR TELEPHONE NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT SECOND HOME ADDRESS INFORMATION AVAILABLE. IF CODES ‘2’ OR ‘3’ SELECTED WHEN NO CURRENT SECOND HOME ADDRESS, DISPLAY THE FOLLOWING MESSAGE: ‘CODE NOT AVAILABLE. NO CURRENT SECOND HOME ADDRESS. VERIFY AND RE-ENTER.’
[What is the address and phone number of that home?]

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

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

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

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

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

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

FLAG SECOND HOME ADDRESS FOR THE RU WITH THE ADDRESS AND PHONE ENTERED OR CORRECTED AT CL49 FOR THE CURRENT ROUND.
ITEM: LOCATING CONTACT - RELATIVE OR FRIEND WHO DOES NOT LIVE HERE WHO WILL ALWAYS KNOW HOW TO GET IN TOUCH WITH FAMILY.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT CONTACT INFORMATION SHOWN BELOW.

IF NO CURRENT INFORMATION, PROBE:

Do you have a friend or relative who does not live here who will always know how to get in touch with the family?

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

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

---------------------------
| EDIT: CODES '2' (CONTACT PERSON/ADDRESS CORRECT) |
| AND '3' (CONTACT PERSON/ADDRESS NEEDS CORRECTION) |
| CANNOT BE SELECTED IF NO CURRENT CONTACT PERSON |
| INFORMATION AVAILABLE. IF CODES '2' OR '3' |
| SELECTED WHEN NO CURRENT CONTACT INFORMATION, |
| DISPLAY THE FOLLOWING MESSAGE: 'CODE NOT |
| AVAILABLE. NO CURRENT CONTACT INFORMATION. |
| VERIFY AND RE-ENTER.' |
---------------------------
[What is the name, address, and phone number of that person?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT CONTACT INFORMATION. IF UNAVAILABLE, ENTER COMPLETE CONTACT INFORMATION.

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

ENTER ‘NMN’ IF NO MIDDLE NAME.

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

CONTACT_NAME (CL51_01): [_____________
1ST_STR_ADDRESS (CL51_02): [_____________
2ND_STR_ADDRESS (CL51_03): [_____________
   CITY (CL51_04): [_____________
   STATE (CL51_05): [_____________
   ZIP CODE (CL51_06): [_____________
   TELEPHONE (CL51_07): [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

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

----------------------------------------------------
| FLAG CONTACT PERSON INFORMATION FOR THE RU WITH THE | |
| NAME, ADDRESS, AND PHONE ENTERED OR CORRECTED AT CL51 | |
| FOR THE CURRENT ROUND.                              | |
----------------------------------------------------
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.                               |
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:

If you are not available for the next interview, who would be the best person to provide information about the family for the next interview?

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.
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 ALLersonS ON DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT CURRENT RESPONDENT |
| - PERSON IS NOT DECEASED |
----------------------------------------------------

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

----------------------------------------------------
| IF DU MEMBER SELECTED, FLAG ALTERNATE RESPONDENT |
| INFORMATION FOR THE RU WITH THE PERSON SELECTED AT |
| CL54 FOR THE CURRENT ROUND. |
----------------------------------------------------

----------------------------------------------------
| IF 'SOMEONE OUTSIDE DU' SELECTED, CONTINUE WITH |
| CL55 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO CL57 |
----------------------------------------------------
[What is the name, address, and phone number of that person?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT ALTERNATE RESPONDENT. IF UNAVAILABLE, ENTER COMPLETE ALTERNATE RESPONDENT INFORMATION.

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

ENTER ‘NMN’ IF NO MIDDLE NAME.

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

ALTERNATE_NAME (CL55_01): [_____________
1ST_STR_ADDRESS (CL55_02): [_____________
2ND_STR_ADDRESS (CL55_03): [_____________
  CITY (CL55_04): [_____________
  STATE (CL55_05): [_____________
  ZIP CODE (CL55_06): [_____________
  TELEPHONE (CL55_07): [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

----------------------------------------------------------------------------------------------------------------------------------
| 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. |
----------------------------------------------------------------------------------------------------------------------------------
ALTERNATE RESPONDENT:  {NAME OF ALTERNATE RESPONDENT CL55_01}

REFERENCE PERSON:  {NAME OF REFERENCE PERSON}

[What is (ALTERNATE RESPONDENT)'s relationship to (REFERENCE PERSON)?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT ALTERNATE RESPONDENT. IF UNAVAILABLE, ENTER COMPLETE ALTERNATE RESPONDENT RELATIONSHIP.

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

Current Info:  [ALTERNATE_RELATIONSHIP]

ALTERNATE_RELATIONSHIP (CL56_01):  [_____________

----------------------------------------------------
| DISPLAY THE NAME ENTERED AT CL55_01 FOR 'NAME OF |
| ALTERNATE RESPONDENT CL55_01'.                    |
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE  |
| RU FOR 'NAME OF REFERENCE PERSON'.                |
----------------------------------------------------
----------------------------------------------------
| THE ENTRY FIELD FOR CL56_01 SHOULD BE 45          |
| CHARACTERS OF FREE FORM TEXT IN LENGTH.           |
----------------------------------------------------
----------------------------------------------------
| EDIT: IF NO CURRENT ALTERNATE RELATIONSHIP        |
| AVAILABLE, AN ENTRY MUST BE MADE (REF AND DK ARE  |
| ALLOWED).                                         |
----------------------------------------------------
----------------------------------------------------
| EDIT: IF CURRENT ALTERNATE RELATIONSHIP AVAILABLE,|
| ACCEPT AN ENTRY, REF OR DK, OR NO UPDATE.         |
----------------------------------------------------
----------------------------------------------------
| FLAG ALTERNATE RESPONDENT RELATIONSHIP FOR THE RU |
| WITH THE RELATIONSHIP ENTERED OR CORRECTED AT CL56 |
| FOR THE CURRENT ROUND.                            |
Is anyone in the family planning to move within the next 3 months?

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

Who is that?

PROBE: Anyone else?

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

32-68
<table>
<thead>
<tr>
<th>IF CURRENT RESPONDENT IS A PROXY, CONTINUE WITH BOX_18A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO CL62</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF NOT ROUND 5, CONTINUE WITH CL61A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (I.E., IF ROUND 5), GO TO CL62</th>
</tr>
</thead>
</table>
ITEM: PROXY INFORMATION - NEED ADDRESS AND PHONE NUMBER OF CURRENT PROXY.

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

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

ENTER NEW PROXY ADDRESS AND TELEPHONE... 1
PROXY ADDRESS AND TELEPHONE CORRECT .... 2 {CL62}
PROXY ADDRESS OR TELEPHONE NEEDS CORRECTION ....................... 3
NO CURRENT PROXY ADDRESS ............... 4 {CL62}
REF .................................. -7 {CL62}
DK .................................... -8 {CL62}

----------------------------------------
| EDIT: CODES '2' (PROXY ADDRESS AND TELEPHONE |
| CORRECT) AND '3' (PROXY ADDRESS OR TELEPHONE NEEDS |
| CORRECTION) CANNOT BE SELECTED IF NO CURRENT PROXY |
| ADDRESS INFORMATION AVAILABLE. IF CODES '2' OR |
| '3' SELECTED WHEN NO CURRENT PROXY ADDRESS, |
| DISPLAY THE FOLLOWING MESSAGE: 'CODE NOT |
| AVAILABLE. NO CURRENT PROXY ADDRESS. VERIFY AND |
| RE-ENTER.' |
----------------------------------------
[What is your address and phone number?]

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

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

Current Info:  

1ST_STR_ADDRESS (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.
INTerviewer: Did you complete this interview in-person or by telephone? (You must have supervisor approval prior to interviewing by telephone.)

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

  [Code One]

INTerviewer: What language was this interview completed in?

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

  [Code One]

Enter other language:

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

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. |

32-72
INTERVIEWER: CODE ALL OTHER PERSONS PRESENT DURING INTERVIEW.

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

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

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

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

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

{1a. FILL OUT SAQ CHECK(S) WITH SAQ RESPONDENT NAME(S).}

1b. FILL OUT INTERVIEW CHECK FOR PARTICIPATION WITH RESPONDENT’S NAME.

{2a. COMPLETE THE RECEIPT AND AGREEMENT FORM AND RECORD THE SAQ CHECK(S).}

2b. COMPLETE THE RECEIPT AND AGREEMENT FORM AND RECORD THE INTERVIEW PARTICIPATION CHECK AND HAVE RESPONDENT SIGN IT.

{3a. COMPLETE SAQ CHECK LOG.}

3b. COMPLETE THE RESPONDENT PAYMENT CHECK LOG.

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| DISPLAY ’1a. FILL ... NAME(S).’ AND ’2a. COMPLETE ... SAQ CHECK(S)’ AND ’3a. COMPLETE SAQ CHECK LOG.’ IF ROUNDS 2-5 AND IF ANY CL36 OR CL39 IS CODED ’1’ (COMPLETED AND GIVEN TO INTERVIEWER.) OTHERWISE, USE A NULL DISPLAY. |
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 fall of 2005/early 2006/the fall of 2006/early 2007}./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 AND GIVE RESPONDENT GIFT./GIVE RESPONDENT CERTIFICATE:

I would also like to thank you on behalf of the two Public Health Service agencies that sponsor this study -- the Agency for Healthcare Research and Quality and the National Center for Health statistics. As a token of their appreciation, they would like you to have this certificate 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?

Yes  No

CL67_01

MONTHLY PLANNER WITH ENTRIES  1  2

CL67_02

MONTHLY PLANNER 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

---------------------------------------------------------------------
<p>| 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. |   |</p>
<table>
<thead>
<tr>
<th>--------------------------------------------------</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CL68_05 IS CODED '1' (YES), CONTINUE WITH</td>
</tr>
<tr>
<td>CL680V</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_20</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
</tbody>
</table>

32-78
CL680V

ENTER OTHER:

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

BOX_20

------------------------
| END INTERVIEW.         |
------------------------
Conditions (CN) Section

BOX_01
======
-----------------------------------------------------
| IF AT LEAST ONE CONDITION ON PERSON’S-MEDICAL-CONDITIONS-ROSTER FLAGGED AS ‘CREATED’ DURING THE CURRENT ROUND, CONTINUE WITH BOX_02 |
-----------------------------------------------------

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

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

BOX_02
======
-----------------------------------------------------
| IF ‘PREGNANCY’ ONLY CONDITION FLAGGED AS ‘CREATED’ FOR THIS PERSON DURING THE CURRENT ROUND, GO TO BOX_07 |
-----------------------------------------------------

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

CN01
====

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

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

PRESS ENTER TO CONTINUE.
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{Was the (CONDITION) due to an accident or injury?/INTERVIEWER: CHECK (CONDITION) AGAINST PRIORITY LIST JOB AID.}

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

1 = YES   2 = NO

<table>
<thead>
<tr>
<th>ROSTER. CONDITION</th>
<th>CN02_02. ACCIDENT/INJURY?</th>
<th>CN02_03. ON LIST?</th>
</tr>
</thead>
<tbody>
<tr>
<td>{PERSON'S CN MEDICAL CONDITION.}</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>{PERSON'S CN MEDICAL CONDITION.}</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>{PERSON'S CN MEDICAL CONDITION.}</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>{PERSON'S CN MEDICAL CONDITION.}</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

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

---------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL MEDICAL CONDITIONS IN THE PERSON’S-MEDICAL-CONDITIONS-ROSTER THAT MEET THE FOLLOWING CONDITION: |
| - MEDICAL CONDITION IS FLAGGED AS 'CREATED' FOR PERSON DURING THE CURRENT ROUND. |
---------------------------------------------------------------------------
CN02 SCREEN BEHAVIOR AND FILL SPECIFICATIONS:

1. DO NOT ALLOW CONDITIONS TO BE ADDED, EDITED, OR DELETED.
2. ESC CANNOT BE USED ON THIS SCREEN UNTIL ALL ANSWER FIELDS ARE ACCOUNTED FOR. IF ESC IS USED BEFORE ALL FIELDS ARE COMPLETED, DISPLAY THE FOLLOWING MESSAGE: ‘CANNOT LEAVE SCREEN UNLESS ALL FIELDS COMPLETED. CHECK FOR BLANK FIELDS.’
3. THE CURSOR WILL MOVE FROM CN02_02 TO CN02_03 FOR THE SAME CONDITION AND THEN WILL MOVE TO CN02_02 FOR THE NEXT CONDITION ON THE ROSTER, ETC. THE CURSOR MOVES IN THIS FASHION UNTIL ALL FIELDS ARE COMPLETED. IF ‘PREGNANCY’ IS THE CONDITION, THE CURSOR SKIPS TO THE NEXT CONDITION. IF CONDITION WAS SELECTED AT CN02, THUS CN02_02 IS ALREADY PRECODED, THE CURSOR SKIPS TO CN02_03 FOR THAT CONDITION.
4. WHEN THE CURSOR IS IN COLUMN CN02_02 THE FOLLOWING QUESTION SHOULD BE DISPLAYED: ‘Was the (CONDITION) due to an accident or injury?’.

NOTE: CAPI WILL PRECODE PREGNANCY AS ‘2’ (NO) IN BOTH CN02_02 AND CN02_03. THESE PRECODED RESPONSES WILL ALREADY APPEAR AT CN02 BEFORE THE INTERVIEWER ENTERS ANY RESPONSES.

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

REFUSED (‘-7’) AND DON’T KNOW (‘-8’) DISALLOWED AT BOTH CN02_02 AND CN02_03.
BOX_03
======

| IF ANY CONDITIONS FLAGGED AS 'DUE TO ACCIDENT/INJURY' OR FLAGGED AS 'ON PRIORITY LIST', CONTINUE WITH LOOP_01 |
----------------------------------------------------

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

LOOP_01
=======

| FOR EACH ELEMENT IN PERSON'S-MEDICAL-CONDITIONS-ROSTER, ASK BOX_04-END_LP01 |
----------------------------------------------------

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT MEDICAL CONDITIONS CREATED DURING THE CURRENT ROUND THAT ARE DUE TO AN ACCIDENT OR INJURY AND/OR ARE ON THE PRIORITY LIST. THIS LOOP CYCLES ON MEDICAL CONDITIONS THAT MEET EITHER OR BOTH OF THE FOLLOWING CONDITIONS:

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

AND ALSO MEET THE FOLLOWING CONDITION:

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

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

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

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

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

OTHERWISE (I.E., NO EVENT-PROVIDER PAIR ASSOCIATED WITH THE CONDITION), CONTINUE WITH CN03.
Did (PERSON) ever see or talk to a doctor or other medical person about the (CONDITION)?

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

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

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

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

| OTHERWISE (I.E., IF ROUND 1 AND CN03 IS CODED '1' (YES)), CONTINUE WITH CN04 |
Was the last time (PERSON) saw or talked with a doctor or medical person about the (CONDITION) before or after (START DATE)?

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

[Code One]
When did (PERSON) first notice or find out that (PERSON) had (CONDITION)?

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

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

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

[Enter Year-4] .........................
REF ................................. -7 {BOX_06}
DK ................................... -8 {BOX_06}
--- MATRIX BEHAVIOR SPECIFICATIONS:
---
| 1. THE ROSTER DEFINED ABOVE WILL BE DISPLAYED IN COLUMN 2. THE ASSOCIATED MEDICAL PROVIDER AND EVENT TYPE WILL BE DISPLAYED FOR EACH EVENT IN COLUMN 1 (CN05_01) AND COLUMN 2 (CN05_03), RESPECTIVELY. |
| 2. INFORMATION IN THE MATRIX IS FOR DISPLAY ONLY. |
---

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

--- IF YEAR IS REFERENCE YEAR, CONTINUE WITH CN05OV1 ---

--- IF YEAR IS REFERENCE YEAR MINUS 1, GO TO CN05OV2 ---

--- OTHERWISE, GO TO BOX_06 ---

CN05OV1
======

ENTER MONTH AND DAY:

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

CN05OV2
======

ENTER MONTH:

[Enter Month-2] ....................... {BOX_06}
REF ................................... -7 {BOX_06}
DK .................................... -8 {BOX_06}
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED ‘04’, ‘06’, ‘09’, ‘11’;
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED ‘02’ AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

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

EDIT: THE COMPLETE DATE CANNOT BE BEFORE THE PERSON’S DATE OF BIRTH OR AFTER THE CURRENT REFERENCE PERIOD END DATE FOR THIS PERSON.
When did the accident or injury happen?

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

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

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

[Enter Year-4] .........................
REF .................................... -7 (BOX_05)
DK ..................................... -8 (BOX_05)

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

-----------------------------------------------------------------------------
| MATRIX BEHAVIOR SPECIFICATIONS:
| SEE SPECIFICATIONS AT CN05.
-----------------------------------------------------------------------------

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

22-11
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH CN06OV1 |
-------------------------------------------------------------------

| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO CN06OV2 |
-------------------------------------------------------------------

| OTHERWISE, GO TO BOX_05 |
-------------------------------------------------------------------

CN06OV1
=======

ENTER MONTH AND DAY:

[Enter Month-2, Day-2] .................   {BOX_05}

REF ................................... -7   {BOX_05}

DK .................................... -8   {BOX_05}
ENTER MONTH:

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

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

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

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

IF PERSON IS = OR > 16 YEARS OF AGE OR IN AGE CATEGORIES 4-9, CONTINUE WITH CN07

OTHERWISE, GO TO CN08
CN07
====

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

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

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

[Code One]

CN08
====

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

Where did the accident or injury happen?

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

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

[Code One]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.
MEPS FAMES Panel 10 Round 5 Conditions (CN) Section
November 20, 2006

CN09
====

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

Was it inside or outside the house?

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

[Code One]

CN10
====

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

SHOW CARD CN-1.

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

CODE ALL THAT APPLY.

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

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
BOX_06
======

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

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

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

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

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

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

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

PRESS F1 FOR DEFINITION OF STILL BEING TREATED.

-----------------------------------------------
<p>| DISPLAY '{Are/Is}' AND '{are/is}' IF PERSON BEING |
| ASKED ABOUT IS CURRENTLY IN THE RU. DISPLAY 'Was',|
| 'was' AND 'at (END DATE)' IF PERSON BEING ASKED  |
| ABOUT IS NO LONGER IN THE RU OR CURRENT ROUND IS |</p>
<table>
<thead>
<tr>
<th>ROUND 5.</th>
</tr>
</thead>
</table>

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

-----------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH CN12</th>
</tr>
</thead>
</table>
ASK IF APPROPRIATE. IF INAPPROPRIATE TO ASK, CODE '3' TO SHOW THAT THE CONDITION IS PERSISTENT OR PERMANENT.

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

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

[Code One]

PRESS F1 FOR DEFINITION OF RECOVERED.

----------------------------------------------------
| DISPLAY '{Have/Has}' AND '{do/does}' IF PERSON | |
| BEING ASKED ABOUT IS CURRENTLY IN THE RU. DISPLAY| |
| 'Had' AND 'did' IF PERSON BEING ASKED ABOUT IS NO | |
| LONGER IN THE RU OR CURRENT ROUND IS ROUND 5. | |
----------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}

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

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

[Code One]

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

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

----------------------------------------------------
| OTHERWISE, CONTINUE WITH CN14                     |
----------------------------------------------------

OMITTED.
CN14
====

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

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

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

PRESS F1 FOR DEFINITION OF FURTHER TREATMENT/CONSULTATION.

CN15
====

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

{How/As of December 31, 2006, how} much of the follow-up care did (PERSON) receive for (CONDITION)? Did (PERSON) receive all of the follow-up care, some of it, none of it, or is (PERSON) still being treated?

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

{Code One}

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

----------------------------------------------------
| DISPLAY 'How' IF NOT ROUND 5. DISPLAY 'As of   |
| December 31, 2005, how' IF ROUND 5.          |
----------------------------------------------------
END_LP01

-cycle on next condition in person's-medical-conditions-roster that meets the conditions stated in the loop definition.

-if no other conditions meet the stated conditions, end loop_01 and continue with box_07

BOX_07

-if at least one condition on person's-medical-conditions-roster flagged as 'selected' during the current round, continue with box_08

-note: 'selected' here refers to conditions picked during a round after the round in which they were created.

-otherwise, go to box_09
BOX_08

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

OTHERWISE, GO TO BOX_09

LOOP_02

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

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

- MEDICAL CONDITION IS FLAGGED AS 'SELECTED' DURING THE CURRENT ROUND (NOTE THAT CONDITIONS 'CREATED' DURING THE CURRENT ROUND ARE EXCLUDED FROM THIS LOOP BUT ARE ASKED ABOUT IN LOOP_01) AND

- MEDICAL CONDITION WAS FLAGGED AS 'ON PRIORITY LIST' (CN02_03 CODED '1' (YES)) DURING A PREVIOUS ROUND
Today, (PERSON)’s (CONDITION) was mentioned. We talked about this condition {another/last} time I was here. I’d just like to ask a few questions about it.

PRESS ENTER TO CONTINUE.
MEPS FAMES Panel 10 Round 5 Conditions (CN) Section
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otherwise (i.e., no event-provider pair from the current round associated with the condition), continue with cn17

cn17
====

{person's first middle and last name} {person's cn medical condition} {str-dt} {end-dt}

{since (start date)/between (start date) and (end date)}, (have/has) (person) seen or talked with a doctor or other medical person about the (condition)?

yes ........................................ 1
no .......................................... 2
ref .......................................... -7
dk .......................................... -8

display 'since (start date)' if not round 5. display 'between (start date) and (end date)' if round 5.

if coded '2' (no), '-7' (refused), or '-8' (don't know), and cn03 was coded '2' (no), '-7' (refused), or '-8' (don't know) for this condition during the round in which the condition was created, go to cn19

otherwise, continue with cn18
{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}  
{END-DT}

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

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

PRESS F1 FOR DEFINITION OF STILL BEING TREATED.

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

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

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

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

[Code One]

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

CN19OV
=====

OMITTED.

END_LP02
=====

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

---------------------------------
| IF NO OTHER CONDITIONS MEET THE STATED CONDITIONS, | | END LOOP_02 AND CONTINUE WITH BOX_09 | ---------------------------------
<table>
<thead>
<tr>
<th>IF ROUND 3 OR ROUND 5, CONTINUE WITH BOX_10</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_12</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

<p>| IF PERSON IS 18 YEARS OF AGE OR OLDER (OR AGE |</p>
<table>
<thead>
<tr>
<th>CATEGORIES 4-9), CONTINUE WITH BOX_11</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_12</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

<p>| IF AT LEAST ONE CONDITION ON PERSON'S MEDICAL- |</p>
<table>
<thead>
<tr>
<th>CONDITIONS-ROSTER, CONTINUE WITH CN20</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_12</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>
Are any of the health conditions, accidents, and injuries we have listed for (PERSON) [(READ CONDITION NAMES BELOW, IF NECESSARY)] related to service in the Armed Forces of the United States?

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

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

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

YES .................................... 1
NO ..................................... 2 {BOX_12}
NEVER IN ARMED FORCES ............... 3 {BOX_12}
REF ................................... -7 {BOX_12}
DK .................................... -8 {BOX_12}
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}  
{END-DT}

Which of the health conditions, accidents, and injuries we have listed for (PERSON) are related to service in the Armed Forces of the United States?

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

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

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

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

| ROSTER BEHAVIOR SPECIFICATIONS:                 |
| 1. AT LEAST ONE CONDITION SHOULD BE SELECTED.   |
| 2. CONDITIONS MAY NOT BE ADDED OR DELETED.      |
| 3. SELECTION OF CONDITIONS AT THIS QUESTION SHOULD NOT FLAG THE CONDITION AS ‘SELECTED’ OR ‘CREATED’ FOR THIS ROUND. |

----------------------------------------------------
| BOX_12                                           |
----------------------------------------------------

| GO TO NEXT QUESTIONNAIRE SECTION                  |
----------------------------------------------------
Charge Payment (CP) Section

BOX_00

Note: Throughout the Charge/Payment (CP) section, entry of all dollar amounts will include only whole dollars. Entry of cents will be disallowed.

If event type is HH and HH provider associated with the event being asked about is flagged as ‘agency’ or ‘informal’, go to BOX_26.

If event type is MV and MV01 is coded ‘2’ (telephone call) or if event type is OP and OP02 is coded ‘2’ (telephone call), go to BOX_26.

Otherwise, continue with BOX_01.

BOX_01

If event type is PM and is OM type 2 or 3, go to CP03.

If event type is PM and is not OM type 2 or 3, continue with BOX_02.

Otherwise, go to BOX_03.
BOX_02

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

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

OTHERWISE, CONTINUE WITH CP01A

CP01A

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

Other than (PERSON) (or anyone in the family), has there been any other source which made any payment towards (PERSON)’S prescription medicine since (START DATE)?

YES .................................  1 {CP01}
NO .................................  2 {CP01}
REF ................................. -7 {CP01}
DK  ................................. -8 {CP01}

PRESS F1 FOR DEFINITION OF SOURCE OF PAYMENT.
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}

Who has been the usual source of payment for (PERSON)’s prescription medicines since (START DATE)?

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

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

PRESS F1 FOR DEFINITION OF SOURCE OF PAYMENT.

[Code One]

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES |  
| ON THE RU-SOURCES-OF-PAYMENT ROSTER. DO NOT |  
| INCLUDE PERSON/FAMILY ON ROSTER. |  
---------------------------------------------------------------------

---------------------------------------------------------------------
| WRITE SOURCES SELECTED TO THE SOURCES-OF-PAYMENT |  
| ROSTER. |  
---------------------------------------------------------------------

---------------------------------------------------------------------
| SOURCE ROSTER BEHAVIOR SPECIFICATIONS: |  
| 1. INTERVIEWER MAY SELECT ONLY ONE SOURCE ALREADY |  
| LISTED ON THE ROSTER. |  
| 2. INTERVIEWER SHOULD BE ABLE TO ADD ONLY ONE |  
| SOURCE AT THIS QUESTION. |  
| 3. INTERVIEWER SHOULD BE ABLE TO DELETE A SOURCE |  
| THAT WAS Recorded ON THE SCREEN WHERE DELETE IS |  
| USED. THAT IS, AS LONG AS THE INTERVIEWER HAS |  
| NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO |  
| DELETE A SOURCE ENTERED IN ERROR. |  
| IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS |  
| NOT ALLOWED, DISPLAY THE FOLLOWING ERROR |  
| MESSAGE: ‘DELETE ALLOWED ONLY WHEN SOURCE |  
| IS FIRST ENTERED.’ |  
---------------------------------------------------------------------
How much did (PERSON) pay out-of-pocket for (PERSON)’s last prescription?

IF AMOUNT PAID IS NOTHING, DK, OR REF, ENTER 1 FOR DOLLARS, THEN RESPONSE.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1
PERCENT ................................ 2 {CP01COV2}

[Code One]

ENTER DOLLARS:

[Enter $ Amount] ....................... {CP01}
REF ................................... -7 {CP01}
DK .................................... -8 {CP01}

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

ENTER PERCENT:

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

--------------------------------------------------------------------------
| SOFT RANGE CHECK: 1% - 100% |
--------------------------------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)

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

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

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

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

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

BOX_03

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

| OTHERWISE, GO TO CP03 |
--------
{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
(REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..})

Before we talk about the charges for (PERSON)’S visit to (PROVIDER) on (VISIT DATE), let me take a moment to verify some information.

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

YES .................................... 1 {CP03}
NO ..................................... 2
NOT A COPAYMENT SITUATION ANYMORE .... 99 {CP03}
REF ..................................... -7 {CP03}
DK ..................................... -8 {CP03}

[Code One]
PRESS F1 FOR DEFINITION OF COPAYMENT.

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

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

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

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

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

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

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

----------------------------------------
CP03
====

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

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

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

PRESS ENTER TO CONTINUE.

PRESS F1 FOR DEFINITION OF CHARGE.

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

<table>
<thead>
<tr>
<th>IF EVENT TYPE IS OM AND OM GROUP TYPE IS 'ADDITIONAL' (EV02A=2), CONTINUE WITH CP03A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO CP05</th>
</tr>
</thead>
</table>
CP03A

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

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

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

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

[Code One]
CP04
====

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

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

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

[Code One]

PRESS F1 FOR DEFINITION OF COPAYMENT AND TOTAL CHARGE.

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

-----------------------------------------------------------------------------------------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), IGNORE 'COPAYMENT SITUATION' FLAG FOR THIS PERSON-PROVIDER PAIR FOR THIS EVENT (THAT IS, COLLECT CHARGE/PAYMENT INFORMATION FOR THIS EVENT-PROVIDER PAIR) AND CONTINUE WITH CP05 |
-----------------------------------------------------------------------------------------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME) {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
(REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..})

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

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

YES, AND DOCUMENTATION AVAILABLE ...... 1 {CP08}
YES, BUT DOCUMENTATION NOT AVAILABLE ... 2 {CP08}
NO ............................................. 3
NO, FREE SAMPLE ............................ 4 {CP37}
REF ........................................... -7
DK .......................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF ANYTHING IN WRITING.

----------------------------------------------------------------------------------------------------------------------
| NOTE: CAPI DISPLAYS CODE '4' (NO, FREE SAMPLE)                    |                                |
| ONLY IF THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM.        |                                |
CP06
=====

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

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

SHOW CARD CP-1.

Why (have/has) (PERSON) (or anyone in the family) not received anything in writing?

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

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

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES AND FLAT FEE.
NOTE: SHOW CARD FOR CODE ‘10’ WILL READ: ‘SCHOOL, EMPLOYER, OR OTHER PRIVATE HEALTH CENTER/CLINIC’.

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

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

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

IF CODED ‘95’ (INCLUDED WITH OTHER CHARGES) AND THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS NOT PM AND THE EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP OR A REPEAT VISIT GROUP, ASK THE FLAT FEE (FF) SECTION.
CP07
====

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

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

To whom was the bill sent?

RECORD VERBATIM:

[Enter Text]

CP07OV1
=======

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

HMO ........................................ 1
VA ........................................... 2
TRICARE/CHAMPVA ......................... 3 {CP08}
OTHER MILITARY .......................... 4
PUBLIC ASSISTANCE/MEDICAID/SCHIP ...... 5
WORKER’S COMPENSATION .................. 6
PRIVATE INSURANCE COMPANY .......... 7
OTHER ...................................... 91 {CP08}
REF ...................................... -7 {CP08}
DK ...................................... -8 {CP08}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
<table>
<thead>
<tr>
<th>IF:</th>
<th>EVENT TYPE IS OM, HH, OR PM</th>
<th>OR</th>
<th>EVENT TYPE IS HS</th>
<th>OR</th>
<th>THIS EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP,</th>
<th>GO TO CP11</th>
</tr>
</thead>
</table>

| OTHERWISE, GO TO CP10 |

---

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVD-T} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP...}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}}

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

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

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

PRESS F1 FOR DEFINITIONS OF TOTAL CHARGE AND FLAT FEE.

---

20-15
IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND
THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM,
DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT
AVAILABLE FOR A PM EVENT. PRESS ENTER TO
CONTINUE.'

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

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

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

IF:
CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)
AND
(EVENT TYPE IS OM, HH, OR PM
OR
EVENT TYPE IS HS
OR
THIS EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE
GROUP),
GO TO CP11
| IF: |
| CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| AND |
| EVENT TYPE IS ER, OP, MV, OR DN |
| GO TO CP10 |

CP09
====

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

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

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

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

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

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

[Code One]

PRESS F1 FOR DEFINITION OF WHAT MAKES UP TOTAL CHARGE AND FLAT FEE.
DISPLAY 'However, please do not include any services billed for separately such as physician charges or other services.' IF EVENT TYPE IS HS, ER, OR OP. OTHERWISE, USE A NULL DISPLAY.

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

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

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

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

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

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

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

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

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT TYPE IS NOT PM AND THE EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP OR A REPEAT VISIT GROUP, ASK THE FLAT FEE (FF) SECTION.
CP09OV

ENTER $ AMOUNT:

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

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

| IF THE AMOUNT IS $0, GO TO CP37 |
----------------------------------------

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

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

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

| OTHERWISE, GO TO CP11 |
----------------------------------------
CP09A
====

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

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

Is that correct?

YES .................................... 1 {CP11}
NO ........................................ 2
REF ....................................... -7 {CP11}
DK ........................................ -8 {CP11}

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

CP10
====

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

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

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

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

PRESS F1 FOR DEFINITION OF SET AMOUNT AND COPAYMENT.
MEPS FAMES Panel 10 Round 5 Charge Payment (CP) Section
November 20, 2006

CP11
====

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

How much of the {{AMT TOT CH}/total charge} did anyone in the family pay for (((PERSON)\'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)\'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of [NAME OF PRESCRIBED MEDICINE...] for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON))? Please include all amounts paid \textquoteleft{}out-of-pocket,\textquoteright{} that is, amounts paid before any reimbursements.

IF AMOUNT PAID IS NOTHING, DK, OR REF, ENTER 1 FOR DOLLARS, THEN RESPONSE.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1
PERCENT ................................ 2 {CP11OV2}

[Code One]

PRESS F1 FOR INFORMATION ON AMOUNTS TO INCLUDE.

20-21
WRITE 'PERSON/FAMILY' TO THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER.

GO TO BOX_05

CP110V2
=====

ENTER PERCENT:

[Enter Percent %] ....................... 

SOFT RANGE CHECK: 1% - 100%

MULTIPLY THE PERCENTAGE ENTERED BY THE TOTAL CHARGE ENTERED AT CP09 TO CALCULATE THE AMOUNT PAID BY THE FAMILY AT CP11.

IF CP09 IS CODED '-7' (REFUSED), OR '-8' (DON'T KNOW), DOLLAR AMOUNT PAID BY FAMILY CANNOT BE CALCULATED. RECORD DOLLAR AMOUNT PAID BY PERSON/FAMILY AS 'DK' OR 'REF' AS APPROPRIATE.

WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF-PAYMENT-ROSTER.

WRITE 'PERSON/FAMILY' TO THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER.
BOX_05
=======

IF:
CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW)
AND
CP08 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)
AND
CP10 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW),
DISPLAY THE FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT RESOLUTION WILL BE NEEDED FOR THIS CASE. PRESS ENTER TO CONTINUE.' THEN GO TO CP37

OTHERWISE, CONTINUE WITH LOOP_01

LOOP_01
=======

FOR EACH OF THE FOLLOWING:
SOURCE OF DIRECT PAYMENT 1
SOURCE OF DIRECT PAYMENT 2
SOURCE OF DIRECT PAYMENT 3
SOURCE OF DIRECT PAYMENT 4
ASK BOX_LP01-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ON SOURCES OF DIRECT PAYMENTS AND ASSOCIATED PAYMENT AMOUNTS, OTHER THAN PERSON/FAMILY. THE RESPONSE TO CP13OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. SUBSEQUENT CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS. IF CP13OV IS CODED ‘1’ (YES), THE LOOP CYCLES AGAIN. IF CP13OV IS NOT ASKED OR IS CODED ‘2’ (NO), THE LOOP ENDS.
BOX_LP01
========

----------------------------------------------------
| IF FIRST CYCLE OF LOOP_01, CONTINUE WITH CP12     |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE   |
| FIRST CYCLE OF LOOP_01), GO TO CP12A              |
----------------------------------------------------

CP12
====

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

Has any {other} source already paid {(PROVIDER)} for any of the charges for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME...........} used by (PERSON) since (START DATE)/for services received at home from (PROVIDER) during (MONTH) for (PERSON)?

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

PRESS F1 FOR A DEFINITION OF SOURCE AND ‘ALREADY PAID’.

----------------------------------------------------
| DISPLAY ‘OTHER’ IN THE QUESTION TEXT IF AN AMOUNT |
| WAS PAID BY PERSON/FAMILY; THAT IS, AN AMOUNT > $0|
| OR 0% WAS ENTERED AT CP11OV1 OR CP11OV2           |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘(PROVIDER)’ IN THE QUESTION TEXT IF      |
| EVENT TYPE IS NOT PM OR OM.                      |
----------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....})/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}

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

Who else paid?  PROBE:  Anyone else?

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

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

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

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

SOURCE ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A SOURCE(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF SOURCES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF SOURCES).
3. INTERVIEWER SHOULD BE ABLE TO DELETE A SOURCE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A SOURCE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN SOURCE IS FIRST ENTERED.'
CP13
====

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

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

How much did (SOURCE) pay?

ENTER AMOUNT PAID TO COLUMN 2 OR COLUMN 3.
TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

TOTAL CHARGE: {$XXXXXXXXX}

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>CP13_02. DOLLAR AMOUNT PAID</th>
<th>CP13_03. PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/Family</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
</tbody>
</table>

Roster Definition: This item displays all sources on the event’s-sources-of-payment-roster, that is, all sources selected at CP12a for this event-provider pair and the ‘PERSON/FAMILY’ record.

Total Charge: Display amount entered at CP09.

Flag all sources and associated amounts as ‘Direct Payment’. 
DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.

DISPLAY THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11OV1 IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN CP13_02, 'DOLLAR AMOUNT PAID'. IF THE RESPONSE TO CP11OV2 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN CP13_03, 'PERCENT AMOUNT PAID'. IF CP11OV1 OR CP11OV2 IS CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH CP13_02 AND CP13_03. IF CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH CP13_02 AND CP13_03.
NOTE: FEATURES OF THE SOURCE OF PAYMENT MATRIX.

1. INTERVIEWER USES RIGHT AND LEFT ARROW KEYS TO MOVE TO EITHER THE PERCENT OR DOLLAR AMOUNT COLUMN ASSOCIATED WITH THAT SOURCE.
   INTERVIEWER USES THE UP AND DOWN ARROW KEYS TO MOVE BETWEEN AMOUNT PAID COLUMNS FOR DIFFERENT SOURCES.

2. SOURCE COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO SOURCES AT THIS SCREEN.

3. INTERVIEWER ENTERS EITHER A DOLLAR OR A PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED. AMOUNTS CAN BE CHANGED AS MANY TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES THE SCREEN.

4. THE PERSON/FAMILY AMOUNT PAID COLUMNS MAY BE CHANGED OR CORRECTED.


6. IF A SOURCE IS ENTERED IN ERROR, THE INTERVIEWER WILL ZERO OUT THE AMOUNT PAID.

7. INTERVIEWERS WILL BE INSTRUCTED TO ONLY ENTER DIRECT PAYMENTS MADE TO THE PROVIDER AT THIS SCREEN.


-------------------------------
CP13OV
======

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

YES ........................................ 1
NO ......................................... 2

PRESS F1 FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.
END_LP01
======

| IF CP13OV IS CODED '1' (YES), CYCLE TO COLLECT |
| NEXT SOURCE OF PAYMENT.                        |

| IF CP13OV IS NOT ASKED OR IS CODED '2' (NO), |
| END LOOP_01 AND CONTINUE WITH BOX_06         |

BOX_06
======

| IF 'AMOUNT PAID' BY PERSON/FAMILY > $0, CONTINUE |
| WITH LOOP_02                                      |

| OTHERWISE, GO TO BOX_07                           |

LOOP_02
======

| FOR EACH OF THE FOLLOWING:                        |
| SOURCE OF REIMBURSEMENT 1                         |
| SOURCE OF REIMBURSEMENT 2                         |
| SOURCE OF REIMBURSEMENT 3                         |
| SOURCE OF REIMBURSEMENT 4                         |
| ASK BOX_LP02-END_LP02                             |

LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION ON SOURCES OF REIMBURSEMENT TO PERSON/FAMILY AND ASSOCIATED REIMBURSEMENT AMOUNTS. THE RESPONSE TO CP15OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. SUBSEQUENT CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF REIMBURSEMENT AND ASSOCIATED AMOUNTS. IF CP15OV IS CODED ‘1’ (YES), THE LOOP CYCLES AGAIN. IF CP15OV IS NOT ASKED OR IS CODED ‘2’ (NO), THE LOOP ENDS.

BOX_LP02
========

IF FIRST CYCLE OF LOOP_02, CONTINUE WITH CP14

OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_02), GO TO CP14A

CP14
====

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

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

Has any source reimbursed or paid back anything to (PERSON) (or anyone in the family) for the amount paid ‘out-of-pocket’? That is, has any source reimbursed any of the {$/% FAMILY PAID} paid?

YES .................................... 1
NO ..................................... 2 {END_LP02}
REF ................................... -7 {END_LP02}
DK .................................... -8 {END_LP02}

PRESS F1 FOR DEFINITION OF SOURCE AND REIMBURSEMENT.
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....} / FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}}

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

Who reimbursed or paid anyone in the family back?

PROBE: Anyone else?

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

[1. Name of Source of Reimbursement-35]
[2. Name of Source of Reimbursement-35]
[3. Name of Source of Reimbursement-35]

---------------------------------------------------------------------
<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES ON THE RU-SOURCES-OF-PAYMENT-ROSTER EXCLUDING THE 'PERSON/FAMILY' RECORD.</th>
</tr>
</thead>
</table>

---------------------------------------------------------------------
<table>
<thead>
<tr>
<th>WRITE SOURCES SELECTED TO THE EVENT’S-SOURCES-OF-PAYMENTS-ROSTER.</th>
</tr>
</thead>
</table>

---------------------------------------------------------------------
<table>
<thead>
<tr>
<th>NOTE: SOURCES OF PAYMENTS AND SOURCES OF REIMBURSEMENTS ARE SELECTED FROM THE SAME RU LEVEL ROSTER OF SOURCES AND ROSTER BEHAVIOR IS THE SAME.</th>
</tr>
</thead>
</table>
CP15
====

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

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

How much did (SOURCE) reimburse or pay anyone in the family back?

ENTER THE AMOUNT REIMBURSED IN COLUMN 2 OR COLUMN 3.
TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

PERSON/FAMILY PAYMENT: {XXXXXXXXXX} TOTAL CHARGE: {XXXXXXXXXX}

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

---
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES ON THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER, THAT IS, ALL SOURCES SELECTED AT CP14A FOR THIS EVENT-PROVIDER PAIR. |
---
| TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09. |
---
| FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS ‘REIMBURSEMENT’. |
---
NOTE: FEATURES OF THE REIMBURSEMENT MATRIX.

1. INTERVIEWER USES RIGHT AND LEFT ARROW KEYS TO MOVE TO EITHER THE PERCENT OR DOLLAR AMOUNT COLUMN ASSOCIATED WITH THAT SOURCE. INTERVIEWER USES THE UP AND DOWN ARROW KEYS TO MOVE BETWEEN AMOUNT PAID COLUMNS FOR DIFFERENT SOURCES.

2. SOURCE COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO SOURCES AT THIS SCREEN.

3. INTERVIEWER ENTERS EITHER A DOLLAR OR A PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED. AMOUNTS CAN BE CHANGED AS MANY TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES THE SCREEN.


5. IF A SOURCE IS ENTERED IN ERROR, THE INTERVIEWER WILL ZERO OUT THE AMOUNT REIMBURSED.

6. INTERVIEWERS WILL BE INSTRUCTED TO ONLY ENTER REIMBURSEMENTS MADE TO THE FAMILY AT THIS SCREEN.

7. IF THE TOTAL AMOUNT REIMBURSED BY ALL SOURCES EXCEEDS THE AMOUNT PAID BY THE PERSON/FAMILY, CAPI DISPLAYS THE MESSAGE: ‘REIMBURSED AMOUNT GREATER THAN FAMILY PAYMENT. VERIFY REIMBURSED AMOUNT AND RE-ENTER. IF NEED TO CORRECT FAMILY PAYMENT, JUMPBACK TO CP13.’ IF INTERVIEWER RE-ENTERS THE SAME AMOUNTS, CAPI WILL ACCEPT. THAT IS, WE WILL INFORM THE INTERVIEWER OF THE DISCREPANCY, BUT NOT FORCE HER TO RECONCILE IT.

8. THE SAME SOURCE CAN BE FLAGGED AS BOTH A REIMBURSEMENT AND A DIRECT PAYMENT. ONLY THE AMOUNT ASSOCIATED WITH THE DIRECT PAYMENT WILL PLAY INTO THE RESOLUTION PROCESS.

9. POST DATA COLLECTION EDITING WILL BE NECESSARY TO DETERMINE THE NET PAYMENTS OF SOURCES.
MEPS FAMES Panel 10 Round 5 Charge Payment (CP) Section
November 20, 2006

CP15OV
=====

ARE THERE ANY OTHER SOURCES OF REIMBURSEMENT?

YES ........................................ 1
NO ......................................... 2

PRESS F1 FOR DEFINITION OF REIMBURSEMENT.

END_LP02
=====

----------------------------------------------------
| IF CP15OV CODED '1' (YES), CYCLE TO COLLECT       |
| NEXT SOURCE OF REIMBURSEMENT                      |
----------------------------------------------------

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

BOX_07
=====

----------------------------------------------------
| GO TO BOX_11                                      |
----------------------------------------------------

BOX_08
=====

OMITTED.

CP16
=====

OMITTED.

CP17
=====

OMITTED.

CP17OV1
======

OMITTED.
CP17OV2
=======
OMITEMTED.

BOX_11
======

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

---------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_10                                    |
---------------------------------------------------------------------

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

BOX_10
======

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

---------------------------------------------------------------------
| OTHERWISE, GO TO BOX_09                                           |
---------------------------------------------------------------------
CP18
====

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

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

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

PRESS F1 FOR DEFINITION OF REIMBURSEMENT.

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

CP19
====

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

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

PROBE: Include amounts to be reimbursed from all sources.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS .................................... 1
PERCENT ..................................... 2 {CP19OV2}

[Code One]
CP19OV1

ENTER DOLLARS:

[Enter $ Amount] .......................   {CP20}
REF ................................... -7 {CP20}
DK .................................... -8 {CP20}

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

CP19OV2

ENTER PERCENT:

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

--------------------------------------------------------------------------
| SOFT RANGE CHECK:  1% - 100%                                           |
--------------------------------------------------------------------------
CP20
====

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

From whom do you expect these reimbursements to come?


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

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

[Code One]
Determine if there is an overpayment or underpayment: Subtract the total payment from the total charge at CP09. If the absolute value of the remainder is > 3% or $5 (whichever is higher) of the total charge, continue with BOX_12.

Otherwise, display the following message: 'No charge-payment resolution needed for this case. Press enter to continue.' Then go to CP37.

If CP09 (total charge) or 'amount paid' by any source of direct payment (including person/family, but excluding reimbursements) is coded '-7' (refused) or '-8' (don't know), display the following message: 'No charge-payment resolution needed for this case. Press enter to continue.' Then go to CP37.

Otherwise, continue with BOX_13.
| IF THE UNDERPAYMENT IS > 3% OR $5 (WHICHEVER IS HIGHER) OF THE TOTAL CHARGE, CONTINUE WITH CP21 |

| IF THE OVERPAYMENT IS > 3% OR $5 (WHICHEVER IS HIGHER) OF THE TOTAL CHARGE, GO TO LOOP_04 |

CP21
====

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

Does anyone in the family or any other source expect to make additional payments for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON))?  

YES .................................... 1  
NO ..................................... 2 {LOOP_03}  
REF ..................................... -7 {LOOP_03}  
DK ..................................... -8 {LOOP_03}  

20-40
How much more does anyone in the family or any other source expect to pay?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1
PERCENT ................................ 2

[Code One]

ENTER DOLLARS:

[Enter $ Amount] .......................  (BOX_14)
REF ................................... -7  (BOX_14)
DK .................................... -8  (BOX_14)

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

ENTER PERCENT:

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

| SOFT RANGE CHECK:  1% - 100% |
BOX_14
=======

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

LOOP_03
=======

| FOR EACH OF THE FOLLOWING: |
| SOURCE OF DIRECT PAYMENT 1 |
| SOURCE OF DIRECT PAYMENT 2 |
| SOURCE OF DIRECT PAYMENT 3 |
| SOURCE OF DIRECT PAYMENT 4 |
| ASK BOX_LP03-END_LP03 |

| LOOP DEFINITION: LOOP_03 REVIEWS PAYMENT INFORMATION WHERE AN UNDERPAYMENT HAS BEEN REPORTED AND EITHER VERIFIES THE UNDERPAYMENT OR COLLECTS CORRECTIONS AND ADDITIONAL PAYMENT INFORMATION TO RESOLVE THE UNDERPAYMENT. THE FIRST CYCLE OF THIS LOOP COLLECTS CORRECTIONS OF ERRONEOUS INFORMATION ON DIRECT PAYMENTS AND THE ASSOCIATED AMOUNTS PAID. SUBSEQUENT LOOP CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS. THE RESPONSE TO CP24OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF CP24OV IS CODED ‘1’ (YES), THE LOOP CYCLES AGAIN. IF CP24OV IS CODED ‘2’ (NO), THE LOOP ENDS. |
IF FIRST CYCLE OF LOOP_03, GO TO CP24

OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_03), CONTINUE WITH CP23

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

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

Who else paid? PROBE: Anyone else?

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

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

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

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

REFER TO CP12A FOR SOURCE OF PAYMENT ROSTER BEHAVIOR SPECIFICATIONS.
At the moment, it appears that {AMOUNT REMAINING} of the total charge for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of (NAME OF PRESCRIBED MEDICINE...) for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME............} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)} is still unpaid. Let me be sure I have entered everything correctly.

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

IF TOTAL CHARGE NEEDS CORRECTION, JUMPBACK TO CP09. TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

UNDERPAYMENT: {$XXXXXXXXX} TOTAL CHARGE: {$XXXXXXXXX}
DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.

IF THE AMOUNT PAID BY PERSON/FAMILY WAS ADJUSTED AT CP13, DISPLAY ADJUSTED AMOUNT. IF AMOUNT PAID BY PERSON/FAMILY WAS NOT ADJUSTED, DISPLAY THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11OV1 IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN CP24_02, 'DOLLAR AMOUNT PAID'. IF THE RESPONSE TO CP11OV2 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN CP24_03, 'PERCENT AMOUNT PAID'. IF CP11OV1 OR CP11OV2 IS CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH CP24_02 AND CP24_03. IF CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH CP24_02 AND CP24_03.

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'DIRECT PAYMENTS'.

NOTE: FEATURES OF THE SOURCE OF PAYMENT MATRIX.

1. THIS MATRIX WILL WORK JUST LIKE THE SOURCE OF PAYMENT MATRIX AT CP13. HOWEVER IN THIS FIRST STAGE RESOLUTION PROCESS, ONLY CORRECTIONS TO DIRECT PAYMENTS CAN BE MADE. AS WELL, ONLY NEW SOURCES OF DIRECT PAYMENTS MAY BE ADDED. AT NO TIME IN THIS FIRST STAGE RESOLUTION PROCESS CAN ANY CORRECTIONS OR UPDATES BE MADE TO SOURCE NAMES OR AMOUNTS OF REIMBURSEMENTS.

CP24OV
======

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

YES ........................................... 1
NO ............................................. 2

PRESS F1 FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.
END_LP03
========

| IF CP24OV IS CODED ‘1’ (YES), CYCLE TO COLLECT |
| ADDITIONAL SOURCES OF PAYMENT. |

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

| IF CP24OV IS CODED ‘2’ (NO), END LOOP_03 AND GO |
| TO BOX_15 |

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

LOOP_04
=======

----------------------------------------------------
| FOR EACH OF THE FOLLOWING: |
| SOURCE OF DIRECT PAYMENT 1 |
| SOURCE OF DIRECT PAYMENT 2 |
| SOURCE OF DIRECT PAYMENT 3 |
| SOURCE OF DIRECT PAYMENT 4 |
| ASK BOX_LP04-END_LP04 |

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

LOOP DEFINITION: LOOP_04 REVIEWS PAYMENT |
INFORMATION WHERE AN OVERPAYMENT HAS BEEN REPORTED |
AND EITHER VERIFIES THE OVERPAYMENT OR COLLECTS |
CORRECTIONS AND ADDITIONAL PAYMENT INFORMATION TO |
RESOLVE THE OVERPAYMENT. THE FIRST CYCLE OF THIS |
LOOP COLLECTS CORRECTIONS OF ERRONEOUS INFORMATION |
ON DIRECT PAYMENTS AND ASSOCIATED AMOUNTS PAID. |
SUBSEQUENT LOOP CYCLES, IF ANY, COLLECT ADDITIONAL |
SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS. |
THE RESPONSE TO CP26OV DETERMINES WHETHER THE LOOP |
CYCLES AGAIN. IF CP26OV IS CODED ‘1’ (YES), THE |
LOOP CYCLES AGAIN. IF CP26OV IS CODED ‘2’ (NO), |
THE LOOP ENDS. |

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

20-46
BOX_LP04

--------

| IF FIRST CYCLE OF LOOP_04, GO TO CP26 |

--------

| OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE |
| FIRST CYCLE OF LOOP_04), CONTINUE WITH CP25 |

--------

CP25

----

(Person's First Middle and Last Name) (Name of Medical Care Provider.) (EV) (Evn-Dt)
(Repeat Visit: (Name of Repeat Visit Group...)/Flat Fee Group: (Name of Flat Fee Event Group..))

(Name of Prescribed Medicine...) (Ome Item Group Name...........)

Who else paid? PROBE: Anyone else?

To turn check mark on/off, use arrow keys, press enter.
To add, press Ctrl/A. To delete, press Ctrl/D.
To leave, press Esc.

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

--------

| Roster definition: this item displays all sources|
| on the ru-sources-of-payment-roster. |

--------

| Write sources selected to the event's-sources-of-|
| payments-roster. |

--------

| Refer to CP12 for source of payment roster |
| behavior specifications. |
The payments you reported for {PERSON}'s stay at (HOSPITAL) that began on (ADMIT DATE)/{PERSON}'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OHE ITEM GROUP NAME............} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON) exceed the charge I have recorded by {$ DISCREPANCY}. Let me be sure I have all the information recorded correctly.

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

IF TOTAL CHARGE NEEDS CORRECTION, JUMPBACK TO CP09.
TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

OVERPAYMENT: {$XXXXXXXXX} TOTAL CHARGE: {$XXXXXXXXX}

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>CP26_02. DOLLAR AMOUNT PAID</th>
<th>CP26_03. PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/Family</td>
<td>[Display $ Amount]</td>
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<tr>
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</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
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</tbody>
</table>

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

-------------------------------------------------------------------------
| TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09. |
-------------------------------------------------------------------------
DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.

IF THE AMOUNT PAID BY PERSON/FAMILY WAS ADJUSTED AT CP13, DISPLAY ADJUSTED AMOUNT. IF AMOUNT PAID BY PERSON/FAMILY WAS NOT ADJUSTED, DISPLAY THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11OV1 IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN CP26_02, 'DOLLAR AMOUNT PAID'. IF THE RESPONSE TO CP11OV2 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN CP26_03, 'PERCENT AMOUNT PAID'. IF CP11OV1 OR CP11OV2 IS CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH CP26_02 AND CP26_03. IF CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH CP26_02 AND CP26_03.

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'DIRECT PAYMENTS'.

NOTE: FEATURES OF THE SOURCE OF PAYMENT MATRIX.

1. THIS MATRIX WILL WORK JUST LIKE THE SOURCE OF PAYMENT MATRIX AT CP13. HOWEVER IN THIS FIRST STAGE RESOLUTION PROCESS, ONLY CORRECTIONS TO DIRECT PAYMENTS CAN BE MADE. AS WELL, ONLY NEW SOURCES OF DIRECT PAYMENTS MAY BE ADDED. AT NO TIME IN THIS FIRST STAGE RESOLUTION PROCESS CAN ANY CORRECTIONS OR UPDATES BE MADE TO SOURCE NAMES OR AMOUNTS OF REIMBURSEMENTS.

CP26OV

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

YES ................................. 1
NO ................................. 2

PRESS F1 FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.
END_LP04

| IF CP26OV IS CODED '1' (YES), CYCLE TO COLLECT ADDITIONAL SOURCES OF PAYMENT |

| IF CP26OV IS CODED '2' (NO), END LOOP_04 AND CONTINUE WITH BOX_15 |

BOX_15

| RECALCULATE AMOUNT OF UNDERPAYMENT OR OVERPAYMENT. |

| IF UNDERPAYMENT IS > 3% OR $5 (WHICHERVER IS HIGHER) OF TOTAL CHARGE, CONTINUE WITH BOX_19 |

| OTHERWISE, GO TO CP37 |

BOX_16

OMITTED.

CP27

OMITTED.

CP28

OMITTED.

CP28OV1

OMITTED.

CP28OV2

OMITTED.
BOX_17
=======
OMITTED.

BOX_18
=======
OMITTED.

CP29
=====
OMITTED.

CP30
=====
OMITTED.

CP30OV1
=======
OMITTED.

CP30OV2
=======
OMITTED.

BOX_19
=======

----------------------------------------------------
| IF CP21 WAS ASKED, GO TO CP37                     |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_20                   |
----------------------------------------------------

BOX_20
=======

----------------------------------------------------
| IF UNDERPAYMENT IS STILL > 3% OR $5 (WHICHEVER IS |
| HIGHER) OF TOTAL CHARGE, CONTINUE WITH CP31 USING |
| THE DIFFERENCE IN THE DISPLAY.                    |
----------------------------------------------------

----------------------------------------------------
| IF UNDERPAYMENT IS NOT > 3% OR $5 (WHICHEVER IS   |
| HIGHER) OF THE TOTAL CHARGE, GO TO CP37           |
----------------------------------------------------
CP31
=====

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

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

<table>
<thead>
<tr>
<th>ROSTER SOURCE OF PAYMENT</th>
<th>DOLLAR AMOUNT PAID</th>
<th>PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/Family</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
</tbody>
</table>

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

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

YES .................................... 1 
NO ..................................... 2 {CP37} 
REF ................................... -7 {CP37}
DK .................................... -8 {CP37}

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

| SOURCE OF PAYMENT MATRIX IS READ ONLY. |
---

| DISPLAY 'AMOUNT' IF PERSON FAMILY PAYMENT IS $0/0%. DISPLAY 'MORE' IF PERSON/FAMILY PAYMENT IS NOT EQUAL TO $0/0% |
---
CP32

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {E VN-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP....}}{FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}}
{NAME OF PRESCRIBED MEDICINE...} {OME ITEM GROUP NAME...}

How much do you expect anyone in the family to pay?

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1
PERCENT ................................ 2 {CP32OV2}

[Code One]

CP32OV1

ENTER DOLLARS:

[Enter $ Amount] ....................... {CP37}
REF ...................................... -7 {CP37}
DK ....................................... -8 {CP37}

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

CP32OV2

ENTER PERCENT:

[Enter % Amount] ....................... {CP37}
REF ...................................... -7 {CP37}
DK ....................................... -8 {CP37}

----------------------------------------------------
| SOFT RANGE CHECK: 1% - 100%                    |
----------------------------------------------------
OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.
CP37

(Person's first middle and last name) (name of medical care provider.) (ev) (evn-dt)
(repeat visit: (name of repeat visit group....)/flat fee group: (name of flat fee event group..))

Interviewer: What records were used in completing the charge/payment information for (person)'s stay at (hospital) that began on (admit date)/visit to (provider) on (visit date)/the visits for (flat fee group)/the last purchase of (name of prescribed medicine...)/the (one item group name) used by (person) since (start date)/services received at home from (provider) during (month) for (person)?

Code all that apply

Respondent's/family member's memory .......... 1
Respondent's/family member's check book ... 2
Statement, bill or receipt from provider's office ......................... 3
Explanation of benefits from:
Medicare ................................. 4
Private insurance carrier ..................... 5
Calendar .................................... 6
Prescribed medicine bottle, bag, or container ............................... 7
Other ............................ 91

[Code All That Apply]

---------------------------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH CP37OV |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO BOX_23 |
---------------------------------------------------------------------

CP37OV

ENTER OTHER:

[Enter Other Specify] .................
MEPS FAMES Panel 10 Round 5 Charge Payment (CP) Section
November 20, 2006

BOX_23
=====

----------------------------------------------------
| IF CP37 IS CODED '3' (PROVIDER'S OFFICE), '4'     |
| (EXPLANATION OF BENEFITS FROM MEDICARE), OR '5' |
| (EXPLANATION OF BENEFITS FROM PRIVATE INSURANCE |
| CARRIER)                                          |
| AND                                               |
| EVENT TYPE IS NOT PM OR OM,                       |
| CONTINUE WITH CP38                                 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_24                           |
----------------------------------------------------

CP38
=====

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

INTERVIEWER: DOES THE PAPERWORK SHOW THAT (PROVIDER) HAS ANOTHER NAME?

YES .................................... 1
NO ..................................... 2 {BOX_24}

PRESS F1 FOR DEFINITION OF PROVIDER NAME.

CP39
=====

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

INTERVIEWER: ENTER OTHER NAME FOR (PROVIDER).

[Enter Medical-Provider-65]
IF:  
EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP, 
OR  
EVENT TYPE IS PM, HS, OM, OR HH,  
OR  
PERSON-PROVIDER PAIR ALREADY FLAGGED AS 'COPAYMENT SITUATION',  
GO TO BOX_26

OTHERWISE, CONTINUE WITH BOX_25

IF [CP08 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)] OR [THE AMOUNT IN CP09 IS SET TO THE COPAYMENT AMOUNT] OR [CP08 AND CP09 WERE NOT ASKED AND CP06 IS CODED '5' (NO BILL SENT: HMO PLAN), '6' (NO BILL SENT: VA), OR '8' (NO BILL SENT: PUBLIC ASSISTANCE/MEDICAID/SCHIP)] AND  
CP10 IS CODED '1' (YES)  
AND  
CP11 IS CODED '1' (DOLLARS) AND A WHOLE DOLLAR AMOUNT GREATER (> ) THAN $0 AND LESS THAN OR EQUAL (<=) TO $50 IS ENTERED IN CP11OVL,  
FLAG THIS PERSON-PROVIDER PAIR AS A 'COPAYMENT SITUATION', THEN CONTINUE WITH BOX_26

OTHERWISE, DO NOT SET ANY FLAGS AND THEN CONTINUE WITH BOX_26
BOX_26
=======

-----------------------------------------------
| FLAG CP STATUS OF EVENT-PROVIDER PAIR AS      |
| 'PROCESSED'.                                 |
-----------------------------------------------

-----------------------------------------------
| END OF CHARGE PAYMENT (CP) SECTION.           |
-----------------------------------------------
Child Preventive Health Supplement (CS) Section

BOX_01
======

-----------------------------------------------------
| IF ANY RU MEMBERS < OR = 17 YEARS OF AGE OR IN AGE |
| CATEGORIES 1 THROUGH 4, CONTINUE WITH LOOP_01      |
-----------------------------------------------------

-----------------------------------------------------
| OTHERWISE, GO TO BOX_08                            |
-----------------------------------------------------

LOOP_01
======

-----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,         |
| ASK CS01-END_LP01                                  |
-----------------------------------------------------

-----------------------------------------------------
| LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION      |
| ABOUT A CHILD’S RESISTANCE TO ILLNESS, HEALTH NEEDS|
| A CHILD MAY HAVE BECAUSE OF A HEALTH CONDITION     |
| (LWIM), RATINGS ON THE CHILD’S BEHAVIOR AND        |
| RELATIONSHIPS (CIS), HEALTH CARE THE CHILD RECEIVED|
| IN THE LAST YEAR (CAHPS), AND INFORMATION ABOUT THE|
| CHILD’S USE OF CLINICAL PREVENTIVE SERVICES. THIS   |
| LOOP CYCLES ON EACH PERSON IN THE RU-MEMBERS-ROSTER|
| WHO MEETS THE FOLLOWING CONDITIONS:                |
|                                                     |
| - PERSON IS A CURRENT OR INSTITUTIONALIZED RU      |
| MEMBER                                              |
| AND                                                 |
| - PERSON IS NOT DECEASED                           |
| AND                                                 |
| - PERSON IS < OR = 17 YEARS OF AGE OR IN AGE       |
| CATEGORIES 1 THROUGH 4                              |
-----------------------------------------------------
CS01
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-1.

{Now I’d like to talk about (PERSON).}

The following are statements about (PERSON)’s general health status.

How true or false is each of these statements for (PERSON)?

1 = DEFINITELY TRUE            4 = MOSTLY FALSE
2 = MOSTLY TRUE                5 = DEFINITELY FALSE
3 = DON’T KNOW

CS01_01
=======

a. (PERSON) seems to be less healthy than other children that I know. (   )

CS01_02
=======

b. (PERSON) has never been seriously ill. (   )

CS01_03
=======

c. When there is something going around, (PERSON) usually catches it. (   )

CS01_04
=======

d. I expect (PERSON) will have a very healthy life. (   )

CS01_05
=======

e. I worry more about (PERSON)’s health than other people worry about their children’s health. (   )

----------------------------------------------------
| REFUSED (-7) ALLOWED ON ALL ENTRY FIELDS.          |
----------------------------------------------------

----------------------------------------------------
| DISPLAY “Now I’d like to talk about (PERSON).” IF |
| NOT FIRST CYCLE THROUGH LOOP_01. OTHERWISE (THAT |
| IS, IF IT IS THE FIRST CYCLE THROUGH LOOP_01), USE |
| A NULL DISPLAY.                                   |
The next questions are about (PERSON)’s health needs and whether (PERSON) has a health condition. A health condition can be physical, mental or behavioral. Health conditions may affect a child’s development, daily functioning or need for services.

PRESS ENTER TO CONTINUE.

Does (PERSON) currently need or use medicine prescribed by a doctor, other than vitamins?

YES ........................................ 1
NO ........................................... 2 {CS04}
REF ........................................ -7 {CS04}
DK ......................................... -8 {CS04}

Is this because of any medical, behavioral or other health condition?

YES ........................................ 1
NO ........................................... 2 {CS04}
REF ........................................ -7 {CS04}
DK ......................................... -8 {CS04}
IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS?

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

DOES (PERSON) NEED OR USE MORE MEDICAL CARE, MENTAL HEALTH OR EDUCATIONAL SERVICES THAN IS USUAL FOR MOST CHILDREN OF THE SAME AGE?

YES .................................... 1
NO ..................................... 2 {CS05}
REF ................................... -7 {CS05}
DK .................................... -8 {CS05}

IS THIS BECAUSE OF ANY MEDICAL, BEHAVIORAL OR OTHER HEALTH CONDITION?

YES .................................... 1
NO ..................................... 2 {CS05}
REF ................................... -7 {CS05}
DK .................................... -8 {CS05}

IS THIS A CONDITION THAT HAS LASTED OR IS EXPECTED TO LAST FOR AT LEAST 12 MONTHS?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
CS05
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Is (PERSON) limited or prevented in any way in (his/her) ability to do the things most children of the same age can do?

YES .................................... 1
NO ..................................... 2 {CS06}
REF ................................... -7 {CS06}
DK ................................. -8 {CS06}

CS05OV1
=======

Is this because of any medical, behavioral or other health condition?

YES .................................... 1
NO ..................................... 2 {CS06}
REF ................................... -7 {CS06}
DK ................................. -8 {CS06}

CS05OV2
=======

Is this a condition that has lasted or is expected to last for at least 12 months?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK ................................. -8
CS06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does (PERSON) need or get special therapy such as physical, occupational or speech therapy?

YES .................................... 1
NO ..................................... 2 {CS07}
REF ..................................... -7 {CS07}
DK ..................................... -8 {CS07}

CS06OV1
=====

Is this because of any medical, behavioral or other health condition?

YES .................................... 1
NO ..................................... 2 {CS07}
REF ..................................... -7 {CS07}
DK ..................................... -8 {CS07}

CS06OV2
=====

Is this a condition that has lasted or is expected to last for at least 12 months?

YES .................................... 1
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8
Does (PERSON) have any kind of emotional, developmental or behavioral problem for which (he/she) needs or gets **treatment or counseling**?

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

Is this a condition that has lasted or is expected to last for **at least** 12 months?

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

---
| IF RU MEMBER BEING ASKED ABOUT IS AGED 5-17 YEARS, |
| INCLUSIVE, OR IN AGE CATEGORIES 3 OR 4, CONTINUE |
| WITH CS08 |
---
| OTHERWISE, GO TO CS09A |
---
SHOW CARD CS-2.

The following questions are about some aspects of (PERSON)’s health.

In this series of questions, please rate (PERSON) on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem.

In general, how much of a problem do you think (PERSON) has with:

PROBE: Please rate on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem, how much of a problem you think (PERSON) has with (ACTIVITY).

CODE 99 IF RESPONDENT INDICATES THE QUESTION IS INAPPLICABLE.

CS08_01. a. Getting along with (his/her) mother? ( )
CS08_02. b. Getting along with (his/her) father? ( )
CS08_03. c. Feeling unhappy or sad? ( )
CS08_04. d. (His/Her) behavior at school? ( )
CS08_05. e. Having fun? ( )
CS08_06. f. Getting along with other adults? ( )
CS08_07. g. Feeling nervous or afraid? ( )
CS08_08. h. Getting along with brothers and sisters? ( )
CS08_09. i. Getting along with other kids? ( )
CS08_10. j. Getting involved in activities like sports or hobbies? ( )
CS08_11. k. (His/Her) schoolwork? ( )
CS08_12. l. (His/Her) behavior at home? ( )
CS08_13. m. Staying out of trouble? ( )
ONLY THE VALUES OF 0 AND 4 WILL BE DEFINED IN THE TEXT OF THE QUESTION. HOWEVER, THE VALUES OF ALL THE ANSWER CATEGORIES ARE:

0 = NO PROBLEM
1
2 = SOME PROBLEM
3
4 = VERY BIG PROBLEM
-7 = REF
-8 = DK
99 = INAPPLICABLE

NOTE: THIS SCREEN WILL BE SPLIT INTO TWO SCREENS IN CAPI. THE FIRST SCREEN (CS08A) WILL CONTAIN THE FOLLOWING PARTS OF THE QUESTION AS SPECIFIED BELOW:
- THE SHOW CARD LINE
- THE FIRST THREE BLOCKS OF TEXT
- THE INTERVIEWER INSTRUCTION: 'CODE 99...'
- CS08_01 (a.) THROUGH CS08_08 (h.) DISPLAYED IN TWO COLUMNS, WITH CS08_01, CS08_02, CS08_03, CS08_04 IN THE FIRST COLUMN AND CS08_05, CS08_06, CS08_07, AND CS08_08 IN THE SECOND COLUMN

THE SECOND SCREEN (CS08B) WILL CONTAIN THE FOLLOWING PARTS OF THE QUESTION AS SPECIFIED BELOW:
- THE SHOW CARD LINE
- THE PROBE
- THE INTERVIEWER INSTRUCTION: 'CODE 99...'
- CS08_09 (i.) THROUGH CS08_13 (m.) DISPLAYED IN TWO COLUMNS, WITH CS08_09 AND CS08_10 IN THE FIRST COLUMN AND CS08_11, CS08_12, AND CS08_13 IN THE SECOND COLUMN
The following questions are about the health care (PERSON) received in the last 12 months.

In the last 12 months, did (PERSON) have an illness, injury or condition that needed care right away in a clinic, emergency room, or doctor’s office?

YES ........................................ 1
NO ........................................... 2 {CS11A}
REF .......................................... -7 {CS11A}
DK ........................................... -8 {CS11A}

OMITTED.
SHOW CARD CS-3.

In the last 12 months, when (PERSON) needed care right away for an illness, injury or condition, how often did (PERSON) get care as soon as you wanted?

NEVER .................................. 1
SOMETIMES .............................. 2
USUALLY ................................. 3
ALWAYS ................................. 4
REF ................................... -7
DK .................................... -8

[Code One]

A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else (PERSON) would see for health care.

In the last 12 months, not counting the times (PERSON) needed health care right away, did you make any appointments for (PERSON) with a doctor or other health provider for health care?

YES .................................... 1
NO ..................................... 2 {CS13}
REF ................................... -7 {CS13}
DK .................................... -8 {CS13}
CS12A

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-3.

In the last 12 months, not counting times (PERSON) needed health care right away, how often did (PERSON) get an appointment for health care as soon as you wanted?

NEVER .................................. 1
SOMETIMES .............................. 2
USUALLY ................................. 3
ALWAYS ................................. 4
REF ................................. -7
DK ................................. -8

[Code One]

CS13

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-3A.

In the last 12 months, not counting times (PERSON) went to an emergency room, how many times did (PERSON) go to a doctor’s office or clinic?

NONE ................................... 0 {CS20}
1 ...................................... 1
2 ...................................... 2
3 ...................................... 3
4 ...................................... 4
5 TO 9 ................................. 5
10 OR MORE ............................. 6
REF ................................. -7 {CS20}
DK ................................. -8 {CS20}

[Code One]
CS14A

{PERSON’S FIRST MIDDLE AND LAST NAME}

In the last 12 months, did you or a doctor believe (PERSON) needed any care, tests, or treatment?

YES .................................... 1
NO ..................................... 2 {CS15}
REF ................................... -7 {CS15}
DK .................................... -8 {CS15}

CS14

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-4.

In the last 12 months, how much of a problem, if any, was it to get the care, tests, or treatments you or a doctor believed necessary?

A BIG PROBLEM .......................... 1
A SMALL PROBLEM ........................ 2
NOT A PROBLEM .......................... 3
REF ................................... -7 {CS15}
DK .................................... -8 {CS15}

[Code One]
CS15

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-3.

In the last 12 months, how often did (PERSON)’s doctors or other health providers listen carefully to you?

NEVER .................................. 1
SOMETIMES .................................... 2
USUALLY ........................................ 3
ALWAYS ......................................... 4
REF .............................................. -7
DK .............................................. -8

[Code One]

CS16

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-3.

In the last 12 months, how often did (PERSON)’s doctors or other health providers explain things in a way you could understand?

NEVER .................................. 1
SOMETIMES .................................... 2
USUALLY ........................................ 3
ALWAYS ......................................... 4
REF .............................................. -7
DK .............................................. -8

[Code One]
CS17
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-3.

In the last 12 months, how often did (PERSON)’s doctors or other health providers show respect for what you had to say?

NEVER .................................. 1
SOMETIMES .................................. 2
USUALLY .................................. 3
ALWAYS .................................. 4
REF .................................. -7
DK .................................. -8

[Code One]

CS18
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-3.

In the last 12 months, how often did doctors or other health providers spend enough time with (PERSON)?

NEVER .................................. 1
SOMETIMES .................................. 2
USUALLY .................................. 3
ALWAYS .................................. 4
REF .................................. -7
DK .................................. -8

[Code One]
CS19

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-5.

Using any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible, what number would you use to rate all (PERSON)’s health care in the last 12 months?

ENTER RATING FROM 0-10:

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

-------------------------------------------------------------------
|  RANGE CHECK:  0-10                                               |
-------------------------------------------------------------------

CS20

{PERSON’S FIRST MIDDLE AND LAST NAME}

When you answer the next questions, do not include dental visits.

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or a doctor think (PERSON) needed to see a specialist?

YES ........................................... 1
NO ............................................. 2 {CS22}
REF ........................................... -7 {CS22}
DK ............................................. -8 {CS22}
SHOW CARD CS-4.

In the last 12 months, how much of a problem, if any, was it to see a specialist that (PERSON) needed to see?

A BIG PROBLEM ......................... 1
A SMALL PROBLEM ....................... 2
NOT A PROBLEM ........................ 3
REF ...................................... -7
DK ...................................... -8

[Code One]

The following questions are about amounts and types of preventive care (PERSON) may receive when (he/she) goes to see a doctor or other health provider.

Has a doctor or other health provider ever measured (PERSON)’s height?

YES ..................................... 1
NO ....................................... 2 {CS23}
REF ..................................... -7 {CS23}
DK ...................................... -8 {CS23}

When was that?

WITHIN PAST YEAR ...................... 1
WITHIN PAST 2 YEARS .................... 2
MORE THAN 2 YEARS .................... 3
REF ..................................... -7
DK ...................................... -8

[Code One]
CS23
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

About how tall is (PERSON) without shoes?

PROBE FOR INCHES IF NOT REPORTED.

CS23_01
=======

ENTER FEET:

[Enter Feet] ..........................  
REF ...................................... -7 {CS24}  
DK ...................................... -8 {CS24}

----------------------------------------------------
| SOFT RANGE CHECK: 0 TO 7                         |
----------------------------------------------------

CS23_02
=======

ENTER INCHES:

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

----------------------------------------------------
| SOFT RANGE CHECK: 0-12                           |
----------------------------------------------------

----------------------------------------------------
| EDIT: IF FEET (CS23_01) = 0, INCHES (CS23_02)     |
| MUST BE 1-30. IF FEET (CS23_01) > 0, INCHES       |
| (CS23_02) MUST BE 0-12.                           |
----------------------------------------------------
CS24
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever measured (PERSON)’s weight?

YES ........................................ 1
NO ........................................... 2 {CS25}
REF ......................................... -7 {CS25}
DK ........................................... -8 {CS25}

CS24OV
=====

When was that?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS ..................... 2
MORE THAN 2 YEARS ...................... 3
REF ......................................... -7
DK .......................................... -8

[Code One]
CS25
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

About how much does (PERSON) weigh without shoes?

{PROBE FOR OUNCES IF NOT REPORTED.}

CS25_01
=====

ENTER POUNDS:

[Enter Pounds] .................
REF .................................. -7 (BOX_03)
DK .................................. -8 (BOX_03)

-----------------------------------------------
|  SOFT RANGE CHECK:  1 TO 300                  |
-----------------------------------------------

-----------------------------------------------
|  IF CS25_01 IS < OR = 20 POUNDS, CONTINUE WITH |
|  CS25_02 AND DISPLAY 'PROBE FOR...REPORTED.'   |
|  IF CS25_01 IS > 20 POUNDS, GO TO BOX_03      |
-----------------------------------------------

CS25_02
=====

ENTER OUNCES:

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

-----------------------------------------------
|  SOFT RANGE CHECK:  0-15                  |
-----------------------------------------------

-----------------------------------------------
|  EDIT: IF POUNDS (CS25_01) = 0, THEN OUNCES MUST |
|  BE 1-16.                                    |
-----------------------------------------------
| IF RU MEMBER BEING ASKED ABOUT IS AGED 3-6 YEARS, |
| INCLUSIVE, OR IN AGE CATEGORIES 2 OR 3, CONTINUE |
| WITH CS26 |
| OTHERWISE, GO TO BOX_04 |

---

CS26

PERSON’S FIRST MIDDLE AND LAST NAME

Has a doctor or other health provider ever checked (PERSON)’s vision?

CODE ‘3’ IF RESPONDENT VOLUNTEERS THAT DOCTOR TRIED TO CHECK VISION, BUT (PERSON) WAS UNCOOPERATIVE.

YES ................................. 1
NO ................................. 2
TRIED, BUT (PERSON) WAS UNCOOPERATIVE .. 3
REF ................................. -7
DK ................................. -8

---

| IF RU MEMBER BEING ASKED ABOUT IS > OR = 2 YEARS |
| OF AGE OR IN AGE CATEGORIES 2 THROUGH 4, CONTINUE |
| WITH CS27 |
| OTHERWISE, GO TO BOX_05 |

---

6-21
CS27
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever measured (PERSON)’s blood pressure?

CODE ‘3’ IF RESPONDENT VOLUNTEERS THAT DOCTOR TRIED TO MEASURE BLOOD PRESSURE, BUT (PERSON) WAS UNCOOPERATIVE.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 {CS28}</td>
</tr>
<tr>
<td>TRIED, BUT (PERSON) WAS UNCOOPERATIVE</td>
<td>3 {CS28}</td>
</tr>
<tr>
<td>REF</td>
<td>-7 {CS28}</td>
</tr>
<tr>
<td>DK</td>
<td>-8 {CS28}</td>
</tr>
</tbody>
</table>

CS27OV
=====

When was that?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHIN PAST YEAR</td>
<td>1</td>
</tr>
<tr>
<td>WITHIN PAST 2 YEARS</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 2 YEARS</td>
<td>3</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]
Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) having regular dental check-ups?

YES ........................................ 1
NO ......................................... 2 {CS29}
REF ........................................ -7 {CS29}
DK ........................................... -8 {CS29}

PRESS F1 FOR DEFINITION OF “ADVICE TO YOU.”

When was that?

WITHIN PAST YEAR ......................... 1
WITHIN PAST 2 YEARS ....................... 2
MORE THAN 2 YEARS ...................... 3
REF ..................................... -7 {CS29}
DK ........................................ -8 {CS29}

[Code One]
CS29
=====

(PERSON’S FIRST MIDDLE AND LAST NAME)

Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) eating healthy?

YES .................................... 1
NO ..................................... 2 {CS30}
REF ................................... -7 {CS30}
DK .................................... -8 {CS30}

PRESS F1 FOR DEFINITION OF “ADVICE TO YOU.”

CS29OV
=====

When was that?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS ..................... 2
MORE THAN 2 YEARS ...................... 3
REF ................................... -7 {CS30}
DK .................................... -8 {CS30}

[Code One]
Has a doctor or other health provider ever given you or (PERSON) advice about the amount and kind of exercise, sports, or physically active hobbies (PERSON) should have?

YES ........................................... 1
NO ........................................... 2 {BOX_05}
REF ........................................... -7 {BOX_05}
DK ........................................... -8 {BOX_05}

PRESS F1 FOR DEFINITION OF “ADVICE TO YOU.”

When was that?

WITHIN PAST YEAR ............................ 1
WITHIN PAST 2 YEARS .......................... 2
MORE THAN 2 YEARS ............................ 3
REF ............................................. -7
DK ............................................. -8

[Code One]
IF RU MEMBER BEING ASKED ABOUT:
- HAS A WEIGHT AT CS25 < OR = 40 POUNDS,
  OR
- IF CS25 IS CODED ‘REF’ OR ‘DK’
  AND
- PERSON < OR = 4 YEARS OF AGE (OR IN AGE CATEGORIES 1 OR 2),
  CONTINUE WITH CS31

IF RU MEMBER BEING ASKED ABOUT:
- HAS A WEIGHT AT CS25 > 40 AND < OR = 80 POUNDS
  OR
- IF CS25 IS CODED ‘REF’ OR ‘DK’
  AND
- PERSON > 4 AND < OR = 9 YEARS OF AGE (OR IN AGE CATEGORY 3),
  GO TO CS32

IF RU MEMBER BEING ASKED ABOUT:
- HAS A WEIGHT AT CS25 > 80 POUNDS,
  OR
- IF CS25 IS CODED ‘REF’ OR ‘DK’
  AND
- PERSON > 9 YEARS OF AGE (OR IN AGE CATEGORY 4),
  GO TO CS33
CS31
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) using a child safety seat while riding in the car?

YES ........................................... 1
NO .................................................. 2 (BOX_06)
REF ............................................... -7 (BOX_06)
DK .................................................. -8 (BOX_06)

PRESS F1 FOR DEFINITION OF “ADVICE TO YOU.”

CS31OV
=====

When was that?

WITHIN PAST YEAR ............................. 1 (BOX_06)
WITHIN PAST 2 YEARS ........................... 2 (BOX_06)
MORE THAN 2 YEARS ............................. 3 (BOX_06)
REF ............................................... -7 (BOX_06)
DK .................................................. -8 (BOX_06)

[Code One]
CS32
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) using a booster seat when riding in the car?

YES ........................................... 1
NO ........................................... 2 \{BOX_05A\}
REF ........................................... -7 \{BOX_05A\}
DK ........................................... -8 \{BOX_05A\}

PRESS F1 FOR DEFINITION OF “ADVICE TO YOU.”

CS32OV
======

When was that?

WITHIN PAST YEAR ............................. 1
WITHIN PAST 2 YEARS .......................... 2
MORE THAN 2 YEARS .......................... 3
REF ........................................ -7
DK ........................................ -8

[Code One]

BOX_05A
======

-------------------------------------------------------------------------------------------------------------------------------------
| IF CS25 IS CODED ‘REF’ OR ‘DK’ FOR RU MEMBER BEING| ASKED ABOUT AND PERSON IS IN AGE CATEGORY 3, | CONTINUE WITH CS33 |
-------------------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------------------
| OTHERWISE, GO TO BOX_06 |
-------------------------------------------------------------------------------------------------------------------------------------

6-28
CS33
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) using lap and shoulder belts when driving or riding in a car?

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

PRESS F1 FOR DEFINITION OF “ADVICE TO YOU.”

CS33OV
=====

When was that?

WITHIN PAST YEAR .......................... 1
WITHIN PAST 2 YEARS ...................... 2
MORE THAN 2 YEARS ....................... 3
REF ....................................... -7
DK ......................................... -8

[Code One]

BOX_06
=====

---------------------------------------------------------------------
| IF RU MEMBER BEING ASKED ABOUT IS > OR = 2 YEARS | OF AGE OR IN AGE CATEGORIES 2 THROUGH 4, CONTINUE |
| WITH CS34 | |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO CS35 | |
---------------------------------------------------------------------
CS34
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) using a helmet when riding a bicycle or motorcycle?

YES ........................................ 1
NO .......................................... 2 {CS35}
REF ......................................... -7 {CS35}
DK ........................................... -8 {CS35}

PRESS F1 FOR DEFINITION OF “ADVICE TO YOU (ABOUT HELMETS).”

CS34OV
=====

When was that?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS ..................... 2
MORE THAN 2 YEARS ....................... 3
REF ......................................... -7
DK ........................................... -8

[Code One]
CS35
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you advice about how smoking in the house can be bad for (PERSON)’s health?

YES ........................................ 1
NO .......................................... 2 {BOX_07}
REF ........................................... -7 {BOX_07}
DK ............................................ -8 {BOX_07}

PRESS F1 FOR DEFINITION OF “ADVICE TO YOU.”

CS35OV
====

When was that?

WITHIN PAST YEAR ......................... 1
WITHIN PAST 2 YEARS ....................... 2
MORE THAN 2 YEARS ......................... 3
REF ........................................... -7
DK ............................................ -8

[Code One]

BOX_07
=====

----------------------------------------------------
<p>| IF RU MEMBER BEING ASKED ABOUT IS &gt; OR = 12 YEARS |</p>
<table>
<thead>
<tr>
<th>OF AGE OR IN AGE CATEGORY 4, CONTINUE WITH CS36</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO END LP01</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

6-31
CS36
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

The last time (PERSON) had a health care visit, did a doctor or other health provider spend any time alone with (PERSON) without a parent, relative or guardian in the room?

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

END_LP01
======

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_01 AND CONTINUE WITH BOX_08             |
----------------------------------------------------

BOX_08
======

----------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION  |
Disability Days (DD) Section

BOX_01
=====

----------------------------------------------------
| IF PERSON IS LESS THAN 1 YEAR OF AGE (OR AGE      |
| CATEGORY 1), GO TO BOX_03                         |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH DD01                     |
----------------------------------------------------

DD01
=====

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

The next questions ask about time when (PERSON) may have missed a half day or more from work or school or spent a half day or more in bed (since (START DATE)/between (START DATE) and (END DATE)). In answering these questions, please include any time when this occurred because of (PERSON)’s physical illness or injury, or a mental or emotional problem such as stress or depression.

PRESS ENTER TO CONTINUE.

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

----------------------------------------------------
| IF PERSON IS = OR > 1 YEAR OLD AND < 3 YEARS OLD |
| (OR AGE CATEGORY 2), GO TO DD08                  |
----------------------------------------------------

----------------------------------------------------
| IF PERSON IS = OR > 3 YEARS OLD AND < OR = 15    |
| YEARS OLD (OR AGE CATEGORY 3), GO TO DD05       |
----------------------------------------------------

21-1
IF PERSON IS = OR > 16 YEARS OLD (OR AGE CATEGORIES 4-9), CONTINUE WITH DD02

NOTE: THERE IS NO UPPER AGE LIMIT RESTRICTION FOR PERSONS WHO ARE ASKED THE WORK-LOSS DISABILITY DAYS QUESTION.

DD02

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{NUMBER OF DAYS IN HOSPITAL: {NUMBER OF DAYS}}

Let's start with work. {Including the time (PERSON) (were/was) in the hospital, how/How} many days did (PERSON) miss a half day or more from work {since (START DATE)/between (START DATE) and (END DATE)}? Please do not include work around the house.

PROBE: Include any time when a half day or more was missed because of a physical illness or injury, or a mental or emotional problem.

IF NO DAYS MISSED FROM WORK, CODE '995'.
IF PERSON DOES NOT WORK, CODE '996'.

[Enter Number of Days] .................
NONE ................................... 995
DOES NOT WORK (OTHER THAN AROUND THE HOUSE) ................................. 996
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE.

DISPLAY 'NUMBER OF DAYS IN HOSPITAL: { }' IF PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL)).
 FOR 'NUMBER OF DAYS', DISPLAY TOTAL NUMBER OF DAYS PERSON WAS IN HOSPITAL FOR ALL HOSPITAL STAYS THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL)).

 DISPLAY 'Including the time..., how' IF PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL)). OTHERWISE, DISPLAY 'How'. DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

 RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE PERIOD FOR THIS PERSON.

 IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: 'IF NO WORK DAYS MISSED, CODE '995'.'

 IF NUMBER ENTERED > NUMBER OF DAYS IN REFERENCE PERIOD, DISPLAY THE FOLLOWING ERROR MESSAGE: 'NUMBER OF DAYS MUST BE EQUAL TO OR LESS THAN NUMBER IN REFERENCE PERIOD.'

 IF CODED '995' (NONE), '996' (DOES NOT WORK), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND PERSON IS 16 THROUGH 22 YEARS OF AGE INCLUSIVE (OR AGE CATEGORY 4), GO TO DD05

 IF CODED '995' (NONE), '996' (DOES NOT WORK), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND PERSON IS 23 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 5-9), GO TO DD08

 OTHERWISE, CONTINUE WITH BOX_01A
NOTE: THE AGE RANGE FOR PERSONS GOING TO THE SCHOOL-LOSS DISABILITY DAYS QUESTION HAS BEEN EXTENDED TO INCLUDE INDIVIDUALS WHO MAY BE ATTENDING POST-SECONDARY INSTITUTIONS.

BOX_01A
======

IF ROUND 3, CONTINUE WITH DD02A

OTHERWISE (I.E., IF NOT ROUND 3), GO TO DD03

DD02A
=====

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

NUMBER OF DAYS MISSED WORK: (NUMBER OF DAYS)

Of those days, how many were in 2005?

[Enter Number of Days] .................
REF ..................................... -7
DK .................................... -8

EDIT: DAYS IN 2005 AT DD02A ≤ DAYS MISSED FROM WORK AT DD02.

FOR ‘NUMBER OF DAYS,’ DISPLAY THE NUMBER ENTERED AT DD02
What are the health problems that caused (PERSON) to miss work on those days?

PROBE: Any other health problems?

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

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

[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]
FLAG ALL CONDITIONS SELECTED OR ADDED AS BEING ASSOCIATED WITH MISSED WORK DAYS IN THIS ROUND.

DD04

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

NUMBER OF DAYS MISSED WORK: {NUMBER OF DAYS}

Of those days, how many did (PERSON) stay in bed for half a day or more?

[Enter Number of Days] ............... REF ................................. -7
DK ................................... -8

PRESS F1 FOR DEFINITION OF STAY IN BED.

IF DD02A OR DD04 EQUALS 0, DON’T KNOW OR REFUSED AND PERSON IS 16 THROUGH 22 YEARS OF AGE INCLUSIVE (OR AGE CATEGORY 4), GO TO DD05

IF DD02A OR DD04 EQUALS 0, DON’T KNOW OR REFUSED AND PERSON IS 23 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 5-9), GO TO DD08

OTHERWISE (I.E., BOTH DD02A AND DD04 HAVE VALUES OTHER THAN 0), CONTINUE WITH BOX_01B

EDIT: DAYS IN BED AT DD04 ≤ DAYS MISSED FROM WORK AT DD02.

FOR ‘NUMBER OF DAYS’, DISPLAY THE NUMBER ENTERED AT DD02.
<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH DD04A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF NOT ROUND 3 AND PERSON IS 16 THROUGH 22 YEARS OF AGE INCLUSIVE (OR AGE CATEGORY 4), GO TO DD05</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF NOT ROUND 3 AND PERSON IS 23 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 5-9), GO TO DD08</th>
</tr>
</thead>
</table>

DD04A

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

NUMBER OF DAYS IN BED: {NUMBER OF DAYS}

Of those days, how many were in 2005?

[Enter Number of Days] .................
REF ................................ -7
DK ..................................... -8

<table>
<thead>
<tr>
<th>EDIT: DAYS IN 2005 AT DD04A ≤ DAYS IN BED AT DD04.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EDIT: DAYS IN 2005 AT DD04A ≤ DAYS IN 2005 AT DD02A.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FOR 'NUMBER OF DAYS,' DISPLAY THE NUMBER ENTERED AT DD04</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF PERSON IS 16 THROUGH 22 YEARS OF AGE INCLUSIVE (OR AGE CATEGORY 4), CONTINUE WITH DD05</th>
</tr>
</thead>
</table>
DD05
====

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

{NUMBER OF DAYS IN HOSPITAL:  {NUMBER OF DAYS}}

Let's talk about school (and day care). (Including the time (PERSON) (were/was) in the hospital, how/How) many days did (PERSON) miss a half day or more of school (or day care) {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Include any time when a half day or more of school (or day care) was missed because of a physical illness or injury, or a mental or emotional problem.

IF NO DAYS MISSED FROM SCHOOL, CODE ‘995’.
IF PERSON DOES NOT ATTEND SCHOOL, CODE ‘996’.

[Enter Number of Days] .................
NONE ..................................... 995 {DD08}
DOES NOT ATTEND SCHOOL ............... 996 {DD08}
REF ........................................ -7 {DD08}
DK .......................................... -8 {DD08}

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE.

[Code One]

| DISPLAY ‘NUMBER OF DAYS IN HOSPITAL: ( )’ IF |
| PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED |
| IN CURRENT ROUND (I.E., DISCHARGE DATE NOT |
| CODED ‘95’ (STILL IN HOSPITAL)). |
| |

| FOR ‘NUMBER OF DAYS’, DISPLAY TOTAL NUMBER OF DAYS|
| PERSON WAS IN HOSPITAL FOR ALL HOSPITAL STAYS THAT|
| ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT |
| CODED ‘95’ (STILL IN HOSPITAL)). |
| |

21-8
| DISPLAY 'Including the time..., how' IF PERSON HAS|
| AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT |
| ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL |
| IN HOSPITAL)). |
| OTHERWISE, DISPLAY 'How'. |
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5. |

| RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE|
| PERIOD FOR THIS PERSON. |

| IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR |
| MESSAGE: 'IF NO SCHOOL DAYS MISSED, CODE '995'. |

| IF NUMBER ENTERED > NUMBER OF DAYS IN REFERENCE |
| PERIOD, DISPLAY THE FOLLOWING ERROR MESSAGE: |
| 'NUMBER OF DAYS MUST BE EQUAL TO OR LESS THAN |
| NUMBER IN REFERENCE PERIOD.' |

| BOX_01C |
| ______ |

| IF ROUND 3, CONTINUE WITH DD05A |

| OTHERWISE (I.E., IF NOT ROUND 3), GO TO DD06 |
DD05A

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

NUMBER OF DAYS MISSED SCHOOL: {NUMBER OF DAYS}

Of those days, how many were in 2005?

[Enter Number of Days] .................
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| EDIT: DAYS IN 2005 AT DD05A ≤ DAYS MISSED FROM |
| SCHOOL AT DD05.                                 |
----------------------------------------------------

----------------------------------------------------
| FOR 'NUMBER OF DAYS,' DISPLAY THE NUMBER ENTERED  |
| AT DD05.                                        |
----------------------------------------------------
What are the health problems that caused (PERSON) to miss school on those days?

PROBE: Any other health problems?

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

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

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

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| MEDICAL-CONDITIONS-ROSTER.                     |
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: "DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED."

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

DD07

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

NUMBER OF DAYS MISSED SCHOOL: {NUMBER OF DAYS}

Of those days, how many did (PERSON) stay in bed a half day or more?

[Enter Number of Days] ...............  
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF STAY IN BED.
| IF DD05A OR DD07 EQUALS 0, DON’T KNOW OR REFUSED |
| GO TO DD08 |

| OTHERWISE (I.E., BOTH DD05A AND DD07 HAVE VALUES OTHER THAN 0), CONTINUE WITH BOX_01D |

| FOR ‘NUMBER OF DAYS’, DISPLAY NUMBER RECORDED IN DD05. |

| EDIT: DAYS IN BED AT DD07 < DAYS MISSED FROM SCHOOL AT DD05. |

| EDIT: TOTAL BED DAYS (SUM OF ENTRY AT DD04 PLUS ENTRY AT DD07) MUST BE < NUMBER OF DAYS IN REFERENCE PERIOD FOR PERSON. |

BOX_01D

| IF ROUND 3, CONTINUE WITH DD07A |

| OTHERWISE (I.E., IF NOT ROUND 3), GO TO DD08 |
DD07A
=====

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

NUMBER OF DAYS IN BED: {NUMBER OF DAYS}

Of those days, how many were in 2005?

[Enter Number of Days] .................
REF ..................................... -7
DK ....................................... -8

<table>
<thead>
<tr>
<th>EDIT: DAYS IN 2005 AT DD07A ≤ DAYS IN BED AT DD07.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDIT: DAYS IN 2005 AT DD07A ≤ DAYS IN 2005 AT DD05A.</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>FOR ‘NUMBER OF DAYS,’ DISPLAY THE NUMBER ENTERED AT DD07.</td>
</tr>
</tbody>
</table>
DD08
====

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

{NUMBER OF DAYS IN HOSPITAL:  {NUMBER OF DAYS}}

{Besides the days in bed you just told me about, how/How} many
{additional} days did (PERSON) spend a half day or more in bed
{since (START DATE)/between (START DATE) and (END DATE)) because
of a physical illness or injury, or mental or emotional problem?  
{Please include the time (PERSON) (were/was) in the hospital.}

IF NO {ADDITIONAL} BED DAYS, CODE ‘995’.

<table>
<thead>
<tr>
<th>Enter Number of Days</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>995</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE AND STAY IN BED.

------------------------------------------------------------------------
| DISPLAY ‘NUMBER OF DAYS IN HOSPITAL:  ( )’ IF |       |
| PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED | |
| IN CURRENT ROUND (I.E., DISCHARGE DATE NOT | |
| CODED ‘95’ (STILL IN HOSPITAL)).               |
------------------------------------------------------------------------

------------------------------------------------------------------------
| FOR ‘NUMBER OF DAYS’, DISPLAY TOTAL NUMBER OF DAYS|
| PERSON WAS IN HOSPITAL FOR ALL HOSPITAL STAYS THAT|
| ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT |
| CODED ‘95’ (STILL IN HOSPITAL)).                   |
------------------------------------------------------------------------

------------------------------------------------------------------------
| DISPLAY ‘Besides the days...how’, ‘additional’, |       |
| AND ‘ADDITIONAL’ IF ANY BED DAYS RECORDED FOR THIS| |
| PERSON IN EITHER DD04 OR DD07. IF NO BED DAYS | |
| RECORDED AT DD04 AND DD07, DISPLAY, ‘How’.       |
------------------------------------------------------------------------

------------------------------------------------------------------------
| DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.  |       |
| DISPLAY ‘between (START DATE) and (END DATE)’ IF| |
| ROUND 5.                                        |
------------------------------------------------------------------------
DISPLAY 'Please include...' IF PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL)).

RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE PERIOD FOR THIS PERSON.

IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: 'IF NO ADDITIONAL BED DAYS, CODE '995'.

EDIT: TOTAL BED DAYS (SUM OF ENTRY AT DD04 PLUS ENTRY AT DD07 PLUS ENTRY AT DD08) MUST BE LESS THAN OR EQUAL TO NUMBER OF DAYS IN REFERENCE PERIOD FOR PERSON.

IF ROUND 3, CONTINUE WITH DD08A

OTHERWISE (I.E., IF NOT ROUND 3), GO TO DD09
DD08A
======

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

NUMBER OF {ADDITIONAL} DAYS IN BED: {NUMBER OF DAYS}

Of those days, how many were in 2005?

[Enter Number of Days] .................
REF ................................... -7
DK ..................................... -8

----------------------------------------------------
<p>| EDIT: DAYS IN 2005 AT DD08A ≤ ADDITIONAL DAYS |</p>
<table>
<thead>
<tr>
<th>IN BED AT DD08.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY ‘ADDITIONAL’ IF ANY BED DAYS RECORDED FOR |
| THIS PERSON IN EITHER DD04 OR DD07. OTHERWISE,   |</p>
<table>
<thead>
<tr>
<th>USE A NULL DISPLAY.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| FOR ‘NUMBER OF DAYS,’ DISPLAY THE NUMBER ENTERED  |</p>
<table>
<thead>
<tr>
<th>AT DD08.</th>
</tr>
</thead>
</table>
What are the health problems that caused (PERSON) to spend half day or more in bed on those days?

PROBE: Any other health problems?

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

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

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

-----------------------------
ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-MEDICAL-CONDITIONS-ROSTER.
MEPS FAMES Panel 10 Round 5 Disability Days (DD) Section
November 20, 2006

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

BOX_02

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

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

---
| IF 16 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 4-9) AND DD02 IS CODED '996' (DOES NOT WORK OTHER THAN AROUND THE HOUSE), GO TO BOX_03 |
---
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}  
{END-DT}  

{Besides the {NUMBER MISSED WORK DAYS} days (PERSON) missed a half day or more from work because of (PERSON)'s own illness or injury, did/Did) (PERSON) miss more than a half day from work {between (START DATE) and (END DATE)} because of someone else's illness, injury, or health care needs, for example, to take care of a sick child or a relative?

YES ............................................. 1
NO/DO NOT WORK ............................. 2 {BOX_03}
REF ........................................... -7 {BOX_03}
DK ............................................. -8 {BOX_03}

[Code One]

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE.

| DISPLAY 'Besides the ..., did' IF ANY MISSED WORK DAYS RECORDED FOR THIS PERSON IN DD02. DISPLAY 'Did' IF NO MISSED WORK DAYS RECORDED FOR THIS PERSON IN DD02. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |

| DISPLAY NUMBER RECORDED IN DD02 FOR 'NUMBER MISSED WORK DAYS' IF DD02 ≠ '-7' (REFUSED) OR '-8' DON'T KNOW. IF DD02 = '-7' (REFUSED) OR '-8' DON'T KNOW), USE A NULL DISPLAY. |
How many days did (PERSON) miss a half day or more from work because of someone else's illness, injury, or health care needs?

[Enter Number of Days] ...............  
REF ..................................... -7 (BOX_03)  
DK .................................... -8 (BOX_03)  

-----------------------------------------------  
| EDIT: DAYS ENTERED < NUMBER OF DAYS IN REFERENCE |  
| PERIOD .........................................................  
-----------------------------------------------  
| IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: 'IF NO WORK DAYS MISSED, USE CTRL/B TO CORRECT PREVIOUS ANSWER.'  
-----------------------------------------------  
| IF NUMBER ENTERED > NUMBER OF DAYS IN REFERENCE PERIOD, DISPLAY THE FOLLOWING ERROR MESSAGE: 'NUMBER OF DAYS MUST BE EQUAL TO OR LESS THAN NUMBER IN REFERENCE PERIOD.'  
-----------------------------------------------  

| IF ROUND 3, CONTINUE WITH DD11A  
-----------------------------------------------  
| OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_03  
-----------------------------------------------
DD11A
=====

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

NUMBER OF DAYS MISSED WORK DUE TO SOMEONE ELSE’S HEALTH:
{NUMBER OF DAYS}

Of those days, how many were in 2005?

[Enter Number of Days] ...............  
REF ......................................... -7  
DK ........................................... -8

<table>
<thead>
<tr>
<th>EDIT: DAYS IN 2005 AT DD11A ≤ DAYS MISSED WORK DUE TO SOMEONE ELSE’S HEALTH AT DD11.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FOR ‘NUMBER OF DAYS,’ DISPLAY THE NUMBER ENTERED AT DD11.</th>
</tr>
</thead>
</table>

BOX_03
=====

<table>
<thead>
<tr>
<th>GO TO NEXT QUESTIONNAIRE SECTION</th>
</tr>
</thead>
</table>
Dental Care (DN) Section

DN01
====
OMITTED.

DN02
====
OMITTED.

DN03
====

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

What type of dental care provider did (PERSON) see during this visit?

PROBE: Any other type of dental care person?

CODE ALL THAT APPLY.

GENERAL DENTIST ......................... 1
DENTAL HYGIENIST ........................ 2
DENTAL TECHNICIAN ....................... 3
DENTAL SURGEON ........................... 4
ORTHODONTIST ............................ 5
ENDODONTIST ............................. 6
PERIODONTIST ............................. 7
OTHER .................................... 91
REF .................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
What did (PERSON) have done during this visit?
PROBE: What else was done? CODE ALL THAT APPLY.

FOR DEFINITIONS OF ANSWER CATEGORIES, PRESS F1.

*DIAGNOSTIC OR PREVENTATIVE
   GENERAL EXAM, CHECKUP OR CONSULTATION .. 1
   CLEANING, PROPHYLAXIS, OR POLISHING .... 2
   X-RAYS, RADIOGRAPHS, OR BITEWINGS ...... 3
   FLUORIDE TREATMENT ....................... 4
   SEALANT (PLASTIC COATINGS ON BACK
   TEETH) .................................... 5

*RESTORATIVE OR ENDOdontIC
   FILLINGS .................................. 6
   INLAYS .................................... 7
   CROWNS OR CAPS ............................ 8
   ROOT CANAL ............................... 9

*PERIODONTIC (GUM TREATMENT)
   PERIODONTAL SCALING, ROOT PLANING, OR
   GUM SURGERY .............................. 10
   PERIODONTAL RECALL VISIT (PERIODIC OR
   REGULAR) ................................. 11

*ORAL SURGERY
   EXTRACTION, TOOTH PULLED ............... 12
   IMPLANTS ................................. 13
   ABSCESS OR INFECTION TREATMENT ....... 14
   OTHER ORAL SURGERY ........................ 15

*PROSTHETICS
   FIXED BRIDGES ............................ 16
   DENTURES OR REMOVABLE PARTIAL DENTURES . 17
   RELINING OR REPAIR OF BRIDGES OR
   DENTURES .................................. 18

*ORTHODONTICS
   ORTHODONTIA, BRACES, OR RETAINERS ...... 19

*ADDITIONAL PROCEDURES
   BOND, WHITEN, OR BLEACH ............... 20
   TREATMENT FOR TMD OR TMJ ............. 21
   OTHER ................................... 91
   REF ..................................... -7
   DK ...................................... -8

[Code All That Apply]
DN04OV
======

ENTER OTHER TYPE OF DENTAL CARE:

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

DN05
=====

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

During this visit, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES .................................... 1  
NO ..................................... 2 {BOX_01}  
REF .................................... -7 {BOX_01}  
DK .................................... -8 {BOX_01}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescriptions from this visit filled?

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

[1. Prescribed Medicine]  
[2. Prescribed Medicine]  
[3. Prescribed Medicine]  

ROSTER DEFINITION:  THIS ITEM DISPLAYS PERSON’S-PRESCRIBED-MEDICINES-ROSTER.

ROSTER BEHAVIOR SPECIFICATIONS

| 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER. |
| 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES). |
| 3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.’ |
| IF THE CHARGE/PAYMENT SECTION HAS NOT BEEN ASKED | FOR THE EVENT-PROVIDER PAIR BEING ASKED ABOUT, GO |
| TO THE CHARGE/PAYMENT SECTION. |

| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |
Event Driver (ED) Section

BOX_01
======

---------------------------------------------
| DISPLAY EVENTS BY PERSON THEN BY THE ORDER OF |
| ENTRY - THAT IS, IN THE ORDER BY PROVIDER PROBES, |
| AND THEN ANY ADDITIONS.                        |
---------------------------------------------

LOOP_01
=======

---------------------------------------------
| FOR EACH ELEMENT IN PERSON'S-MEDICAL-EVENTS-  |
| ROSTER, ASK ED01 - END_LP01.                |
---------------------------------------------

---------------------------------------------
| LOOP DEFINITION: LOOP_01 CORRECTS EVENT    |
| INFORMATION, IF NECESSARY, AND CALLS THE   |
| APPROPRIATE UTILIZATION SECTION FOR THE EVENT. |
| THIS LOOP CYCLES ON EVENTS THAT MEET THE    |
| FOLLOWING CONDITIONS:                       |
| - EVENT TYPE IS NOT PM OR IC               |
| - EVENT IS NOT YET FLAGGED AS PROCESSED IN |
| UTILIZATION                                |
---------------------------------------------
The next questions ask detail about each of the times (PERSON) received medical or dental care.

THERE {IS/ARE} {NUMBER} {EVENT/EVENTS} REMAINING TO BE PROCESSED FOR (PERSON).

PRESS ENTER TO CONTINUE.

---
| DISPLAY 'The...care.' IF FIRST EVENT TO BE ASKED ABOUT FOR THIS PERSON. |
| DISPLAY 'IS' IF ONLY ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. DISPLAY 'ARE' IF MORE THAN ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. |
| DISPLAY THE ACTUAL NUMBER OF EVENTS LEFT TO BE ASKED ABOUT FOR THIS PERSON FOR '{NUMBER}'. |
| DISPLAY 'EVENT' IF ONLY ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. DISPLAY 'EVENTS' IF MORE THAN ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. |
---

LOOP_02

For each of the following:

EVENT NOT YET CODED AS 'INFORMATION OK' AT ED02
ask ED02 - END_LP02

---
Let's talk about the hospital stay for {PERSON} at {PROVIDER} that began on {ADMIT DATE}/when {PERSON} visited the emergency room at {PROVIDER} on {VISIT DATE}/when {PERSON} received medical care from an outpatient department at {PROVIDER} on {VISIT DATE}/when {PERSON} received medical care from {PROVIDER} on {VISIT DATE}/when {PERSON} received dental care from {PROVIDER} on {VISIT DATE}/the {OME ITEM GROUP NAME} used by {PERSON} since {START DATE}/the services {PERSON} received at home from {PROVIDER} during {MONTH}).

CODE '1' UNLESS RESPONDENT VOLUNTEERS CORRECTION.

INFORMATION OK ......................... 1 {END_LP02}

CORRECTIONS NEEDED:

PROVIDER MISSPELLED/INCOMPLETE ........ 2
DATE(S) INCORRECT .......................... 3
WRONG EVENT TYPE .......................... 4
WRONG PROVIDER ............................ 5
WRONG OME ITEM GROUP ...................... 6
EVENT NOT FOR THIS PERSON ............... 7
EVENT ENTERED IN ERROR .................... 8

WANT TO REVIEW {PERSON}'S EVENTS OR
ADD EVENT FOR ANY RU MEMBER .......... 9 {ED09}

[Code One]
| IF CODED '2' (PROVIDER MISSPELLED/INCOMPLETE) AND |
| EVENT TYPE IS OM, DISPLAY THE FOLLOWING MESSAGE: |
| 'THIS CODE NOT AVAILABLE FOR OM EVENTS. PRESS |
| ENTER TO CONTINUE.' |

| IF CODED '2' (PROVIDER MISSPELLED/INCOMPLETE) |
| AND EVENT TYPE IS NOT OM, DISPLAY THE FOLLOWING |
| MESSAGE: 'THIS OPTION IS DISABLED. PLEASE RECORD |
| INFORMATION IN COMMENTS.' THEN, GO TO END_LP02. |

| IF CODED '3' (DATE(S) INCORRECT), '4' (WRONG EVENT |
| TYPE), OR '5' (WRONG PROVIDER) AND EVENT TYPE IS |
| HH, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT |
| AVAILABLE FOR HH EVENTS. IF CORRECTION NECESSARY, |
| DELETE AND RE-ADD THIS HH EVENT. PRESS ENTER TO |
| CONTINUE.' |

| IF CODED '3' (DATE(S) INCORRECT), '4' (WRONG EVENT |
| TYPE), OR '5' (WRONG PROVIDER) AND EVENT TYPE IS |
| OM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT |
| AVAILABLE FOR OM EVENTS. IF CORRECTION NECESSARY, |
| DELETE AND RE-ADD THIS OM EVENT. PRESS ENTER TO |
| CONTINUE.' |

| IF CODED '3' (DATE(S)) INCORRECT AND EVENT TYPE |
| IS NOT HH OR OM, GO TO ED04 |

| IF CODED '4' (WRONG EVENT TYPE) AND EVENT TYPE IS |
| NOT HH OR OM, GO TO ED07 |

| IF CODED '5' (WRONG PROVIDER) AND EVENT IS ALREADY |
| LINKED TO A FLAT FEE BUNDLE, DISPLAY THE FOLLOWING |
| MESSAGE: 'CHANGE OF PROVIDER DISALLOWED. RECORD |
| ALREADY LINKED TO OTHER EVENTS.' |
IF CODED '5' (WRONG PROVIDER), AND EVENT TYPE IS NOT HH OR OM, AND EVENT IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE, GO TO BOX_02

IF CODED '6' (WRONG OME ITEM GROUP) AND EVENT TYPE IS NOT OM, DISPLAY THE FOLLOWING MESSAGE: ‘THIS CODE ONLY AVAILABLE FOR OM EVENTS. ENTER NEW CODE. PRESS ENTER TO CONTINUE.’

IF CODED '6' (WRONG OME ITEM GROUP) AND EVENT TYPE IS OM, AND OM GROUP TYPE IS ‘REGULAR’ (EV02A=1 OR NOT ASKED), GO TO ED06

IF CODED '6' (WRONG OME ITEM GROUP) AND EVENT TYPE IS OM, AND OM GROUP TYPE IS ‘ADDITIONAL’ (EV02A=2), GO TO ED06A

IF CODED '7' (EVENT NOT FOR THIS PERSON) AND SINGLE-PERSON RU, DISPLAY THE FOLLOWING MESSAGE: ‘THIS CODE NOT AVAILABLE FOR SINGLE-PERSON RU. ENTER NEW CODE.’

IF CODED '7' (EVENT NOT FOR THIS PERSON) AND EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY THE FOLLOWING MESSAGE: ‘TRANSFER DISALLOWED. RECORD ALREADY LINKED TO OTHER EVENTS.’

IF CODED '7' (EVENT NOT FOR THIS PERSON), AND MULTI-PERSON RU, AND EVENT IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE, GO TO ED05

IF CODED '8' (EVENT ENTERED IN ERROR), AND EVENT IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE, FLAG EVENT FOR DELETION AND GO TO END_LP02
| IF CODED '8' (EVENT ENTERED IN ERROR) AND EVENT IS| ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY THE | FOLLOWING MESSAGE: 'DELETION DISALLOWED. RECORD | ALREADY LINKED TO OTHER EVENTS.' |

ED03
====
OMITTED.

ED04
====

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

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

[Enter Month,Day,Year-4] - [Enter Month,Day,Year-4]

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

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

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

| GO TO END LP02 |
ED05
====

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

INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.

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

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

[Code One]

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

---------------------------------------------------------------------
| FLAG EVENT FOR DELETION FROM PERSON’S-MEDICAL- | EVENTS-ROSTER FOR PERSON ORIGINALLY ASSOCIATED WITH EVENT AND ADD EVENT TO PERSON’S-MEDICAL- | EVENTS-ROSTER FOR PERSON SELECTED IN ED05. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| GO TO END_LP02 |
---------------------------------------------------------------------

BOX_02
=====

---------------------------------------------------------------------
| ASK THE PROVIDER ROSTER (PV) SECTION FOR THIS EVENT. |
| AT COMPLETION OF PROVIDER ROSTER (PV) SECTION, |
| CONTINUE WITH BOX_03 |
---------------------------------------------------------------------
BOX_03
======

| WRITE PROVIDER CORRECTION TO PERSON'S-EVENT- | PROVIDER-PAIRS-ROSTER. |
|------------------------------------------------|

<table>
<thead>
<tr>
<th>GO TO END_LP02</th>
</tr>
</thead>
</table>

ED06
====

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

INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

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

[Code One]

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

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

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

<table>
<thead>
<tr>
<th>GO TO END_LP02</th>
</tr>
</thead>
</table>
ED06A

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

INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

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

[Code One]

ED06AOV

ENTER OTHER GROUPING OF OTHER MEDICAL EXPENSES:

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

BOX_ED06A

----------------------------------------------------
| CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH  |
| THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP |
| SELECTED IN ED06A OR ENTERED IN ED06AOV.         |
----------------------------------------------------
----------------------------------------------------
| GO TO END_LP02                                  |
----------------------------------------------------
ED07

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

INTERVIEWER: SELECT CORRECT EVENT TYPE.

HOSPITAL STAY ......................... HS
HOSPITAL EMERGENCY ROOM .............. ER {END_LP02}
HOSPITAL OUTPATIENT DEPARTMENT ...... OP {END_LP02}
MEDICAL PROVIDER VISIT ............... MV {END_LP02}
DENTAL CARE ........................... DN {END_LP02}

[Code One]

PRESS F1 FOR DEFINITIONS OF EVENT TYPES.

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

-----------------------------------------------------
| IF CHANGE TO HS, ER, OR OP AND PROVIDER IS A       |
| PERSON-TYPE-PROVIDER, DISPLAY THE FOLLOWING         |
| MESSAGE: 'YOU MUST CHANGE TO A FACILITY PROVIDER   |
| BEFORE CHANGING THE EVENT TYPE.'                    |
-----------------------------------------------------
ED08
====

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

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

[Enter Month,Day,Year-4] - [Enter Month,Day,Year-4]

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

-----------------------------------------------------
| GO TO END_LP02                                         |
-----------------------------------------------------

-----------------------------------------------------
| REFUSED AND DON’T KNOW ARE ALLOWED IN THE DAY AND    |
| YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD.   |
-----------------------------------------------------
ED09

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

INTERVIEWER: SO FAR, THE FOLLOWING EVENTS HAVE BEEN RECORDED FOR (PERSON):

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ED09_01. NAME MEDICAL PROVIDER</th>
<th>ED09_02. EVENT TYPE</th>
<th>ROSTER. DATE-DATE</th>
<th>ED09_04. UTIL</th>
<th>ED09_05. C/P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Selection]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. [Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Selection]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. [Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Selection]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

---

CAPI DISPLAYS A CHECK MARK IN THE 'UTIL' COLUMN IF
THE EVENT BEING ASKED ABOUT HAS COMPLETED THE
APPROPRIATE UTILIZATION SECTION.

CAPI DISPLAYS A CHECK MARK IN THE 'C/P' COLUMN IF
THE EVENT BEING ASKED ABOUT HAS COMPLETED THE
CHARGE/PAYMENT (CP) SECTION.

CONTINUE WITH ED09O\n
ED09O\n
ADD AN EVENT?

YES .................................... 1
NO ..................................... 2 {END_LP02}

ED09O\ IS DISPLAYED BENEATH THE GRID ON ED09
WHENEVER ED09 IS DISPLAYED.

ASK THE EVENT ROSTER (EV) SECTION FOR THIS EVENT.
AT COMPLETION OF EVENT ROSTER (EV) SECTION,
CONTINUE WITH END_LP02

NOTE: CAPI CONTINUES THE LOOP FOR THE EVENT
THAT WAS IN PROCESS WHEN ANOTHER EVENT WAS ADDED.
ADDED EVENTS ARE PROCESSED IN THE ED SECTION
AFTER EVENTS THAT WERE RECORDED IN THE PROVIDER
PROBES (PP) SECTION. 
END_LP02

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

END_LP01

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

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

BOX_05

| GO TO THE NEXT QUESTIONNAIRE SECTION |
Employment (EM) Section Subsection A

NOTE: FOR ROUND 5, THE PERSON’S CURRENT ROUND END DATE WAS ADDED TO THE CONTEXT HEADER FOR ALL OF THE QUESTIONS IN THE EM-A SECTION.

BOX 01

IF PERSON HAS ONE OF THE SAME CURRENT JOBS IN THIS ROUND AS IN THE PREVIOUS ROUND, THAT IS IF:
- CURRENT ROUND IS NOT ROUND 1, AND
- PERSON WAS = OR > 16 OR IN AGE CATEGORIES 4-9 DURING THE PREVIOUS ROUND, AND
- RJ01 IS CODED ‘1’ (YES) OR RJ06 IS CODED ‘1’, GO TO EM51

OTHERWISE, CONTINUE WITH EM01
EM01
====

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

Now I have some questions about work experience for (PERSON).

{During our last interview on {PREV RD INTV DATE}, we recorded that (PERSON) did not work at any job for pay.}

{(Do/Does)/On 12/31/2006, did} (PERSON) {currently} have a job for pay or own a business {that we have not yet talked about}?

PROBE:  Do not count work around the house.   Include work in a family farm or business, even if unpaid.

YES ...................................  1 {EM04}
NO ....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

EM02
====

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

At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have {a/any other} job for pay or own a business {that we have not yet talked about}?

PROBE:  Do not count work around the house.   Include work in a family farm or business, even if unpaid.

YES ...................................  1 {EM26}
NO ....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.
(PERSON’S FIRST MIDDLE AND LAST NAME)  {STR-DT}
{END-DT}

{(Do/Does)/Did} (PERSON) have a job or business (PERSON) {can/could} return to {that we have not yet talked about}?

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

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

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

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

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

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

{(Do/Does)/On 12/31/2006, did} (PERSON) {currently} work at more than one job or business?

YES ........................................ 1 {EM11}
NO .......................................... 2
REF ........................................... -7
DK .......................................... -8

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.
EM05
====

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

{(Are/Is)/(Were/Was)} (PERSON) self-employed, or {(do/does)/did} (PERSON) work for someone else at that job?

SELF-EMPLOYED .........................  1
FOR SOMEONE ELSE ......................  2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

------------------------------------------------------------------------
| IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'          |
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF CODED ‘2’ (FOR SOMEONE ELSE), ‘-7’ (REFUSED), '7' (REFUSED), |
| OR ‘-8’ (DON’T KNOW), FLAG JOB AS ‘NOT SELF-EMPLOYED’.            |
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF THERE ARE NO ESTABLISHMENTS FLAGGED AS 'EMPLOYER' ON RU-ESTABLISHMENTS-ROSTER, GO TO EM06A |
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF THERE IS ONE OR MORE ESTABLISHMENT FLAGGED AS 'EMPLOYER' ON RU-ESTABLISHMENTS-ROSTER, CONTINUE WITH EM06. |
------------------------------------------------------------------------
What is the name of the employer who pays/paid (PERSON)'/ (PERSON)'s business)?

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

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

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM06_02. STREET</th>
<th>EM06_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |
| NOTE THE FOLLOWING ESTABLISHMENT ROSTER BEHAVIOR SPECIFICATIONS APPLY TO EVERY ESTABLISHMENT ROSTER THROUGHOUT EM-A. |
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY ESTABLISHMENT ALREADY LISTED OR SELECT NONE OF THE ABOVE.
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CAN NOT ADD AT THIS SCREEN. ESTABLISHMENTS ARE ‘ADDED’ BY USING NONE OF THE ABOVE.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E., CTRL/D).

DISPLAY ‘NONE OF THE ABOVE’ AS THE LAST ENTRY ON THIS ROSTER.


OTHERWISE, GO TO BOX_01A

In order to better understand the kinds of health insurance being offered to families today, insurance providers and employers who often provide health insurance may be contacted as part of a separate study. This separate study will not use any person’s name from MEPS, so employers and insurance providers can’t identify anyone in your household.

[PRESS ENTER TO CONTINUE]
<table>
<thead>
<tr>
<th>IF ESTABLISHMENT SELECTED HAS ONLY A PARTIAL ADDRESS, GO TO EM09</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF 'NONE OF THE ABOVE' IS SELECTED, OR NO ESTABLISHMENT FLAGGED AS EMPLOYER ON RU-EST ROSTER, GO TO EM08</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH EM07</th>
</tr>
</thead>
</table>

EM07
====

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

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY........, ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ........ 1 {BOX_02}
ADD NEW ADDRESS FOR EMPLOYER ........ 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ........................ 3 {EM09}
SELECTED WRONG EMPLOYER/ADDRESS ...... 4
REF ........................................ -7 {BOX_02}
DK ....................................... -8 {BOX_02}

[Code One]

<table>
<thead>
<tr>
<th>IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), CAPI REDISPLAYS EM06 SO THAT INTERVIEWER CAN SELECT ANOTHER EMPLOYER.</th>
</tr>
</thead>
</table>
EM08
=====

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

{What is the name of {the employer who {pays/paid} (PERSON)/
(PERSON)’s business}?}

What is the {new} address {of this employer/of (PERSON)’s
business}?

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

ESTABLISHMENT (EM08_01): [_____________]
1ST_STR_ADDRESS (EM08_02): [_____________]
2ND_STR_ADDRESS (EM08_03): [_____________]
   CITY (EM08_04): [_____________]
   STATE (EM08_05): [_____________]
   ZIP_CODE (EM08_06): [_____________]
   TELEPHONE (EM08_07): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------------------------
| IF EM07 WAS CODED ‘2’ (ADD NEW ADDRESS FOR  |  |
| EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE  |  |
| ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED  |  |
| IN THE CONTEXT HEADER.                        |  |
----------------------------------------------------------------------

----------------------------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |  |
| ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’.  |  |
----------------------------------------------------------------------

----------------------------------------------------------------------
| GO TO BOX_02                                    |  |
----------------------------------------------------------------------
EM09
=====

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

CORRECT ADDRESS OR TELEPHONE FOR:  (EMPLOYER)

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

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

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

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

<p>| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU- |</p>
<table>
<thead>
<tr>
<th>ESTABLISHMENTS-ROSTER.</th>
</tr>
</thead>
</table>

BOX_02
=====

<table>
<thead>
<tr>
<th>FLAG JOB SUBTYPE AS ‘CURRENT MAIN’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FLAG JOB AS ‘NOT RETIRED FROM’.</th>
</tr>
</thead>
</table>
When did (PERSON) start working at that job?

[Enter Year-4] .................
REF .................................. -7 {EM38}
DK .................................. -8 {EM38}

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM10OV1 |
----------------------------------------------------

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM10OV2 |
----------------------------------------------------

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

EM10OV1

[Enter Month-2, Day-2] ............... (BOX_03)
REF .................................. -7 (BOX_03)
DK .................................. -8 (BOX_03)

EM10OV2

[Enter Month-2] .................
REF .................................. -7
DK .................................. -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

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

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

BOX_03

----

IF JOB START DATE < OR = (I.E., ON OR BEFORE) REFERENCE PERIOD START DATE, GO TO EM51

----

IF JOB START DATE > (I.E., AFTER) REFERENCE PERIOD START DATE, GO TO EM38

26-33
EM11
====

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

Please think about (PERSON)’s main job or business. {(Are/Is)/
(Were/Was)} (PERSON) self-employed, or {(do/does)/did} (PERSON) work for someone else at that job?

SELF-EMPLOYED ......................... 1
FOR SOMEONE ELSE ...................... 2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

| IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS  | 1 |
| ‘SELF-EMPLOYED’.                          | 1 |

| IF CODED ‘2’ (FOR SOMEONE ELSE) ‘7’ (REFUSED),  | 2 |
| OR ‘-8’ (DON’T KNOW), FLAG JOB AS ‘NOT SELF- | 2 |
| EMPLOYED’.                                  | 2 |

BOX_04
=====

| IF THERE ARE NO ESTABLISHMENTS FLAGGED AS  | 3 |
| ‘EMPLOYER’ ON THE RU-ESTABLISHMENTS-ROSTER, | 3 |
| GO TO EM12A                                | 3 |

| OTHERWISE, CONTINUE WITH EM12              | 3 |
What is the name of (PERSON)’s main job/business?

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

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

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM12_02. STREET</th>
<th>EM12_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
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<tr>
<td>3. Employer Name-30</td>
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<td>[Display Truncated City]</td>
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</tbody>
</table>

---

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ROSTER DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY 'NONE OF THE ABOVE’ AS THE LAST ENTRY ON THIS ROSTER.</th>
</tr>
</thead>
</table>
In order to better understand the kinds of health insurance being offered to families today, insurance providers and employers who often provide health insurance may be contacted as part of a separate study. This separate study will not use any person’s name from MEPS, so employers and insurance providers can’t identify anyone in your household.

[PRESS ENTER TO CONTINUE]
Is the address of (EMPLOYER) ...

ADDRESS AND TELEPHONE CORRECT ............ 1 {BOX_05}
ADD NEW ADDRESS FOR EMPLOYER ............ 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ................................. 3 {EM15}
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ........................................... -7 {BOX_05}
DK ........................................... -8 {BOX_05}

[Code One]

| IF CODED ‘4’ (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM12 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER. |
What is the name of (PERSON)’s main job/business?

What is the new address of this employer/of (PERSON)’s business?

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

ESTABLISHMENT (EM14_01): [__________]
1ST_STR_ADDRESS (EM14_02): [__________]
2ND_STR_ADDRESS (EM14_03): [__________]
   CITY (EM14_04): [__________]
   STATE (EM14_05): [__________]
   ZIP CODE (EM14_06): [__________]
   TELEPHONE (EM14_07): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
CORRECT ADDRESS OR TELEPHONE FOR:  (EMPLOYER)

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

Current Info:  

1ST_STR_ADDRESS (EM15_01):  [_____________
2ND_STR_ADDRESS (EM15_02):  [_____________
   CITY (EM15_03):  [_____________
   STATE (EM15_04):  [_____________
   ZIP CODE (EM15_05):  [_____________
   TELEPHONE (EM15_06):  [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

FLAG JOB SUBTYPE AS ‘CURRENT MAIN’.

FLAG JOB AS ‘NOT RETIRED FROM’.
When did (PERSON) start working at that job?

[Enter Year-4] .........................
REF .................................... -7
DK ..................................... -8

| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM16OV1 |
-----------------------------------------------
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM16OV2 |
-----------------------------------------------
| OTHERWISE, GO TO EM17 |
-----------------------------------------------
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED ‘04’, ‘06’, ‘09’, ‘11’;
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED ‘02’ AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

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

EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.
You mentioned that (PERSON) {have/has/had} another job {now/on 12/31/2006}. At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through this other job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

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

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

-----------------------------------------------
| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH |
| INSURANCE'.
-----------------------------------------------
EM18
====

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

{(Are/Is)/(Were/Was)} (PERSON) self-employed, or {(do/does)/did} (PERSON) work for someone else at this job?

SELF-EMPLOYED  .........................  1
FOR SOMEONE ELSE  ......................  2
REF  ................................... -7
DK  .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

-----------------------------------------------
| IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS   |
| ‘SELF-EMPLOYED’.                           |
-----------------------------------------------

-----------------------------------------------
| IF CODED ‘2’ (FOR SOMEONE ELSE), ‘-7’ (REFUSED), |
| OR ‘-8’ (DON’T KNOW), FLAG JOB AS ‘NOT SELF- |
| EMPLOYED’.                                    |
-----------------------------------------------
What is the name of {the employer who {pays/paid} (PERSON) for that job/(PERSON)’s business}?

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

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

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM19_02. STREET</th>
<th>EM19_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
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<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

| | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |
| | --------- | |

| | DISPLAY ‘NONE OF THE ABOVE’ AS THE LAST ENTRY ON THIS ROSTER. |
| | --------- | |
In order to better understand the kinds of health insurance being offered to families today, insurance providers and employers who often provide health insurance may be contacted as part of a separate study. This separate study will not use any person’s name from MEPS, so employers and insurance providers can’t identify anyone in your household.

[PRESS ENTER TO CONTINUE]
BOX_05A

----------------------------------------------------
| IF:                                               |
| EM17 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’   |
| (DON’T KNOW)                                       |
| AND                                               |
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS     |
| INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE|
| INFORMATION FOR JOBS NOT PROVIDING HEALTH          |
| INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS    |
| COLLECTED),                                       |
| GO TO EM21                                        |

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

| IF:                                               |
| EM17 IS CODED ‘1’ (YES)                           |
| AND                                               |
| ‘NONE OF THE ABOVE’ IS SELECTED,                  |
| GO TO EM22                                        |

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

| IF:                                               |
| EM17 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’   |
| (DON’T KNOW)                                       |
| AND                                               |
| ‘NONE OF THE ABOVE’ IS SELECTED,                  |
| GO TO EM23                                        |

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

| IF:                                               |
| EM17 IS CODED ‘1’ (YES)                           |
| AND                                               |
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS    |
| INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE|
| INFORMATION FOR JOBS NOT PROVIDING HEALTH          |
| INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS    |
| COLLECTED),                                       |
| GO TO EM24                                        |

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

| OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED   |
| ADDRESS INFORMATION ALREADY RECORDED), CONTINUE    |
| WITH EM20                                         |

26-46
EM20

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

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY....... ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ........ 1 {BOX_06}
ADD NEW ADDRESS FOR EMPLOYER ........... 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ......................... 3 {EM24}
SELECTED WRONG EMPLOYER/ADDRESS .... 4
REF ................................... -7 {BOX_06}
DK .................................... -8 {BOX_06}

[Code One]

----------------------------------------------------
| IF CODED ‘2’ (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM17 IS CODED ‘1’ (YES), GO TO EM22               |
----------------------------------------------------

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

----------------------------------------------------
| IF CODED ‘4’ (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM19 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                           |
----------------------------------------------------
EM21
====

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

Is the address of (EMPLOYER) ...

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

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

[Code One]

---------------------------------------------
| IF CODED ‘4’ (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM19 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                       |
---------------------------------------------
EM21A
=====

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

CORRECT ADDRESS FOR:  (EMPLOYER)

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

Current Info:  [ESTABLISHMENT]  
[1ST_STR_ADDRESS]  
[CITY]  
[STATE]

1ST_STR_ADDRESS (EM21A_01):  [__________]  
CITY (EM21A_02):  [__________]  
STATE (EM21A_03):  [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

--------------------------------------------------------------------------------|
| GO TO BOX_06                      |
--------------------------------------------------------------------------------|
EM22

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

What is the {new} address {of this employer/of (PERSON)’s business}?

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

ESTABLISHMENT (EM22_01): [__________]
1ST_STR_ADDRESS (EM22_02): [__________]
2ND_STR_ADDRESS (EM22_03): [__________]
CITY (EM22_04): [__________]
STATE (EM22_05): [__________]
ZIP_CODE (EM22_06): [__________]
TELEPHONE (EM22_07): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

--------------------------------------------------------------------------------------------------------------------
| IF EM20 WAS CODED ‘2’ (ADD NEW ADDRESS FOR EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |
--------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’. |
--------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------
| GO TO BOX_06 |
--------------------------------------------------------------------------------------------------------------------
What is the {new} address {of this employer/of (PERSON)’s business}?

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

ESTABLISHMENT (EM23_01): [__________]
1ST_STR_ADDRESS (EM23_02): [__________]
   CITY (EM23_03): [__________]
   STATE (EM23_04): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
EM24
====

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

{CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).}

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

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

1ST_STR_ADDRESS (EM24_01):  [_____________]
2ND_STR_ADDRESS (EM24_02):  [_____________]
 CITY (EM24_03):  [_________]
 STATE (EM24_04):  [_________]
 ZIP_CODE (EM24_05):  [_________]
 TELEPHONE (EM24_06):  [_________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

BOX_06
=====

---------------------------------------------------------------------
| FLAG JOB SUBTYPE AS ‘CURRENT MISCELLANEOUS JOB’                     |
| WITHIN REFERENCE PERIOD’.                                           |
---------------------------------------------------------------------

---------------------------------------------------------------------
| FLAG JOB AS ‘NOT RETIRED FROM’.                                     |
---------------------------------------------------------------------

26-52
{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {STR-DT} {END-DT}

When did (PERSON) start working at that job?

[Enter Year-4].........................
REF .................................. -7
DK .................................... -8

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM25OV1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM25OV2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_07</th>
</tr>
</thead>
</table>

EM25OV1

[Enter Month-2, Day-2] ................. (BOX_07)
REF ...................................... -7 (BOX_07)
DK ......................................... -8 (BOX_07)

EM25OV2

[Enter Month-2].........................
REF .................................. -7
DK .................................... -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

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

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

IF JOB START DATE OF CURRENT MAIN JOB (EM16) < OR = (I.E., ON OR BEFORE) REFERENCE PERIOD START DATE, GO TO EM51

IF JOB START DATE OF CURRENT MAIN JOB (EM16) > (I.E., AFTER) REFERENCE PERIOD START DATE, OR IF EM16 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), GO TO EM38
Please think about the employer or business where (PERSON) worked most recently/just before 12/31/2006.

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

At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

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

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

---------------------------------------------------------------------------------------------------------
| IF CODED ‘1’ (YES), FLAG JOB AS ‘PROVIDES HEALTH INSURANCE’. |
---------------------------------------------------------------------------------------------------------
(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

SELF-EMPLOYED .......................... 1
FOR SOMEONE ELSE ........................ 2
REF .......................... -7
DK .......................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

----------------------------------------------------
| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS        |
| 'SELF-EMPLOYED'.                                 |
----------------------------------------------------

----------------------------------------------------
| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED),  |
| OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT           |
| SELF-EMPLOYED'.                                  |
----------------------------------------------------
What is the name of {the employer who paid (PERSON) at the job worked most recently/just before 12/31/2006}/(PERSON)’s business? If more than one employer mentioned, probe: What was (PERSON)’s main job at the time?

Select employer named below and verify with respondent before leaving screen. If employer is not on the list, select ‘none of the above’ to enter a new employer.

To turn check mark on/off, use arrow keys, press enter. To leave, press esc.
In order to better understand the kinds of health insurance being offered to families today, insurance providers and employers who often provide health insurance may be contacted as part of a separate study. This separate study will not use any person’s name from MEPS, so employers and insurance providers can’t identify anyone in your household.

[PRESS ENTER TO CONTINUE]
| IF:                                                         |
| EM26 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| AND                                                         |
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), |
| GO TO EM30                                                  |

| IF:                                                         |
| EM26 IS CODED '1' (YES)                                     |
| AND                                                         |
| 'NONE OF THE ABOVE' IS SELECTED,                           |
| GO TO EM31                                                  |

| IF:                                                         |
| EM26 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| AND                                                         |
| 'NONE OF THE ABOVE' IS SELECTED,                           |
| GO TO EM32                                                  |

| IF:                                                         |
| EM26 IS CODED '1' (YES)                                     |
| AND                                                         |
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), |
| GO TO EM33                                                  |

| OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM29 |

26-59
EM29
=====

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

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY....... ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT .......... 1 {BOX_08}
ADD NEW ADDRESS FOR EMPLOYER .......... 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION ................................. 3 {EM33}
SELECTED WRONG EMPLOYER/ADDRESS ...... 4
REF ................................. -7 {BOX_08}
DK ..................................... -8 {BOX_08}

[Code One]

------------------------------------------
| IF CODED ’2’ (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM26 IS CODED ’1’ (YES), GO TO EM31           |
------------------------------------------

------------------------------------------
| IF CODED ’2’ (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM26 IS CODED ’2’ (NO), ’-7’ (REFUSED), OR ”-8” |
| (DON’T KNOW), GO TO EM32                     |
------------------------------------------

------------------------------------------
| IF CODED ’4’ (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM28 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                     |
------------------------------------------
EM30
====

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

Is the address of (EMPLOYER) ...

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

PARTIAL ADDRESS CORRECT ............... 1 {BOX_08}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM32}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ................................... -7 {BOX_08}
DK .................................... -8 {BOX_08}

[Code One]

-------------------------------------------------------------------------------------------------
| IF CODED ‘4’ (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM28 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                         |
-------------------------------------------------------------------------------------------------
EM30A
=====

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

CORRECT ADDRESS FOR:  (EMPLOYER)

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

Current Info:  [ESTABLISHMENT]
[1ST_STR_ADDRESS]
[CITY]
[STATE]

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

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

==================================================================
| GO TO BOX 08                                                     |
==================================================================
What is the {new} address {of this employer/of (PERSON)’s business}?

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

ESTABLISHMENT (EM31_01): [__________]
1ST_STR_ADDRESS (EM31_02): [__________]
2ND_STR_ADDRESS (EM31_03): [__________]
   CITY (EM31_04): [__________]
   STATE (EM31_05): [__________]
   ZIP CODE (EM31_06): [__________]
   TELEPHONE (EM31_07): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| IF EM29 WAS CODED ‘2’ (ADD NEW ADDRESS FOR |    |
| EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE |    |
| ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED |    |
| IN THE CONTEXT HEADER.                         |    |
----------------------------------------------------

----------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |    |
| ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’.  |    |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_08                                      |    |
----------------------------------------------------
EM32
====

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

What is the {new} address {of this employer/of (PERSON)’s business}?

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

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

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

-----------------------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’. |
-----------------------------------------------------------------

-----------------------------------------------------------------
| GO TO BOX_08 |
-----------------------------------------------------------------
(PERSON’S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT...) (STR-DT)
(END-DT)

(CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).)

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

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

1ST_STR_ADDRESS (EM33_01): [__________]
2ND_STR_ADDRESS (EM33_02): [__________]
       CITY (EM33_03): [__________]
       STATE (EM33_04): [__________]
       ZIP CODE (EM33_05): [__________]
       TELEPHONE (EM33_06): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

BOX_08

| FLAG JOB SUBTYPE AS 'FORMER MAIN WITHIN REFERENCE PERIOD'.
| ---
EM34
=====

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

When did (PERSON) start working at that job?

[Enter Year-4] ..........................
REF .................................. -7
DK .................................... -8

| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM34OV1 |
-----------------------------------------------

| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM34OV2 |
-----------------------------------------------

| OTHERWISE, GO TO EM35 |
-----------------------------------------------

EM34OV1
=======

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

EM34OV2
=======

[Enter Month-2] ........................
REF .................................. -7
DK .................................... -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

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

EDIT:  JOB START DATE MUST BE = OR > THAN THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THAN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.
EM35
====

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

When did (PERSON) stop working at that job?

[Enter Year-4] ........................
REF ................................... -7 {EM36}
DK ..................................... -8 {EM36}

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM35OV1 |
----------------------------------------------------

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

----------------------------------------------------
| OTHERWISE, GO TO BOX_09                           |
----------------------------------------------------

EM35OV1
======

[Enter Month, Day-2] ........................  (BOX_09)
REF ..................................... -7 (BOX_09)
DK ..................................... -8 (BOX_09)

EM35OV2
======

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

----------------------------------------------------
| EDIT:  COMPLETE DATE AT EM35 MUST BE = OR >       |
| COMPLETE DATE AT EM34                             |
----------------------------------------------------
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED ‘04’, ‘06’, ‘09’, ‘11’;
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED ‘02’ AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

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

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

BOX_09

---

IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM37

---

IF JOB END DATE = OR > (I.E., ON OR AFTER) THE REFERENCE PERIOD START DATE, GO TO BOX_10

---

IF MONTH FIELD OF JOB END DATE IS MISSING (THAT IS, EM35OV1 OR EM35OV2 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW)) AND IF THE YEAR OF JOB END DATE (EM35) IS REFERENCE YEAR, CONTINUE WITH EM36
Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?

BEFORE (START DATE) .................... 1
ON OR AFTER (START DATE) ............... 2 {BOX_10}
REF ..................................... -7 {BOX_10}
DK ....................................... -8 {BOX_10}

[Code One]
If job start date of former main job = (i.e., on) reference period start date, go to EM51.

Otherwise (i.e., job start date after (>) reference period start date or it is not known if job start date is on or after reference period), continue with EM38.

(Person’s first middle and last name) (STR-DT)
(END-DT)

(Other than {employer from EM19/EM22/EM23..}, did/Did) (person) have a job between (start date) and the time the job with {employer from EM06/EM08, EM12/EM14, OR EM28/EM31/EM32} started [other than what we have already discussed]?

Do not include current jobs.

Yes .................................... 1
No ..................................... 2 {EM51}
Ref ..................................... -7 {EM51}
DK ..................................... -8 {EM51}
EM39
====

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

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

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

At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

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

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
| IF CODED ‘1’ (YES), FLAG JOB AS ‘PROVIDES HEALTH | 
| INSURANCE’.                                       |
----------------------------------------------------
(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

| SELF-EMPLOYED .......................... 1 |
| FOR SOMEONE ELSE ........................ 2 |
| REF ................................... -7 |
| DK .................................... -8 |

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.
EM41
====

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

What is the name of {the employer who paid (PERSON) before
(EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31/EM32)/(PERSON)’s business)?

IF MORE THAN ONE EMPLOYER MENTIONED, PROBE:  What was (PERSON)’s main job at the time?

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

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

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM41_02. STREET</th>
<th>EM41_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

-------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| EMPLOYERS IN RU-ESTABLISHMENTS-ROSTER. |
-------------------------------

-------------------------------
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON |
| THIS ROSTER. |
-------------------------------
In order to better understand the kinds of health insurance being offered to families today, insurance providers and employers who often provide health insurance may be contacted as part of a separate study. This separate study will not use any person’s name from MEPS, so employers and insurance providers can’t identify anyone in your household.

[PRESS ENTER TO CONTINUE]
IF:
| EM39 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)
| AND
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),
| GO TO EM43

IF:
| EM39 IS CODED ‘1’ (YES)
| AND
| ‘NONE OF THE ABOVE’ IS SELECTED,
| GO TO EM44

IF:
| EM39 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)
| AND
| ‘NONE OF THE ABOVE’ IS SELECTED,
| GO TO EM45

IF:
| EM39 IS CODED ‘1’ (YES)
| AND
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), GO TO EM46

OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM42
Is the address of (EMPLOYER) ...

ADDRESS AND TELEPHONE CORRECT ........ 1
ADD NEW ADDRESS FOR EMPLOYER ........... 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION .............................. 3
SELECTED WRONG EMPLOYER/ADDRESS ...... 4
REF .......................... -7
DK .......................... -8

[Code One]

<p>| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |</p>
<table>
<thead>
<tr>
<th>EM39 IS CODED '1' (YES), GO TO EM44</th>
</tr>
</thead>
</table>

<p>| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM39 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |</p>
<table>
<thead>
<tr>
<th>(DON'T KNOW), GO TO EM45</th>
</tr>
</thead>
</table>

<p>| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM41 SO THAT THE INTERVIEWER CAN |</p>
<table>
<thead>
<tr>
<th>SELECT ANOTHER EMPLOYER.</th>
</tr>
</thead>
</table>
EM43

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

Is the address of (EMPLOYER) ...

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

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

[Code One]

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

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

26-78
EM43A

(PERSON’S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (STR-DT)
(END-DT)

CORRECT ADDRESS FOR: (EMPLOYER)

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

Current Info: [ESTABLISHMENT]
[1ST_STR_ADDRESS]
[CITY]
[STATE]

1ST_STR_ADDRESS (EM43A_01): [_____________]
CITY (EM43A_02): [_____________]
STATE (EM43A_03): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
EM44
====

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

What is the {new} address {of this employer/of (PERSON)’s business}?

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

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

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------------------------------------------------------
| IF EM42 IS CODED ’2’ (ADD NEW ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT FIELD. ALSO EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |
----------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’. |
----------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------
| GO TO BOX 11 |
----------------------------------------------------------------------------------------------------
What is the {new} address {of this employer/of (PERSON)'s business}?

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

---

If EM42 is coded ‘2’ (add new address for employer) or if EM43 is coded ‘2’ (add new partial address for employer), employer is displayed in establishment field. Also, employer is displayed in the context header.

---

Write establishment to the ru-establishments-roster, and flag establishment as ‘employer’.

---

Go to box 11
EM46
====

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

{CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).}

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

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

1ST_STR_ADDRESS (EM46_01): [_____________
2ND_STR_ADDRESS (EM46_02): [_____________
CITY (EM46_03): [_____________
STATE (EM46_04): [_____________
ZIP CODE (EM46_05): [_____________
TELEPHONE (EM46_06): [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

BOX_11
=====

-------------------------------------------------------------------------------
| FLAG JOB SUBTYPE AS ‘FORMER MAIN WITHIN REFERENCE PERIOD’.                    |
-------------------------------------------------------------------------------
EM47
====

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

When did (PERSON) start working at that job?

[Enter Year-4] .........................
REF .................................... -7
DK .................................... -8

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM47OV1 |
----------------------------------------------------

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM47OV2 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO EM48 |
----------------------------------------------------

EM47OV1
=====

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

EM47OV2
=====

[Enter Month-2] ....................... {EM48}
REF .................................... -7
DK .................................... -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

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

EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THAN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.
When did (PERSON) stop working at that job?

[Enter Year-4] .........................
REF .................................... -7
DK ....................................... -8

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM48OV1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM48OV2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_12</th>
</tr>
</thead>
</table>

EM48OV1

[Enter Month-2, Day-2] ............... (BOX_12)
REF .................................... -7
DK ....................................... -8

EM48OV2

[Enter Month-2] ....................... (BOX_12)
REF .................................... -7
DK ....................................... -8

| EDIT: COMPLETE DATE AT EM48 MUST BE = OR > |
| COMPLETE DATE AT EM47. |
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

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

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

-----

IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM50

-----

IF JOB END DATE IS = OR > (I.E., ON OR AFTER) REFERENCE PERIOD START DATE, GO TO EM51

-----

IF MONTH OF JOB END DATE IS MISSING (THAT IS, EM48OV1 OR EM48OV2 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW)) AND IF THE YEAR OF JOB END DATE (EM48) IS REFERENCE YEAR, CONTINUE WITH EM49
Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?

BEFORE (START DATE) .................... 1
ON OR AFTER (START DATE) ............... 2 {EM51}
REF ................................... -7 {EM51}
DK .................................... -8 {EM51}

[Code One]
EM51
=====

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

{Since (START DATE), (have/has)/Between (START DATE) and
(END DATE), did} (PERSON) {had/have} any other jobs we
haven’t talked about such as a job held at the same time as a
job you’ve already mentioned?

YES ............................................. 1
NO ............................................. 2 {BOX_17}
REF ............................................. -7 {BOX_17}
DK ............................................. -8 {BOX_17}

LOOP_01
======

-------------------------------------------------------------------
| FOR EACH OF THE FOLLOWING:                                          |
| MISCELLANEOUS JOB                                                  |
| ASK EM52-END_LP01                                                   |
-------------------------------------------------------------------

-------------------------------------------------------------------
| LOOP DEFINITION: LOOP_01 enumerates other                        |
| MISCELLANEOUS jobs for person. the response to                    |
| EM64 determines whether the loop cycles again.                    |
| if EM64 is coded ‘1’ (yes), the loop cycles to                    |
| collect the next miscellaneous job. if EM64 is                   |
| coded ‘2’ (no), ‘-7’ (refused), or ‘-8’ (don’t                   |
| know), the loop ends.                                             |
-------------------------------------------------------------------
Please think about the {next most recent} employer or business where (PERSON) worked.

At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

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

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

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

-----------------------------------------------
(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

SELF-EMPLOYED .......................... 1
FOR SOMEONE ELSE ...................... 2
REF  ..................................... -7
DK  ...................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

------------------------------------------------------------------------
| IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS ‘SELF-EMPLOYED’.        |
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF CODED ‘2’ (FOR SOMEONE ELSE), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), |
| FLAG JOB AS ‘NOT SELF-EMPLOYED’.                                    |
------------------------------------------------------------------------
What is the name of the next most recent employer who paid (PERSON) at that job/(PERSON)'s next most recent business?

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

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

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM54 02. STREET</th>
<th>EM54 03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER.

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.
| IF INFORMED CONSENT PARAGRAPH HAS NOT BEEN READ | THIS ROUND, AND EM52 IS CODED ‘1’ (YES), GO TO |
| EM54A. SCREENS CONTAINING INFORMED CONSENT |
| PARAGRAPH ARE: EM06A, EM12A, EM19A, EM28A, |

| OTHERWISE, GO TO BOX_12A |

---

EM54A

In order to better understand the kinds of health insurance being offered to families today, insurance providers and employers who often provide health insurance may be contacted as part of a separate study. This separate study will not use any person’s name from MEPS, so employers and insurance providers can’t identify anyone in your household.

[PRESS ENTER TO CONTINUE]
IF:
EM52 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),
GO TO EM56

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

IF:
EM52 IS CODED ‘1’ (YES) AND ‘NONE OF THE ABOVE’ IS SELECTED,
GO TO EM57

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

IF:
EM52 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND ‘NONE OF THE ABOVE’ IS SELECTED,
GO TO EM58

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

IF:
EM52 IS CODED ‘1’ (YES) AND EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),
GO TO EM59

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

OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM55
EM55
=====

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

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY....... ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ........... 1 {EM60}
ADD NEW ADDRESS FOR EMPLOYER ........... 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ......................... 3 {EM59}
SELECTED WRONG EMPLOYER/ADDRESS ....... 4
REF ................................... -7 {EM60}
DK .................................... -8 {EM60}

[Code One]

-------------------------------------
| IF CODED ’2’ (ADD NEW ADDRESS FOR EMPLOYER) AND |  |
| EM52 IS CODED ’1’ (YES), GO TO EM57 |  |
-------------------------------------

-------------------------------------
| IF CODED ’2’ (ADD NEW ADDRESS FOR EMPLOYER) AND |  |
| EM52 IS CODED ’2’ (NO), ’-7’ (REFUSED), OR ’-8’ |  |
| (DON’T KNOW), GO TO EM58 |  |
-------------------------------------

-------------------------------------
| IF CODED ’4’ (SELECTED WRONG EMPLOYER/ADDRESS), |  |
| CAPI REDISPLAYS EM54 SO THAT THE INTERVIEWER CAN |  |
| SELECT ANOTHER EMPLOYER. |  |
-------------------------------------
Is the address of (EMPLOYER) ...

PARTIAL ADDRESS CORRECT ................ 1 {EM60}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM58}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ......... 4
REF .................................. -7 {EM60}
DK .................................... -8 {EM60}

[Code One]

---------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM54 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                      |
---------------------------------------------
(PERSON’S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (STR-DT)
(END-DT)

CORRECT ADDRESS FOR: (EMPLOYER)

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

Current Info:  [ESTABLISHMENT]
[1ST_STR_ADDRESS]
[CITY]
[STATE]

1ST_STR_ADDRESS (EM56A_01):  [_____________]
CITY (EM56A_02):  [_____________]
STATE (EM56A_03):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

<p>| WRITE ADDRESS CORRECTIONS TO THE |</p>
<table>
<thead>
<tr>
<th>RU-ESTABLISHMENTS-ROSTER.</th>
</tr>
</thead>
<tbody>
<tr>
<td>-------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GO TO EM60</th>
</tr>
</thead>
</table>
What is the new address of this employer/of (PERSON)’s business?

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

ESTABLISHMENT (EM57_01): [_________]
1ST_STR_ADDRESS (EM57_02): [_________]
2ND_STR_ADDRESS (EM57_03): [_________]
CITY (EM57_04): [_________]
STATE (EM57_05): [_________]
ZIP CODE (EM57_06): [_________]
TELEPHONE (EM57_07): [_________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| IF EM55 WAS CODED ‘2’ (ADD NEW ADDRESS FOR |
| EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT |
| FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT |
| HEADER.                                      |
----------------------------------------------------

----------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
| ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’. |
----------------------------------------------------

----------------------------------------------------
| GO TO EM60                                      |
----------------------------------------------------
What is the {new} address {of this employer/of (PERSON)’s business}?

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

ESTABLISHMENT (EM58_01): [_________]
1ST_STR_ADDRESS (EM58_02): [_________]
   CITY (EM58_03): [_________]
   STATE (EM58_04): [_________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| IF EM55 WAS CODED ‘2’ (ADD NEW ADDRESS FOR EMPLOYER) OR IF EM56 WAS CODED ‘2’ (ADD NEW PARTIAL ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’. |  

| GO TO EM60 |
EM59
====

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

{CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).}

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

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

1ST_STR_ADDRESS (EM59_01):  [_____________]
2ND_STR_ADDRESS (EM59_02):  [_____________]
CITY (EM59_03):  [_____________]
STATE (EM59_04):  [_____________]
ZIP CODE (EM59_05):  [_____________]
TELEPHONE (EM59_06):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE |
| RE-ESTABLISHMENTS-ROSTER.                  |
----------------------------------------
When did (PERSON) start working at that job?

[Enter Year-4] .........................
REF .................................... -7
DK ..................................... -8

---

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM60OV1</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM60OV2</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EM61</th>
</tr>
</thead>
</table>

EM60OV1

[Enter Month-2, Day-2] ............. {EM61}
REF .................................... {EM61}
DK ..................................... {EM61}

EM60OV2

[Enter Month-2] .....................
REF .................................... -7
DK ..................................... -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

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

EDIT: JOB START DATE MUST BE = OR > THE PERSON'S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.
EM61
=====

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

When did (PERSON) stop working at that job?

IF STILL AT JOB (ON 12/31/2006), ENTER ‘0’ IN FIRST ENTRY FIELD.

[Enter Year-4] .........................
REF ................................... -7 {EM62}
DK .................................... -8 {EM62}
STILL AT JOB .......................... 0 {BOX_14}

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM61OV1</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM61OV2</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_13</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

EM61OV1
=======

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

EM61OV2
=======

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

| EDIT: COMPLETE DATE AT EM61 MUST BE = OR > |
| COMPLETE DATE AT EM60.                   |
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

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

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

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

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

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

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

Can you just tell me if (PERSON) **stopped** working at that job
before or after (START DATE)?

BEFORE (START DATE) .................... 1
ON OR AFTER (START DATE) ............... 2 {BOX_14}
REF ......................... -7 {BOX_14}
DK .......................... -8 {BOX_14}

[Code One]

EM63
====

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

INTERVIEWER: RESPONDENT REPORTED IN EM51 THAT (PERSON) HAD SOME
OTHER JOB(S)/BUSINESS(ES) SINCE (START DATE), BUT IS NOW
REPORTING THAT ONE OF THESE JOBS ENDED BEFORE (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE
RESPONDENT.

IF DATE STOPPED WORKING IS BEFORE THE BEGINNING OF THE
REFERENCE PERIOD, CODE ‘DELETE JOB’ BELOW.

IF DATE STOPPED WORKING IS AFTER THE REFERENCE PERIOD START
DATE, CODE ‘NEED TO CORRECT DATE’ BELOW.

DELETE JOB ............................. 1 {EM64}
NEED TO CORRECT DATE ................. 2

[Code One]
| IF EM61 (JOB END DATE) IS CODED ‘0’ (STILL AT JOB), FLAG JOB SUBTYPE AS ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ AND FLAG JOB AS ‘NOT RETIRED FROM’. |

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

EM64
====

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

{Since (START DATE), (have/has)/Between (START DATE) and (END DATE), did} (PERSON) {had/have} another job we haven’t talked about {such as a job held at the same time as a job you’ve already mentioned)?

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

END_LP01
 =======

| IF EM64 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT MISCELLANEOUS JOB. |

| IF EM64 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_01 AND GO TO BOX_17 |
(Have/Has) (PERSON) ever worked at a job for pay?

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

I’d like to know a little bit about the last job held by (PERSON). When did (PERSON) last stop working at a job for pay?

[Enter Year-4] .........................
REF ................................... -7
DK .................................... -8

-----------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM66OV1 |
-----------------------------------------------
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM66OV2 |
-----------------------------------------------
| OTHERWISE, GO TO BOX_15 |
-----------------------------------------------

[Enter Month-2, Day-2] ...............
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

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

EDIT: JOB END DATE MUST BE = OR > THE PERSON'S DATE OF BIRTH + 12 YEARS AND < THE REFERENCE PERIOD START DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < THE REFERENCE PERIOD START DATE FOR THIS PERSON.
Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?

BEFORE (START DATE) ....................... 1 {EM69}
ON OR AFTER (START DATE) ............... 2
REF ............................................ -7 {EM69}
DK .............................................. -8 {EM69}

[Code One]
INTERVIEWER: RESPONDENT REPORTED IN EM02 THAT (PERSON) HAS NOT HAD A JOB/BUSINESS SINCE (START DATE), BUT IS NOW REPORTING THAT THE LAST JOB HELD ENDED AFTER (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS AFTER THE BEGINNING OF THE REFERENCE PERIOD, JUMPBACK (CTRL/J) TO SCREEN EM02 AND CODE AS ‘1’ (YES).

IF DATE STOPPED WORKING IS BEFORE THE REFERENCE PERIOD START DATE, JUMPBACK (CTRL/J) TO SCREEN EM66 AND RE-ENTER THE CORRECT JOB END DATE.

At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

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

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

| IF CODED ‘1’ (YES), FLAG JOB AS ‘PROVIDES HEALTH INSURANCE’ |
(Were/Was) (PERSON) self-employed at that job, or did (PERSON) work for someone else?

SELF-EMPLOYED .......................... 1
FOR SOMEONE ELSE ....................... 2
REF ................................. -7
DK ................................. -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

----------------------------------------------------
| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS         |  |
| 'SELF-EMPLOYED'.                                   |  |
----------------------------------------------------

----------------------------------------------------
| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED),   |  |
| OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT            |  |
| SELF-EMPLOYED'.                                   |  |
----------------------------------------------------
What is the name of the employer who paid (PERSON)/(PERSON)'s business?

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

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

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

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM71_02. STREET</th>
<th>EM71_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER.</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
In order to better understand the kinds of health insurance being offered to families today, insurance providers and employers who often provide health insurance may be contacted as part of a separate study. This separate study will not use any person’s name from MEPS, so employers and insurance providers can’t identify anyone in your household.

[PRESS ENTER TO CONTINUE]
IF:
EM69 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)
AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),
GO TO EM73

IF:
EM69 IS CODED '1' (YES)
AND
'NONE OF THE ABOVE' IS SELECTED,
GO TO EM74

IF:
EM69 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)
AND
'NONE OF THE ABOVE' IS SELECTED,
GO TO EM75

IF:
EM69 IS CODED '1' (YES)
AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),
GO TO EM76

OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM72
EM72

[PERSON’S FIRST MIDDLE AND LAST NAME]  [EMPLOYER BEING ASKED ABOUT....]  [STR-DT]
(END-DT)

Is the address of (EMPLOYER) ...

[ESTABLISHMENT STREET ADDRESS LINE1.]
[ESTABLISHMENT STREET ADDRESS LINE2.]
[ESTABLISHMENT CITY....... ST, ZIP..]
[EST. TEL #]

ADDRESS AND TELEPHONE CORRECT ........... 1 (BOX_16)
ADD NEW ADDRESS FOR EMPLOYER ............ 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ....................... 3 (EM76)
SELECTED WRONG EMPLOYER/ADDRESS ......... 4
REF ..................................... -7 (BOX_16)
DK ..................................... -8 (BOX_16)

[Code One]

----------------------------------------------------
| IF CODED ‘2’ (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM69 IS CODED ‘1’ (YES), GO TO EM74 |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘2’ (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM69 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ |
| (DON’T KNOW), GO TO EM75 |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘4’ (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM71 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER. |
----------------------------------------------------
Is the address of (EMPLOYER) ...

PARTIAL ADDRESS CORRECT ............. 1 {BOX_16}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM75}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ................................... -7 {BOX_16}
DK .................................... -8 {BOX_16}

[Code One]

| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM71 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER.                        |
EM73A
=====

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

CORRECT ADDRESS FOR: (EMPLOYER)

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

Current Info: [ESTABLISHMENT]
[1ST_STR_ADDRESS]
[CITY]
[STATE]

1ST_STR_ADDRESS (EM73A_01): [_____________]
CITY (EM73A_02): [_____________]
STATE (EM73A_03): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
<p>| WRITE ADDRESS CORRECTIONS TO THE                  |</p>
<table>
<thead>
<tr>
<th>RU-ESTABLISHMENTS-ROSTER.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>GO TO BOX_16</th>
</tr>
</thead>
</table>

26-116
What is the new address of this employer? Enter complete (name and) address and verify spelling. If establishment has more than one location, record location where person worked.

| ESTABLISHMENT (EM74_01): | [_________] |
| 1ST_STR_ADDRESS (EM74_02): | [_________] |
| 2ND_STR_ADDRESS (EM74_03): | [_________] |
| CITY (EM74_04): | [_________] |
| STATE (EM74_05): | [_________] |
| ZIP CODE (EM74_06): | [_________] |
| TELEPHONE (EM74_07): | [_________] |

Press F1 for list of state abbreviations.
EM75
=====

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

What is the {new} address {of this employer/of (PERSON)’s business}?

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

ESTABLISHMENT (EM75_01): [__________]
1ST_STR_ADDRESS (EM75_02): [__________]
   CITY (EM75_03): [__________]
   STATE (EM75_04): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

-------------------------------------------------------------------------------------------------------------------------
| IF EM72 IS CODED ‘2’ (ADD NEW ADDRESS FOR EMPLOYER) OR IF EM73 IS CODED ‘2’ (ADD NEW PARTIAL ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |
-------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’. |
-------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------
| GO TO BOX_16 |
-------------------------------------------------------------------------------------------------------------------------
PERSON’S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT...) (STR-DT)
(END-DT)

(CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).)

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

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

1ST_STR_ADDRESS (EM76_01): [_____________]
2ND_STR_ADDRESS (EM76_02): [_____________]
CITY (EM76_03): [___________]
STATE (EM76_04): [___________]
ZIP_CODE (EM76_05): [___________]
TELEPHONE (EM76_06): [___________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE     |
| RU-ESTABLISHMENTS-ROSTER.                          |
----------------------------------------------------

| FLAG JOB SUBTYPE AS 'LAST JOB OUTSIDE REFERENCE |
| PERIOD’.                                       |
----------------------------------------------------
BOX_17

----------------------------------------------------
| IF PERSON IS < 55 YEARS OLD OR IN AGE CATEGORIES  |
| 4-7, GO TO BOX_19A                                |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH EM77                      |
----------------------------------------------------

EM77

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{I have recorded that (PERSON) (have/has) retired from
(READ JOB(S) BELOW):}

{TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.}

{ESTABLISHMENT PERSON RETIRED FROM..}
{ESTABLISHMENT PERSON RETIRED FROM..}
{ESTABLISHMENT PERSON RETIRED FROM..}

{(Have/Has)/Between (START DATE) and (END DATE), did} (PERSON)
{ever retired/retire} from {a/any other} job or business?

YES .................................... 1
NO ..................................... 2 {BOX_19A}
REF ................................... -7 {BOX_19A}
DK .................................... -8 {BOX_19A}

PRESS F1 FOR DEFINITION OF RETIRED.

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL JOBS IN|
| PERSON’S-JOBS-ROSTER THAT ARE FLAGGED AS ‘RETIRED |
| FROM’ DURING ANY ROUND.                             |
----------------------------------------------------
Some people retire from more than one job during their life. How many times (have/has) (PERSON) retired {since (START DATE)/between (START DATE) and (END DATE)}?

[Enter Number of Times] ................
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF RETIRED.
Were any of the following jobs a job from which (PERSON) retired? (READ JOBS BELOW):

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

YES .................................... 1
NO ..................................... 2 {LOOP_02}
REF ................................... -7 {LOOP_02}
DK .................................... -8 {LOOP_02}
Which job did (PERSON) retire from {between (START DATE) and (END DATE)}?

PROBE: Any others?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
LOOP_02
=======

----------------------------------------------------
| FOR EACH OF THE FOLLOWING:                        |
|                                                    |
| RETIREMENT JOB NOT YET ACCOUNTED FOR               |
|                                                    |
| ASK EM81-END_LP02                                  |
----------------------------------------------------

LOOP DEFINITION: LOOP_02 enumerates and collects information about jobs person retired from that have not yet been accounted for. The number of jobs retired from but not yet accounted for (the number entered at EM78 minus the number of jobs selected at EM80, if any) determines the number of loop cycles. ‘-7’ (Refused) and ‘-8’ (Don’t know) responses at EM78 will be treated as a ‘1’ (one job retired from).
{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Please think about the {first/next} employer or business (PERSON) retired from {between (START DATE) and (END DATE)}.

At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
| IF CODED ‘1’ (YES), FLAG JOB AS ‘PROVIDES HEALTH |
| INSURANCE’.                                        |
----------------------------------------------------
(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

SELF-EMPLOYED ........................................ 1
FOR SOMEONE ELSE ................................. 2
REF .................................................. -7
DK .................................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

<table>
<thead>
<tr>
<th>IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS</th>
<th>‘SELF-EMPLOYED’.</th>
</tr>
</thead>
</table>

<p>| IF CODED ‘2’ (FOR SOMEONE ELSE), ‘-7’ (REFUSED), | OR ‘-8’ (DON’T KNOW), FLAG JOB AS ‘NOT SELF- |</p>
<table>
<thead>
<tr>
<th>-----------------------------------------------</th>
<th>EMPLOYED’.</th>
</tr>
</thead>
</table>
What is the name of the {first/next} {employer/business} (PERSON) retired from {between (START DATE) and (END DATE)}?

SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF EMPLOYER IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW EMPLOYER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM83_02. STREET</th>
<th>EM83_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

----------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |
----------------------------------------

----------------------------------------
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON |
| THIS ROSTER. |
----------------------------------------
In order to better understand the kinds of health insurance being offered to families today, insurance providers and employers who often provide health insurance may be contacted as part of a separate study. This separate study will not use any person’s name from MEPS, so employers and insurance providers can’t identify anyone in your household.

[PRESS ENTER TO CONTINUE]
| IF: |
| EM81 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| AND |
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), |
| GO TO EM85 |

| IF: |
| EM81 IS CODED '1' (YES) |
| AND |
| 'NONE OF THE ABOVE' IS SELECTED, |
| GO TO EM86 |

| IF: |
| EM81 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| AND |
| 'NONE OF THE ABOVE' IS SELECTED, |
| GO TO EM87 |

| IF: |
| EM81 IS CODED '1' (YES) |
| AND |
| EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), |
| GO TO EM88 |

| OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM84 |
EM84
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {STR-DT}
{END-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY......., ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT .......... 1 {BOX_19}
ADD NEW ADDRESS FOR EMPLOYER ............ 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION .................................... 3 {EM88}
SELECTED WRONG EMPLOYER/ADDRESS ....... 4
REF ............................................ -7 {BOX_19}
DK ............................................. -8 {BOX_19}

[Code One]

-------------------------------------------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM81 IS CODED '1' (YES), GO TO EM86 |
-------------------------------------------------------------------------------

-------------------------------------------------------------------------------
| IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM81 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON’T KNOW), GO TO EM87 |
-------------------------------------------------------------------------------

-------------------------------------------------------------------------------
| IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM83 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER. |
-------------------------------------------------------------------------------
EM85
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT...} {STR-DT}
{END-DT}

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT CITY....... , ST}

PARTIAL ADDRESS CORRECT ............... 1 {BOX_19}
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM87}
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ................................... -7 {BOX_19}
DK ..................................... -8 {BOX_19}

[Code One]

---------------------------------------------------------------------------
| IF CODED ‘4’ (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM83 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER. |
---------------------------------------------------------------------------
EM85A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {STR-DT} {END-DT}

CORRECT ADDRESS FOR: (EMPLOYER)

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [ESTABLISHMENT]
[1ST_STR_ADDRESS]
[CITY]
[STATE]

1ST_STR_ADDRESS (EM85A_01): [_____________]
CITY (EM85A_02): [_____________]
STATE (EM85A_03): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| WRITE ADDRESS CORRECTIONS TO THE | |
| RU-ESTABLISHMENTS-ROSTER. | |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_19 |
----------------------------------------------------

26-132
What is the {new} address {of this employer/of (PERSON)’s business}?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

| ESTABLISHMENT (EM86_01): [_________] |
| 1ST_STR_ADDRESS (EM86_02): [_________] |
| 2ND_STR_ADDRESS (EM86_03): [_________] |
| CITY (EM86_04): [_________] |
| STATE (EM86_05): [_________] |
| ZIP CODE (EM86_06): [_________] |
| TELEPHONE (EM86_07): [_________] |

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| IF EM84 WAS CODED ‘2’ (ADD NEW ADDRESS FOR | |
| EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT | |
| FIELD. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT | |
| HEADER. |

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- | |
| ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’. |

GO TO BOX_19
EM87
====

What is the {new} address {of this employer/of (PERSON)’s business}?

ENTER (NAME AND) PARTIAL ADDRESS AND VERIFY SPELLING. IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON WORKED.

  ESTABLISHMENT (EM87_01):  [_____________]
  1ST_STR_ADDRESS (EM87_02):  [_____________]
    CITY (EM87_03):  [_____________]
    STATE (EM87_04):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---------------------------------------------------------------------
| IF EM84 WAS CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) OR EM85 WAS CODED '2' (ADD NEW PARTIAL ADDRESS FOR EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT. ALSO, EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| GO TO BOX_19 |
---------------------------------------------------------------------
PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {STR-DT}
{END-DT}

{CORRECT ADDRESS OR TELEPHONE FOR:  (EMPLOYER)/PREVIOUSLY RECORDED PARTIAL ADDRESS INFORMATION.  NOW NEED TO RECORD COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).}

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER.  TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info:  [1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]

1ST_STR_ADDRESS (EM88_01):  [_____________
2ND_STR_ADDRESS (EM88_02):  [_____________
CITY (EM88_03):  [_____________
STATE (EM88_04):  [_____________
ZIP CODE (EM88_05):  [_____________
TELEPHONE (EM88_06):  [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

---------------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE |
| RU-ESTABLISHMENTS-ROSTER.                    |
---------------------------------------------

FLAG JOB SUBTYPE AS ‘RETIREMENT JOB’.

---------------------------------------------
| FLAG JOB AS ‘RETIRED FROM’.
---------------------------------------------
When did (PERSON) retire from that job?

[Enter Year-4] .........................
REF .................................. -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF RETIRED.

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM89OV1 |
----------------------------------------------------

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM89OV2 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP02                         |
----------------------------------------------------

EM89OV1
=======

[Enter Month-2, Day-2] ............... (END_LP02)
REF .................................. -7 (END_LP02)
DK .................................... -8 (END_LP02)

EM89OV2
=======

[Enter Month-2] .........................
REF .................................. -7
DK .................................... -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

EDIT: JOB END DATE MUST BE = OR > THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.

END_LP02

-------

IF ALL RETIREMENT JOBS ARE NOT YET ACCOUNTED FOR (THAT IS, IF EM78 > 1, AND THE NUMBER OF CYCLES OF LOOP < NUMBER OF RETIRED JOBS AT EM78 MINUS THE NUMBER OF JOBS SELECTED AT EM80), CYCLE TO COLLECT NEXT JOB RETIRED FROM.

WHEN ALL RETIREMENT JOBS ARE ACCOUNTED FOR (THAT IS, ALL ‘TIMES RETIRED’ CODED AT EM78 ARE ACCOUNTED FOR), OR IF EM78 IS CODED ‘1’, ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_02 AND CONTINUE WITH BOX_19A
BOX_19A

<table>
<thead>
<tr>
<th>IF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT ROUND 1</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>NO JOB WITH JOB SUBTYPE FLAGGED AS ‘CURRENT MAIN’</td>
</tr>
<tr>
<td>(AND PERSON IS STILL AT THAT JOB, RJ01=1)</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>AT LEAST ONE JOB WITH JOB SUBTYPE FLAGGED AS</td>
</tr>
<tr>
<td>‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE</td>
</tr>
<tr>
<td>PERIOD’ THAT HAS NOT ENDED (I.E., RJ01 IS CODED</td>
</tr>
<tr>
<td>‘1’ OR RJ06 IS CODED ‘1’ OR EM61 IS CODED ‘0’)</td>
</tr>
<tr>
<td>CONTINUE WITH BOX_19B</td>
</tr>
</tbody>
</table>

BOX_19B

| IF ONLY ONE JOB WITH JOB SUBTYPE FLAGGED AS |
| ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ |
| CAPI AUTOMATICALLY CODES THAT JOB AT EM89A. THEN |
| GO TO BOX_20 |

| OTHERWISE, CONTINUE WITH EM89A |
EM89A

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

We’ve recorded that (PERSON) {currently works/worked} at (READ EMPLOYER NAMES BELOW) {on 12/31/2006}. Which {is/was} (PERSON)’s main job or business {on 12/31/2006}?

TO TURN CHECKMARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

{EMPLOYER BEING ASKED ABOUT....}  {JOBSTR} - {JOBEND}
{EMPLOYER BEING ASKED ABOUT....}  {JOBSTR} - {JOBEND}
{EMPLOYER BEING ASKED ABOUT....}  {JOBSTR} - {JOBEND}

---------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL JOBS IN |
| PERSON’S-JOBS-ROSTER THAT MEET THE FOLLOWING       |
| CONDITIONS:                                        |
|                                                     |
| - JOB SUBTYPE FLAGGED AS ‘CURRENT MISCELLANEOUS   |
| JOB WITHIN REFERENCE PERIOD’                       |
| - PERSON STILL WORKS AT JOB                        |
| ---------------------------------------------

---------------------------------------------
| ROSTER BEHAVIOR SPECIFICATIONS:              |
| 1. ONLY ONE EMPLOYER MAY BE SELECTED.        |
| 2. DO NOT ALLOW CORRECTIONS, ADDITIONS, OR    |
| DELETIONS TO ANY JOBS ON THE ROSTER.         |
| 3. IF ESC USED AND NO JOB SELECTED, DISPLAY THE |
| FOLLOWING ERROR MESSAGE: ‘MUST SELECT ONE     |
| EMPLOYER. PRESS ENTER TO CONTINUE.’           |
| 4. IF ESC USED AND MORE THAN ONE JOB SELECTED, |
| DISPLAY THE FOLLOWING ERROR MESSAGE: ‘ONLY ONE |
| EMPLOYER MAY BE SELECTED. VERIFY AND RE-ENTER. |
| PRESS ENTER TO CONTINUE.’                     |
| 5. FOR EACH JOB, DISPLAY THE ASSOCIATED START AND |
| END DATES.                                     |
|---------------------------------------------

---------------------------------------------
| REPLACE JOB SUBTYPE ‘CURRENT MISCELLANEOUS JOB|
| WITHIN REFERENCE PERIOD’ WITH THE NEW JOB SUBTYPE|
| ‘CURRENT MAIN’ FOR THE JOB SELECTED IN EM89A.  |
|---------------------------------------------
NOTE: SINCE THIS JOB SUBTYPE IS SWITCHING TO A ‘CURRENT MAIN’ JOB, THIS JOB WILL BE ASKED ABOUT IN LOOP_03 DURING THE CURRENT ROUND.

CONTINUE WITH EMPLOYMENT B SUBSECTION (EM-B)
Employment (EM) Section Subsection B

BOX_21
======
----------------------------------------------------
| IF EM65 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’|  
| (DON’T KNOW) FOR THE CURRENT ROUND, GO TO BOX_36  |
----------------------------------------------------

----------------------------------------------------
| IF NOT ROUND 1                                    |  
| AND                                               |  
| EM65 WAS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’  |  
| (DON’T KNOW) IN A PREVIOUS ROUND                   |  
| AND                                               |  
| THERE ARE NO JOBS ON PERSON’S-JOBS-ROSTER, GO TO  |  
| BOX_36                                            |  
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_22                    |  
----------------------------------------------------

BOX_22
======
----------------------------------------------------
| IF:                                               |
| JOB CREATED DURING THE CURRENT ROUND,             |
| OR                                                |
| JOB SUBTYPE SWITCHED FROM ‘CURRENT MISCELLANEOUS  |
| JOB WITHIN REFERENCE PERIOD’ TO                    |
| - ‘CURRENT MAIN’ OR                               |
| - ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE      |
| PERIOD’ AND IS FLAGGED AS ‘RETIRED FROM’           |
| DURING THE CURRENT ROUND,                         |
| OR                                                |
| JOB SUBTYPE WAS ‘FORMER MISCELLANEOUS JOB WITHIN  |
| REFERENCE PERIOD’ DURING THE PREVIOUS ROUND AND    |
| IS FLAGGED AS ‘RETIRED FROM’ DURING THE CURRENT    |
| ROUND,                                             |
| CONTINUE WITH LOOP_03                             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_31                           |
----------------------------------------------------

26-141
LOOP_03
======

| FOR EACH ELEMENT IN PERSON’S-JOBS-ROSTER, |  
| ASK EM90 - END_LP03 | 

LOOP DEFINITION: LOOP_03 COLLECTS DETAILED INFORMATION ABOUT EACH JOB REPORTED FOR PERSON. THIS LOOP CYCLES ON JOBS WHICH MEET THE FOLLOWING CONDITIONS:

- JOB CREATED DURING THE CURRENT ROUND
- JOB SUBTYPE SWITCHED FROM ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ TO
  - ‘CURRENT MAIN’ OR
  - ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ AND IS FLAGGED AS ‘RETIRED FROM’ DURING THE CURRENT ROUND,
- JOB SUBTYPE WAS ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ DURING THE PREVIOUS ROUND AND IS FLAGGED AS ‘RETIRED FROM’ DURING THE CURRENT ROUND

EM90
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {JOB-ST}  {JOB-ED}

I’d like to talk about (PERSON)’s {job at (EMPLOYER)/business, that is (EMPLOYER)}. PRESS ENTER TO CONTINUE.

DISPLAY ‘JOB AT (EMPLOYER)’ IF JOB IS NOT FLAGGED AS SELF-EMPLOYED. DISPLAY ‘BUSINESS, THAT IS (EMPLOYER)’ IF JOB IS FLAGGED AS SELF-EMPLOYED.
BOX_23
======

----------------------------------------------------
| IF:                                               |
| JOB SUBTYPE IS 'CURRENT MISCELLANEOUS JOB WITHIN |
| REFERENCE PERIOD',                                |
| OR                                                |
| JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN   |
| REFERENCE PERIOD' AND JOB IS FLAGGED AS 'NOT      |
| RETIRED FROM',                                    |
| GO TO BOX_27                                      |
----------------------------------------------------

----------------------------------------------------
| IF JOB IS FLAGGED AS 'NOT SELF-EMPLOYED',         |
| AND IF:                                           |
| JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD'|
| (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR    |
| 'NOT RETIRED FROM'),                              |
| OR                                                |
| JOB SUBTYPE IS 'RETIREMENT JOB',                  |
| OR                                                |
| JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN   |
| REFERENCE PERIOD' AND JOB IS FLAGGED AS 'RETIRED  |
| FROM',                                            |
| GO TO EM96                                        |
----------------------------------------------------

----------------------------------------------------
| IF JOB IS FLAGGED AS 'SELF-EMPLOYED',             |
| AND IF:                                           |
| JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD'|
| (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR    |
| 'NOT RETIRED FROM'),                              |
| OR                                                |
| JOB SUBTYPE IS 'RETIREMENT JOB',                  |
| OR                                                |
| JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN   |
| REFERENCE PERIOD' AND JOB IS FLAGGED AS 'RETIRED  |
| FROM',                                            |
| GO TO EM98                                        |
----------------------------------------------------
| IF JOB IS FLAGGED AS 'SELF-EMPLOYED', |
| AND IF: |
| JOB SUBTYPE IS 'CURRENT MAIN', |
| OR |
| JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'), |
| GO TO EM94 |

| IF JOB IS FLAGGED AS 'NOT SELF-EMPLOYED', |
| AND IF: |
| JOB SUBTYPE IS 'CURRENT MAIN', |
| OR |
| JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'), |
| CONTINUE WITH EM91 |
EM91

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  
{JOB-ED}

How many persons are employed by (EMPLOYER) in a usual week at the location where (PERSON) {work/works/worked}? 

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON’T KNOW' (SHIFT/8).

[Enter Number of Employees] ............  {EM93}  
REF ................................... -7  
DK .................................... -8

----------------------------------------------------  
|  FLAG JOB AS ‘FIRM-SIZE-GREATER-THAN-1’.          |  
----------------------------------------------------

----------------------------------------------------  
|  NOTE: FOR ROUND 5, ‘DEC 31 2006’ WILL BE          |  
|  DISPLAYED IN THE CONTEXT HEADER FOR ‘JOB-ED’ FOR  |  
|  ALL CURRENT MAIN AND CURRENT MISCELLANEOUS JOBS. |  
|  THAT IS, ‘DEC 31 2006’ WILL BE DISPLAYED INSTEAD  |  
|  OF THE WORD ‘CURRENT’ FOR THESE JOB SUBTYPES.     |  
----------------------------------------------------
EM92
====

(PERSON’S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}
{JOB-ED}

About how many persons are employed there? Would you say:

- Less than 10, .......................... 1
- 10 to 25, .............................. 2
- 26 to 49, .............................. 3
- 50 to 100, ............................. 4
- 101 to 500, ............................ 5
- 501 to 1,000, .......................... 6
- 1,001 to 5,000, ........................ 7
- 5,001 or more? ........................ 8
- REF .................................. -7
- DK ..................................... -8

[Code One]

EM93
====

(PERSON’S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}
{JOB-ED}

Does (EMPLOYER) have facilities in more than one location?

- YES .................................... 1 {EM96}
- NO ..................................... 2 {EM96}
- REF ..................................... -7 {EM96}
- DK ..................................... -8 {EM96}

PRESS F1 FOR DEFINITION OF MORE THAN ONE LOCATION.
EM94
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

{Is/Was} (PERSON)’s business incorporated?

YES ........................................ 1 {EM98}
NO ........................................... 2
REF ......................................... -7 {EM98}
DK ............................................ -8

PRESS F1 FOR DEFINITION OF INCORPORATED.

EM95
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

{Is/Was} this business a sole proprietorship or a partnership?

SOLE PROPRIETORSHIP ...................... 1 {EM98}
PARTNERSHIP ............................... 2 {EM98}
REF ......................................... -7 {EM98}
DK ............................................ -8 {EM98}

[Code One]

PRESS F1 FOR DEFINITION OF SOLE PROPRIETORSHIP/PARTNERSHIP.
EM96
=====

(Person's first middle and last name) (Employer being asked about...) (Job-St)
(Job-Ed)

(Are/Is)/(Were/Was) (Person) an employee of:

A private company, individual or organization, ......................... 1 {EM98}
The Federal government, .................. 2
State government, ....................... 3 {EM99}
Local government, ....................... 4 {EM99}
The Armed Forces, or ..................... 5 {EM99}
Foreign (non U.S.) government ........... 6 {EM98}
REF .................................... -7 {EM98}
DK ..................................... -8 {EM98}

[Code One]

Press F1 for definitions of answer categories.

EM97
=====

(Person's first middle last name) (Employer being asked about...) (Job-St)
(Job-Ed)

(Do/Does)/Did (Person) work for the United States Postal Service?

YES .................................... 1 {EM99}
NO ..................................... 2 {EM99}
REF .................................... -7 {EM99}
DK ..................................... -8 {EM99}
EM98
====

(Person’s first middle and last name)  {Employer being asked about....}  (Job-St)  
(Job-Ed)

What kind of business or industry {is/was} that?

PROBE: What do they make or do?

RECORD VERBATIM.

[Enter Text] ...........................
REF ................................-7
DK ....................................-8

----------------------------------------------------
<table>
<thead>
<tr>
<th>NOTE: ALLOW MULTIPLE LINES FOR ENTRY.</th>
</tr>
</thead>
</table>

EM99
====

(Person’s first middle and last name)  {Employer being asked about....}  (Job-St)  
(Job-Ed)

What {is/was} (Person)’s job called?

RECORD VERBATIM.

[Enter Text] ...........................
REF ................................-7
DK ....................................-8

----------------------------------------------------
<table>
<thead>
<tr>
<th>NOTE: ALLOW MULTIPLE LINES FOR ENTRY.</th>
</tr>
</thead>
</table>

26-149
What {(do/does)/did} (PERSON) actually do at that job? What {are/were} some of (PERSON)’s most important activities or duties?

RECORD VERBATIM.

[Enter Text] ...........................
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| NOTE: ALLOW MULTIPLE LINES FOR ENTRY.            |
----------------------------------------------------
| IF JOB SUBTYPE IS ‘CURRENT MAIN’, GO TO EM104     |
----------------------------------------------------
| IF JOB IS FLAGGED AS ‘SELF-EMPLOYED’, AND IF: |
| JOB SUBTYPE IS ‘FORMER MAIN WITHIN REFERENCE PERIOD’ AND IS FLAGGED AS ‘NOT RETIRED FROM’, OR |
| JOB SUBTYPE IS ‘LAST JOB OUTSIDE REFERENCE PERIOD’ AND IS FLAGGED AS ‘NOT RETIRED FROM’, |
| GO TO EM102                                      |
----------------------------------------------------
| IF: |
| JOB SUBTYPE IS ‘RETIREMENT JOB’, OR |
| JOB SUBTYPE IS ‘FORMER MAIN WITHIN REFERENCE PERIOD’ AND IS FLAGGED AS ‘RETIRED FROM’, OR |
| JOB SUBTYPE IS ‘LAST JOB OUTSIDE REFERENCE PERIOD’ AND IS FLAGGED AS ‘RETIRED FROM’ |
| OR |
| JOB SUBTYPE IS ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ AND FLAGGED AS ‘RETIRED FROM’, |
| GO TO BOX_24                                    |
----------------------------------------------------
EM101
=====

(PERSON’S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

What is the main reason that (PERSON) no longer (have/has) this job?

- JOB ENDED ............................. 1 {BOX_24}
- RETIRED .................................. 2 {BOX_24}
- ILLNESS OR INJURY ...................... 3 {BOX_24}
- LAID OFF ................................. 4 {BOX_24}
- QUIT TO HAVE A BABY ..................... 5 {BOX_24}
- QUIT TO GO TO SCHOOL ................. 6 {BOX_24}
- QUIT TO TAKE CARE OF HOME OR FAMILY .... 7 {BOX_24}
- QUIT BECAUSE WANTED TIME OFF ........... 8 {BOX_24}
- QUIT TO TAKE OTHER JOB ............... 9 {BOX_24}
- OTHER ...................................... 91
- REF ....................................... -7 {BOX_24}
- DK ........................................ -8 {BOX_24}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EM101OV
======

ENTER OTHER:

[Enter Other Specify] .....................
- REF ....................................... -7
- DK .......................................... -8
BOX_24
======

---
| IF: |
| JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' |
| (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR |
| 'NOT RETIRED FROM'), |
| OR |
| JOB SUBTYPE IS 'RETIREMENT JOB', |
| OR |
| JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN |
| REFERENCE PERIOD' AND IS FLAGGED AS 'RETIRED |
| FROM', |
| GO TO BOX_28 |
---

---
| IF: |
| JOB SUBTYPE IS 'FORMER MAIN JOB WITHIN REFERENCE |
| PERIOD' (NOTE: JOB MUST BE FLAGGED AS 'NOT |
| RETIRED FROM'), |
| AND |
| EM101 IS CODED '3' (ILLNESS OR INJURY) OR '4' |
| (LAID OFF), |
| AND |
| CURRENT ROUND IS NOT ROUND 5 |
| GO TO EM103 |
---

---
| OTHERWISE, GO TO EM104 |
---
What is the main reason that (PERSON) no longer (have/has) this business?

1. BUSINESS DISSOLVED OR SOLD
2. RETIRED
3. ILLNESS OR INJURY
4. STOPPED/LEFT BUSINESS TO HAVE A BABY
5. STOPPED/LEFT BUSINESS TO GO TO SCHOOL
6. STOPPED/LEFT BUSINESS TO TAKE CARE OF HOME OR FAMILY
7. STOPPED/LEFT BUSINESS BECAUSE WANTED TIME OFF
8. STOPPED/LEFT BUSINESS TO TAKE OTHER JOB
9. OTHER
-7. REF
-8. DK

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

[Enter Other Specify]  REF  DK
-7  -7  -8
BOX_25

-------------------------------
| IF JOB SUBTYPE IS ‘LAST JOB OUTSIDE REFERENCE PERIOD’ (NOTE: JOB MUST BE FLAGGED AS ‘NOT RETIRED FROM’), GO TO BOX_28 |
-------------------------------

-------------------------------
| IF: |
| JOB SUBTYPE IS ‘FORMER MAIN JOB WITHIN REFERENCE PERIOD’ (NOTE: JOB CAN BE FLAGGED AS ‘RETIRED FROM’ OR ‘NOT RETIRED FROM’), |
| AND |
| EM102 IS CODED ‘3’ (ILLNESS OR INJURY), |
| AND |
| CURRENT ROUND IS NOT ROUND 5 |
| CONTINUE WITH EM103 |
-------------------------------

-------------------------------
| OTHERWISE, GO TO EM104 |
-------------------------------

EM103

-------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {JOB-ST} {JOB-ED} 

(Do/Does) (PERSON) expect to be recalled or return to (EMPLOYER) within the next 30 days?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

For the next questions, please remember that we are talking about the period between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}.

Often the actual number of hours people work is different from the number of hours on which their salaries are based. How many hours per week {(do/does)/did} (PERSON) usually work at (EMPLOYER)? Include all the hours (PERSON) usually {spends/spent} working on this job, except for any unpaid travel to and from the job.

[Enter Hours Per Week] .................   {EM105C}
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ACTUAL HOURS WORKED PER WEEK.

--------------------
| NOTE: ALLOW ONLY WHOLE HOURS, NO FRACTIONS. |
--------------------

{(Do/Does)/Did} (PERSON) work at least 35 hours a week at this job?

YES ................................. 1
NO ................................. 2
REF ................................... -7
DK .................................... -8
Some people are in temporary jobs that last only for a limited time or until the completion of a project. Is (PERSON)'s job at (EMPLOYER) temporary?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

Is (PERSON)'s job at (EMPLOYER) a year round job or is it only available during certain times of the year?

[Teachers and other school personnel who work only during the school year should consider themselves to have a year round job.]

YEAR ROUND .............................  1
NOT YEAR ROUND ........................  2
REF ................................... -7
DK .................................... -8

[Code One]
| IF JOB IS FLAGGED AS 'SELF-EMPLOYED', GO TO BOX_28 |

| OTHERWISE, CONTINUE WITH BOX_26A |

| ASK THE EMPLOYMENT WAGE (EW) SECTION |
| AT COMPLETION OF EMPLOYMENT WAGE (EW) SECTION, |
| CONTINUE WITH BOX_26B |

| IF EW05OV1 IS CODED '2' (PER DAY) |
| OR |
| EW24AOV1, EW24BOV1, OR EW24COV1 IS CODED '2' |
| (PER DAY) |
| FOR THIS JOB, |
| CONTINUE WITH EM106 |

| OTHERWISE, GO TO EM107 |
EM106
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

Approximately how many hours per day {(do/does)/did} (PERSON) work?

[Enter Hours per Day] .................
REF ..................................... -7
DK ..................................... -8

EM107
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

On this job, {(do/does)/did} (PERSON) have paid time off if (PERSON) {(are/is)/(were/was)} sick?

YES .................................... 1
NO ..................................... 2 {EM109}
REF ..................................... -7 {EM109}
DK ..................................... -8 {EM109}

EM108
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

{Can/Could} (PERSON) {take/have taken} paid sick leave if (PERSON) {(have/has)/had) to visit a doctor?

YES .................................... 1
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8
On this job, {(do/does)/did} (PERSON) get paid vacation?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

Not including Social Security or Railroad Retirement,
{(are/is)/(were/was)} (PERSON) covered by a pension or retirement plan or
{(do/does)/did} (PERSON) have a 401K plan on this job?

YES .................................... 1 {BOX_28}
NO ..................................... 2 {BOX_28}
REF ................................... -7 {BOX_28}
DK .................................... -8 {BOX_28}

PRESS F1 FOR DEFINITIONS OF PENSION/RETIREMENT PLAN.
BOX_27

======

----------------------------------------------------
| IF JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN|
| REFERENCE PERIOD’ AND JOB DOES NOT PROVIDE HEALTH |
| INSURANCE (EM52 IS CODED ‘2’ (NO)), GO TO EM114 |
----------------------------------------------------

----------------------------------------------------
| IF JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN|
| REFERENCE PERIOD’ AND JOB IS FLAGGED AS ‘PROVIDES |
| HEALTH INSURANCE’ (EM52 IS CODED ‘1’ (YES)),     |
| GO TO EM115                                       |
----------------------------------------------------

----------------------------------------------------
| IF JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN|
| REFERENCE PERIOD’ AND EM52 IS CODED ‘-7’ (REFUSED)|
| OR ‘-8’ (DON’T KNOW), GO TO EM116                 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (I.E., JOB SUBTYPE IS 'CURRENT          |
| MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’),      |
| CONTINUE WITH EM111                               |
----------------------------------------------------

EM111

=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT.....} {JOB-ST} {JOB-ED}

(Since {START DATE OF REFERENCE PERIOD}/Between {START DATE OF REFERENCE PERIOD}), how many hours {(do/does)/did} (PERSON) work at this job during a typical week?

[Enter Hours Per Week] ............... REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ACTUAL HOURS WORKED PER WEEK.
EM111A
======
OMITTED.

EM111AOV
========
OMITTED.

EM111B
======
OMITTED.

EM111C
======

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}
{JOB-ED}

Some people are in temporary jobs that last only for a limited time or until the completion of a project. Is (PERSON)’s job at (EMPLOYER) temporary?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

EM111D
======

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}
{JOB-ED}

Is (PERSON)’s job at (EMPLOYER) a year round job or is it only available during certain times of the year?

[Teachers and other school personnel who work only during the school year should consider themselves to have a year round job.]

YEAR ROUND ............................  1
NOT YEAR ROUND ........................  2
REF ................................... -7
DK .................................... -8

[Code One]
EM112
======

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  
{JOB-ED}

{Since {START DATE OF REFERENCE PERIOD}/Between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}), what {is/was} (PERSON)’s usual weekly income before deductions for taxes or anything else from (PERSON)’s job with (EMPLOYER)?

[Enter $ Per Week] ....................
REF ................................... -7
DK ..................................... -8

BOX_28
======

---
| IF EM96 IS CODED ‘5’ (THE ARMED FORCES), GO TO BOX_30 |
| IF EM96 IS NOT CODED ‘5’ AND JOB SUBTYPE IS NOT ‘CURRENT MAIN’ AND JOB IS FLAGGED AS ‘PROVIDES HEALTH INSURANCE’, GO TO EM115 |
| IF EM96 IS NOT CODED ‘5’ AND JOB SUBTYPE IS NOT ‘CURRENT MAIN’ AND ‘PROVIDES HEALTH INSURANCE’ STATUS FLAG IS ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) GO TO EM116 |
| IF EM96 IS NOT CODED ‘5’ AND JOB SUBTYPE IS ‘CURRENT MAIN’, CONTINUE WITH EM113 |
---

26-162
EM113

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  
(JOB-ED)

At any time {since {START DATE OF REFERENCE PERIOD}/between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}}, did (PERSON) have health insurance through this {job/business}?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

YES .................................... 1 {EM115}
NO ..................................... 2
REF ........................................ -7 {EM116}
DK ........................................ -8 {EM116}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
| IF CODED ‘1’ (YES), FLAG JOB AS ‘PROVIDES HEALTH |
| INSURANCE’.                                       |
----------------------------------------------------

EM114

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  
(JOB-ED)

[Earlier I recorded that (PERSON) did not have health insurance through (EMPLOYER). {Since {START OF REFERENCE PERIOD}/Between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD})]

(Were/Was) (PERSON) offered health insurance through this {job/business}?

YES .................................... 1
NO ..................................... 2 {EM115A}
REF ........................................ -7 {EM116}
DK ........................................ -8 {EM116}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.
(Person’s first middle and last name) {Employer being asked about....} {Job-st} {Job-ed}

(Even though (person) chose not to take health insurance, did/Did) (person) have a choice of different health insurance plans that provided hospital and physician benefits or was only one health insurance plan offered through this {job/business}?

YES, More than one plan ................ 1
NO, Only one plan ...................... 2
REF ..................................... -7
DK ...................................... -8

[Code One]

Press F1 for definition of choice of health insurance plans.

EM115A

(Person’s first middle and last name) {Employer being asked about....} {Job-st} {Job-ed}

Was health insurance offered to any employees at this {job/business}?

YES ..................................... 1
NO ...................................... 2 {EM116}
REF ..................................... -7 {EM116}
DK ...................................... -8 {EM116}

-----------------------------------------------
| Display ‘job’ if job is flagged as ‘not self- | |
| employed’. Display ‘business’ if job is flagged | |
| as ‘self-employed’.                           | |
-----------------------------------------------
(PERSON’S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  
{JOB-ED}

(Were/Was) (PERSON) not eligible for insurance because (PERSON) has not worked long enough, because (PERSON) doesn’t work enough hours, because (PERSON) is on call, because of medical problems, or because of some other reason?

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>HASN’T WORKED LONG ENOUGH</td>
<td>1</td>
</tr>
<tr>
<td>DOESN’T WORK ENOUGH HOURS</td>
<td>2</td>
</tr>
<tr>
<td>ON CALL</td>
<td>3</td>
</tr>
<tr>
<td>MEDICAL PROBLEM</td>
<td>4</td>
</tr>
<tr>
<td>SOME OTHER REASON</td>
<td>91</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

ENTER SOME OTHER REASON:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Other Specify]</td>
<td></td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>
EM116
=====

(Person’s first middle and last name) (Employer being asked about...) (job-st)
(job-ed)

{(Do/Does/Did)} (PERSON) belong to a labor union at (EMPLOYER)?

YES ........................................... 1
NO ........................................... 2
REF ........................................... -7
DK ........................................... -8

PRESS F1 FOR DEFINITION OF LABOR UNION.

-------------------------------------------------------------------
| IF CODED ‘1’ (YES) AND JOB IS FLAGGED AS ‘PROVIDES HEALTH INSURANCE’, CONTINUE WITH EM117 |
-------------------------------------------------------------------

-------------------------------------------------------------------
| OTHERWISE, GO TO BOX 30 |
-------------------------------------------------------------------
EM117

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  
{JOB-ED}

Does the health insurance provided through this {job/business} come from (PERSON)’s {employer/business} or union?

EMPLOYER ........................................ 1 {BOX_30}  
UNION ........................................... 2  
BOTH EMPLOYER AND UNION .............. 3  
REF ............................................. -7 {BOX_30}  
DK .............................................. -8 {BOX_30}  

[Code One]

PRESS F1 FOR DEFINITION OF LABOR UNION.

------------------------------------------------------------------
| IF INFORMED CONSENT HAS NOT BEEN READ AND IF  |
| CODED ‘2’ (UNION) OR ‘3’ (BOTH EMPLOYER AND UNION)  |
| AND  |
| THERE ARE NO ESTABLISHMENTS FLAGGED AS ‘UNION’ ON  |
| RU-ESTABLISHMENTS-ROSTER, GO TO EM118A  |
------------------------------------------------------------------

------------------------------------------------------------------
| IF CODED ‘2’ (UNION) OR ‘3’ (BOTH EMPLOYER AND  |
| UNION)  |
| AND  |
| THERE IS ONE OR MORE ESTABLISHMENTS FLAGGED AS  |
| ‘UNION’ ON RU-ESTABLISHMENTS-ROSTER, CONTINUE  |
| WITH EM118  |
------------------------------------------------------------------
(PERSON’S FIRST MIDDLE AND LAST NAME) {STR-DT}

What is the name of the union providing the health insurance?

SELECT UNION NAME BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

IF UNION IS NOT ON THE LIST, SELECT 'NONE OF THE ABOVE' TO ENTER A NEW UNION.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER: NAME OF UNION</th>
<th>EM118_02. STREET</th>
<th>EM118_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Union Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Union Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Union Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS ALL UNIONS IN THE RU-ESTABLISHMENTS-ROSTER.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

|-----------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_28A</th>
</tr>
</thead>
</table>
In order to better understand the kinds of health insurance being offered to families today, insurance providers and employers who often provide health insurance may be contacted as part of a separate study. This separate study will not use any person’s name from MEPS, so employers and insurance providers can’t identify anyone in your household.

[PRESS ENTER TO CONTINUE]

| IF 'NONE OF THE ABOVE' IS SELECTED, OR NO ESTABLISHMENT FLAGGED AS 'UNION' ON ROSTER, GO TO EM120 |

| OTHERWISE, CONTINUE WITH EM119 |

--------------------------------------------------------------------

--------------------------------------------------------------------

26-169
EM119
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}

Is the address of:  {NAME OF UNION SELECTED IN EM118....} ...

{ESTABLISHMENT ST.ADDRESS LINE1}
{ESTABLISHMENT ST.ADDRESS LINE2}
{ESTABLISHMENT CITY.......; ST, ZIP..}
{EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ........ 1 {BOX_30}
ADD NEW ADDRESS FOR UNION .............. 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION .................................. 3 {EM121}
SELECTED WRONG UNION/ADDRESS .......... 4
REF ........................................ -7 {BOX_30}
DK ......................................... -8 {BOX_30}

[Code One]

----------------------------------------------------
| IF CODED ‘4’ (SELECTED WRONG UNION/ADDRESS),    |
| CAPI REDISPLAYS EM118 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER UNION.                            |
----------------------------------------------------
EM120

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}

{What is the name of the union providing the health insurance?}
What {is/was} the {new} address of (PERSON)’s union?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING. IF UNION HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON HAD MEMBERSHIP.

ESTABLISHMENT (EM120_01):  [__________]
1ST_STR_ADDRESS (EM120_02):  [__________]
2ND_STR_ADDRESS (EM120_03):  [__________]
CITY (EM120_04):  [__________]
STATE (EM120_05):  [__________]
ZIP_CODE (EM120_06):  [__________]
TELEPHONE (EM120_07):  [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
EM121
=====

(Person’s first middle and last name) {STR-DT}

Correct address or telephone for: (Name of union below)

To verify current information or to leave a field blank, press enter. To correct or enter information, type entire field.

Current Info: [Establishment name]
[1st_str_address]
[2nd_str_address]
[CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]

1st_str_address (EM121_01): [__________]
2nd_str_address (EM121_02): [__________]
   city (EM121_03): [__________]
   state (EM121_04): [__________]
   zip code (EM121_05): [__________]
   telephone (EM121_06): [__________]

Press F1 for list of state abbreviations.

-------------------------------------------
| write corrections to the ru-establisheds-roster |
-------------------------------------------

-------------------------------------------
| go to box_30 |
-------------------------------------------

Box 29
=====

-------------------------------------------
| flag establishment as ‘union’. |
-------------------------------------------

26-172
<table>
<thead>
<tr>
<th>IF JOB FLAGGED AS 'NOT SELF-EMPLOYED', GO TO END_LP03</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF JOB FLAGGED AS 'SELF-EMPLOYED' AND MORE THAN 1 RU MEMBER (OTHER THAN THE PERSON BEING ASKED ABOUT) IS = OR &gt; 16 YEARS OF AGE OR IN AGE CATEGORIES 4-9, CONTINUE WITH EM122</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EM124</th>
</tr>
</thead>
</table>

**EM122**

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {JOB-ST} {JOB-ED}

(Does/Did) any other member of the household (now) work regularly at (PERSON)’s business?

YES ........................................ 1
NO ........................................... 2 {EM124}
REF .......................................... -7 {EM124}
DK ........................................... -8 {EM124}

**EM123**

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {JOB-ST} {JOB-ED}

How many other household members (now work/worked) regularly at this business?

[Enter Number of HH Members] .............
REF .......................................... -7
DK ........................................... -8
EM124
=====

(PERSON’S FIRST MIDDLE AND LAST NAME) {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST}
{JOB-ED}

What was the total number of employees who worked at the
business {last week/just before (PERSON) stopped working at
that business/on {END DATE OF REFERENCE PERIOD})? Be sure to
include the owner {and all other household members you just
told me about}.

[Enter Number of Employees] ............
REF ................................... -7
DK .................................... -8

---------------------------------------------------------------------
| IF ‘1’ ENTERED FOR THE NUMBER OF EMPLOYEES, FLAG |
| JOB AS ‘FIRM-SIZE-1’.                                 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF A NUMBER > 1 ENTERED FOR THE NUMBER OF |
| EMPLOYEES OR CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T |
| KNOW), FLAG JOB AS ‘FIRM-SIZE-GREATER-THAN-1’.     |
---------------------------------------------------------------------

END_LP03
=====

---------------------------------------------------------------------
| CYCLE ON NEXT JOB IN PERSON’S-JOBS-ROSTER THAT |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF NO OTHER JOBS MEET THE STATED CONDITIONS, END |
| LOOP_03 AND CONTINUE WITH BOX_31                   |
---------------------------------------------------------------------
If person has had no jobs during reference period, continue with EM125.

Otherwise, go to EM128.

Did (person) spend any time looking for work {since (start date)/between (start date) and (end date)}?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

Press F1 for definition of looking for work.

Note: For round 5, display the person’s current round reference period end date in the context header for questions EM125-EM142.
What is the main reason (PERSON) did not work {since (START DATE)/between (START DATE) and (END DATE)}?

- COULD NOT FIND WORK .................... 1 {EM127}
- RETIRED ................................ 2 {EM127}
- UNABLE TO WORK BECAUSE ILL/DISABLED .... 3 {EM127}
- ON TEMPORARY LAYOFF .................... 4 {EM127}
- MATERNITY/PATERNITY LEAVE .............. 5 {EM127}
- GOING TO SCHOOL ........................ 6 {EM127}
- TAKING CARE OF HOME OR FAMILY ........ 7 {EM127}
- WANTED SOME TIME OFF ................... 8 {EM127}
- WAITING TO START NEW JOB ............... 9 {EM127}
- OTHER ................................. 91
- REF ................................... -7 {BOX_34}
- DK .................................... -8 {BOX_34}

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

- [Enter Other Specify] ......................
- REF ................................... -7
- DK .................................... -8
Were there any other reasons?

CODE ALL THAT APPLY.

- NO OTHER REASONS ......................... 0
- COULD NOT FIND WORK ....................... 1
- RETIRED .................................. 2
- UNABLE TO WORK BECAUSE ILL/DISABLED .... 3
- ON TEMPORARY LAYOFF ....................... 4
- MATERNITY/PATERNITY LEAVE ............... 5
- GOING TO SCHOOL .......................... 6
- TAKING CARE OF HOME OR FAMILY ........... 7
- WANTED SOME TIME OFF ...................... 8
- WAITING TO START NEW JOB ................. 9
- OTHER ................................. 91
- REF ................................... -7
- DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
EM127OV
========

ENTER OTHER:

[Enter Other Specify] ..................   {BOX_34}
REF ................................... -7 {BOX_34}
DK .................................... -8 {BOX_34}

EM128
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Please think about all the time (PERSON) (have/has) worked
(since (START DATE)/between (START DATE) and (END DATE)),
including paid vacation, sick leave, or other paid leave.
How many weeks did (PERSON) work for pay either full or part time?

NUMBER OF WEEKS IN REFERENCE PERIOD:  {NUMBER OF WEEKS}

IF WORKED THE WHOLE TIME, ENTER ‘96’ FOR NUMBER OF WEEKS.

[Enter Number of Weeks] ............... 
REF ................................... -7 {EM134}
DK .................................... -8 {EM134}
THE WHOLE TIME ..................... 96 {BOX_34}

PRESS F1 FOR DEFINITIONS OF WEEKS WORKED/WORK FOR PAY.

----------------------------------------------------
| IN NUMBER OF WEEKS REPORTED IN EM128 < NUMBER OF  |
| WEEKS IN PERSON’S REFERENCE PERIOD,               |
| CONTINUE WITH EM129                               |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (I.E., THE PERSON WORKED THE WHOLE TIME |
| (CODED ‘96’ OR THE NUMBER OF WEEKS ENTERED =      |
| NUMBER OF WEEKS IN REFERENCE PERIOD)), GO TO      |
| BOX_34                                          |
----------------------------------------------------

----------------------------------------------------
| EDIT: NUMBER OF WEEKS ENTERED CANNOT BE GREATER   |
| THAN NUMBER OF WEEKS IN REFERENCE PERIOD.        |
----------------------------------------------------

26-178
Did (PERSON) spend any time looking for work {since (START DATE)}/between (START DATE) and (END DATE)}?

YES .................................... 1
NO ..................................... 2
REF ..................................... 7
DK ..................................... 8

PRESS F1 FOR DEFINITION OF LOOKING FOR WORK.

Did the (# WEEKS NOT WORKED) weeks since (START DATE) when (PERSON) did not work for pay occur all at one time or was there more than one period of time when (PERSON) did not work?

ALL AT ONE TIME ........................ 1 {LOOP_04}
MORE THAN ONE PERIOD ................. 2 {LOOP_04}
REF ........................................ 7 {LOOP_04}
DK ......................................... 8 {LOOP_04}

[Code One]

How many different periods of time was (PERSON) not working since (START DATE)?

[Enter Number of Periods] ............... 
REF ........................................ 7
DK ......................................... 8
LOOP_04
======

<table>
<thead>
<tr>
<th>FOR EACH OF THE FOLLOWING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERIOD OF TIME NOT WORKED #1</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #2</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #3</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #4</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #5</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #6</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #7</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #8</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #9</td>
</tr>
<tr>
<td>PERIOD OF TIME NOT WORKED #10</td>
</tr>
</tbody>
</table>

ASK EM132-END_LP04
-------------------

LOOP DEFINITION: LOOP_04 COLLECTS INFORMATION ON PERIODS OF UNEMPLOYMENT. THE RESPONSE TO EM130 OR EM131 DETERMINES THE NUMBER OF LOOP CYCLES. IF EM130 IS CODED ‘1’ (ALL AT ONE TIME), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) OR IF EM131 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CYCLE ONLY ONE TIME. OTHERWISE, CYCLE THE NUMBER OF TIMES ENTERED AT EM131.

BOX_32
======
OMITTED.
What was the **main** reason (PERSON) did not work during *(that time/the most recent period/the time before that)*?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could not find work</td>
<td>1</td>
</tr>
<tr>
<td>Retired</td>
<td>2</td>
</tr>
<tr>
<td>Unable to work because ill/disabled</td>
<td>3</td>
</tr>
<tr>
<td>On temporary layoff</td>
<td>4</td>
</tr>
<tr>
<td>Maternity/paternity leave</td>
<td>5</td>
</tr>
<tr>
<td>Going to school</td>
<td>6</td>
</tr>
<tr>
<td>Taking care of home or family</td>
<td>7</td>
</tr>
<tr>
<td>Wanted some time off</td>
<td>8</td>
</tr>
<tr>
<td>Waiting to start new job</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>91</td>
</tr>
</tbody>
</table>

**[Code One]**

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

**ENTER OTHER:**

<table>
<thead>
<tr>
<th>Enter Other Specify</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>-8</td>
</tr>
</tbody>
</table>
EM133
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

PERIOD OF TIME NOT WORKED {NN} OF {NN}

Were there any other reasons?

CODE ALL THAT APPLY.

NO OTHER REASONS ......................... 0
COULD NOT FIND WORK ....................... 1
RETIRED ................................ 2
UNABLE TO WORK BECAUSE ILL/DISABLED .... 3
ON TEMPORARY LAYOFF ....................... 4
MATERNITY/PATERNITY LEAVE ............... 5
GOING TO SCHOOL ......................... 6
TAKING CARE OF HOME OR FAMILY .......... 7
WANTED SOME TIME OFF ..................... 8
WAITING TO START NEW JOB ............... 9
OTHER .................................. 91
REF .................................. -7
DK .................................. -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| ALLOW CODE ‘0,’ ‘-7,’ ‘-8’ IN FIRST FIELD ONLY.  |
| ALLOW ALL OTHER CODES IN ANY FIELD, IN ANY ORDER.|
----------------------------------------------------

----------------------------------------------------
| EDIT: IF CODED ‘0,’ NO OTHER CODES SHOULD BE     |
| ENTERED. IF SECOND CODE ENTERED, DISPLAY         |
| MESSAGE, ‘RESPONSE IS ONLY ALLOWED IN THE FIRST  |
| FIELD. PLEASE RE-ENTER.’                         |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘91’ (OTHER) ALONE OR IN COMBINATION    |
| WITH OTHER CODES, CONTINUE WITH EM133OV          |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP04                        |
----------------------------------------------------

26-182
ENTER OTHER:

[Enter Other Specify] .................
REF ..................................... -7
DK ....................................... -8

END_LP04

------------------------------------------------------
| IF ALL PERIODS OF UNEMPLOYMENT ARE NOT YET          |
| ACCOUNTED FOR (THAT IS, THE NUMBER OF LOOP CYCLES   |
| IS < THE NUMBER ENTERED AT EM131), CYCLE ON NEXT    |
| PERIOD OF UNEMPLOYMENT.                             |
------------------------------------------------------

------------------------------------------------------
| WHEN ALL PERIODS OF UNEMPLOYMENT ARE ACCOUNTED FOR, |
| END LOOP_04 AND CONTINUE WITH EM134                 |
------------------------------------------------------

EM134

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{In addition to the times we have just talked about
{since/between}/{Since/Between}) (START DATE) {and (END DATE)},
was there any time when {PERSON} was on unpaid leave from {a job/all jobs} for a period of time of one week or more?

YES ........................................ 1
NO ......................................... 2 {BOX_34}
REF ....................................... -7 {BOX_34}
DK ......................................... -8 {BOX_34}

PRESS F1 FOR DEFINITION OF UNPAID LEAVE.
How many weeks was that?

NUMBER OF WEEKS IN REFERENCE PERIOD:  {NUMBER OF WEEKS}

IF UNPAID LEAVE THE WHOLE TIME, ENTER ‘96’ FOR NUMBER OF WEEKS.

[Enter Number of Weeks] ................
REF ................................. -7 {LOOP_05}
DK .................................... -8 {LOOP_05}
THE WHOLE TIME .................... 96 {LOOP_05}

If number of weeks reported in EM135 < number of weeks in person's reference period, continue with EM136.

Otherwise (i.e., the person worked the whole time (coded ‘96’ or the number of weeks entered = number of weeks in reference period)), go to LOOP_05.

Edit: Number of weeks entered must be equal to or greater than one and cannot be greater than number of weeks in reference period.
EM136
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Did the {# WEEKS UNPAID LEAVE} weeks {since (START DATE)/between
(START DATE) and (END DATE)} when (PERSON) had unpaid leave occur
all at one time or was there more than one period of time when
(PERSON) had unpaid leave?

ALL AT ONE TIME ......................... 1 {LOOP_05}
MORE THAN ONE PERIOD ............... 2
REF ........................................ -7 {LOOP_05}
DK .......................................... -8 {LOOP_05}

[Code One]

EM137
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

How many different periods of time did (PERSON) have unpaid
leave since (START DATE)?

[Enter Number of Periods] ............
REF ...................................... -7
DK .......................................... -8
LOOP_05
=======

---------------
| FOR EACH OF THE FOLLOWING: |
| PERIOD OF UNPAID LEAVE #1 |
| PERIOD OF UNPAID LEAVE #2 |
| PERIOD OF UNPAID LEAVE #3 |
| PERIOD OF UNPAID LEAVE #4 |
| PERIOD OF UNPAID LEAVE #5 |
| PERIOD OF UNPAID LEAVE #6 |
| PERIOD OF UNPAID LEAVE #7 |
| PERIOD OF UNPAID LEAVE #8 |
| PERIOD OF UNPAID LEAVE #9 |
| PERIOD OF UNPAID LEAVE #10 |
| ASK EM138-END_LP05 |
---------------

LOOP DEFINITION: LOOP 05 COLLECTS INFORMATION ON PERIODS OF UNPAID LEAVE FROM ALL CURRENT JOBS. THE RESPONSE TO EM135, EM136 OR 137 DETERMINES THE NUMBER OF LOOP CYCLES. IF EM135 IS CODED ‘96’ (THE WHOLE TIME), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) OR IF EM136 IS CODED ‘1’ (ALL AT ONE TIME), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) OR IF EM137 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CYCLE ONLY ONE TIME. OTHERWISE, CYCLE THE NUMBER OF TIMES ENTERED AT EM137.

BOX_33
======
OMITTED.
PERIOD OF UNPAID LEAVE {NN} OF {NN}

What was the main reason (PERSON) had unpaid leave {that time/the most recent time/the time before that}?

UNABLE TO WORK BECAUSE ILL/DISABLED .... 1 {EM139}
ON TEMPORARY LAYOFF ...................... 2 {EM139}
MATERNITY/PATERNITY LEAVE ............... 3 {EM139}
GOING TO SCHOOL .......................... 4 {EM139}
TAKING CARE OF HOME OR FAMILY .......... 5 {EM139}
WANTED SOME TIME OFF .................... 6 {EM139}
OTHER .................................... 91
REF ..................................... -7 {END_LP05}
DK ......................................... -8 {END_LP05}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

[Enter Other Specify] ......................
REF ..................................... -7
DK ......................................... -8
(PERSON’S FIRST MIDDLE AND LAST NAME) {STR-DT}
(END-DT)

PERIOD OF UNPAID LEAVE {NN} OF {NN}

Were there any other reasons?

CODE ALL THAT APPLY.

NO OTHER REASONS ......................... 0
UNABLE TO WORK BECAUSE ILL/DISABLED .... 1
ON TEMPORARY LAYOFF ....................... 2
MATERNITY/PATERNITY LEAVE ............... 3
GOING TO SCHOOL ......................... 4
TAKING CARE OF HOME OR FAMILY .......... 5
WANTED SOME TIME OFF ..................... 6
OTHER .................................... 91
REF ................................ -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
<p>| ALLOW CODE ‘0,’ ‘-7,’ ‘-8’ IN FIRST FIELD ONLY. |</p>
<table>
<thead>
<tr>
<th>ALLOW ALL OTHER CODES IN ANY FIELD, IN ANY ORDER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EDIT: IF CODED ‘0,’ NO OTHER CODES SHOULD BE ENTERED. IF SECOND CODE ENTERED, DISPLAY MESSAGE, ‘RESPONSE IS ONLY ALLOWED IN THE FIRST FIELD. PLEASE RE-ENTER.’</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED ‘91’ (OTHER) ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH EM1390V</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP05</th>
</tr>
</thead>
</table>
EM139OV
========

ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK ..................................... -8

END_LP05
========

----------------------------------------
| IF ALL PERIODS OF UNPAID LEAVE ARE NOT YET |
| ACCOUNTED FOR (THAT IS, THE NUMBER OF LOOP CYCLES |
| IS < THE NUMBER ENTERED AT EM137), CYCLE ON NEXT |
| PERIOD OF UNPAID LEAVE.                   |
-----------------------------------------

----------------------------------------
| WHEN ALL PERIODS OF UNPAID LEAVE ARE ACCOUNTED FOR, |
| END LOOP_05 AND CONTINUE WITH BOX_34 |
----------------------------------------

BOX_34
======

----------------------------------------
| IF: |
| ROUND 1 |
| OR |
| PERSON ADDED TO RU THIS ROUND |
| OR |
| PERSON NOT ADDED TO RU THIS ROUND BUT TURNED 16 |
| DURING THE CURRENT ROUND (CHECK REAL DATE OF BIRTH |
| ONLY), |
| CONTINUE WITH BOX_35 |
----------------------------------------

----------------------------------------
| IF: |
| PERSON WAS NOT ADDED TO RU THIS ROUND |
| AND |
| PERSON WAS = OR > 16 YEARS OF AGE OR IN AGE |
| CATEGORIES 4-9 DURING THE PREVIOUS ROUND, |
| GO TO BOX_36A |
----------------------------------------
BOX_35

| IF: |
| PERSON'S AGE = > 65 (OR AGE CATEGORY 9) |
| OR |
| PERSON'S AGE < = 21 (OR AGE CATEGORY 4), |
| GO TO BOX_36A |

| OTHERWISE, CONTINUE WITH EM140 |

EM140

| (PERSON'S FIRST MIDDLE AND LAST NAME) {STR-DT} |
| (END-DT) |

Since (PERSON) (were/was) 21 years old, (have/has) (PERSON) ever been without a job for more than one year for any reason?

YES ............................... 1
NO ................................. 2 {BOX_36A}
REF ................................. ~7 {BOX_36A}
DK ................................. ~8 {BOX_36A}

PRESS F1 FOR DEFINITION OF WITHOUT A JOB.
EM141
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
(END-DT)

Please think about all of the years (PERSON) (have/has) been out of work since (PERSON) (were/was) 21 years old.

For what reasons (were/was) (PERSON) without a job for more than a year?

CODE ALL THAT APPLY.

- COULD NOT FIND WORK .................. 1
- RETIRED .................................. 2
- UNABLE TO WORK BECAUSE ILL/DISABLED .... 3
- ON TEMPORARY LAYOFF .................... 4
- MATERNITY/PATERNITY LEAVE ............. 5
- GOING TO SCHOOL .......................... 6
- TAKING CARE OF HOME OR FAMILY ......... 7
- WANTED SOME TIME OFF ................... 8
- WAITING TO START NEW JOB ............... 9
- OTHER .................................. 91
- REF .................................... -7
- DK ..................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

EM141OV
=======

ENTER OTHER:

[Enter Other Specify] ............
- REF ..................................... -7
- DK ..................................... -8
Since (PERSON) (were/was) 21 years old, what is the total number of years (PERSON) (were/was) without a job because of all the reasons you’ve just told me?

[Enter Number of Years] ................
REF ............................. -7
DK .............................. -8


| IF ROUND 3, CONTINUE WITH EM143 |

| OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_36 |

(Were/Was) (PERSON) working on December 31, 2005?

YES .................................... 1
NO ..................................... 2
REF ................................. -7
DK ................................. -8
CONTINUE WITH END_LP00 (IN OVERALL STRUCTURE OF EMPLOYMENT)
Overall Structure of Employment

BOX_01A
=======

| NOTE: REFUSED (-7) AND DON’T KNOW (-8) ARE DISALLOWED ON ALL FIELDS IN THE EMPLOYMENT SECTIONS THAT COLLECT ESTABLISHMENT NAME. |

LOOP_00
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX_01 - END_LP00 |

| LOOP DEFINITION: LOOP_00 COLLECTS INFORMATION ABOUT EMPLOYMENT FOR ALL RU MEMBERS WHO ARE 16 OR OLDER. THIS LOOP CYCLES ON RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS: |
| - PERSON IS = OR > 16 YEARS, OR IN AGE CATEGORIES 4-9 |
| AND |
| - PERSON IS AN RU MEMBER DURING THE CURRENT ROUND |

BOX_01
=======

| ASK REVIEW OF EMPLOYMENT (RJ) SECTION |
END_LP00

-------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
-------------

-------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_00 AND CONTINUE WITH THE HEALTH |
| INSURANCE (HX) SECTION |
-------------
Emergency Room (ER) Section

ER01
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

Did (PERSON) see a medical doctor during this particular visit?

YES ........................................ 1
NO .......................................... 2
REF ......................................... -7
DK .......................................... -8

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.
SHOW CARD ER-1.

Please look at this card and tell me which category best describes the care (PERSON) received during the visit to (PROVIDER) emergency room on (VISIT DATE)?

DIAGNOSIS OR TREATMENT ............... 1
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 2
PSYCHOTHERAPY OR MENTAL HEALTH
COUNSELING ............................. 3
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 4
IMMUNIZATIONS OR SHOTS ................. 5
MATERNITY CARE (PRE/POSTNATAL) ....... 6
OTHER .................................... 91
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

------------------------------------------------------------
| IF CODED '6' (MATERNITY CARE (PRE/POSTNATAL)), CHECK | |
| THAT PERSON IS FEMALE. IF NOT, DISPLAY THE FOLLOWING | |
| MESSAGE: 'CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.' |
------------------------------------------------------------

Was this visit related to any specific health condition or were any conditions discovered during this visit?

YES ..................................... 1
NO ...................................... 2
REF .................................... -7
DK .................................... -8
(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-DT)

What conditions were discovered or led (PERSON) to make this visit? PROBE: Any other condition?
IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?

IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]

----------------------------------------
ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S MEDICAL-CONDITIONS-ROSTER.
----------------------------------------

----------------------------------------
ROSTER BEHAVIOR SPECIFICATIONS:
----------------------------------------

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDER ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.'
----------------------------------------
SHOW CARD ER-2.

Looking at this card, which of these services, if any, did (PERSON) have during this visit?

CODE ‘95’ IF NO SERVICES WERE RECEIVED.  
CODE ALL THAT APPLY.

LABORATORY TESTS ....................... 1  
SONOGRAM OR ULTRASOUND .................. 2  
X-RAYS ...................................... 3  
MAMMOGRAM .............................. 4  
MRI OR CATSCAN .......................... 5  
EKG OR ECG ............................. 6  
EEG .................................... 7  
VACCINATION ............................ 8  
ANESTHESIA ............................. 9  
OTHER DIAGNOSTIC TEST ................. 10  
NO SERVICES RECEIVED .................. 95  
REF ................................... -7  
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

<table>
<thead>
<tr>
<th>CODE ALL THAT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLOW CODE ‘4’ (MAMMOGRAM) ONLY IF PERSON IS FEMALE AND AGE IS &gt; 17 YEARS (OR AGE CATEGORIES 4 THROUGH 9).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE ALL THAT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLOW CODE ‘95’ (NO SERVICES RECEIVED), ‘-7’, (REFUSED), AND ‘-8’ (DON’T KNOW) AS ENTRIES IN THE FIRST ENTRY FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE ‘95’ WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.</td>
</tr>
</tbody>
</table>
EDIT: IF CODED ‘95’ (NO SERVICES RECEIVED), NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.’

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

CODE ‘1’ = ‘LAB’
CODE ‘2’ = ‘ULTRA’
CODE ‘3’ = ‘XRAY’
CODE ‘4’ = ‘MAMMO’
CODE ‘5’ = ‘MRI’
CODE ‘6’ = ‘EKG’
CODE ‘7’ = ‘EEG’
CODE ‘8’ = ‘VACIN’
CODE ‘9’ = ‘ANEST’
CODE ‘10’ = ‘OTHER’
CODE ‘95’ = ‘NONE’

NOTE: ‘OTHER DIAGNOSTIC TESTS’ AND ‘NO SERVICES RECEIVED’ ARE NOT DISPLAYED ON SHOW CARD.

(PERSON'S FIRST MIDDLE AND LAST NAME)  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

Was a surgical procedure performed on (PERSON) during this visit?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.
During this visit, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES .................................... 1
NO ..................................... 2 {BOX_03}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescribed medicines from this visit that were filled?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-PRESCRIBED-MEDICINES-ROSTER. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER BEHAVIOR SPECIFICATIONS: |
---------------------------------------------------------------------
| 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER. |
| 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES). |
| 3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.' |
---------------------------------------------------------------------
IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS EMERGENCY ROOM EVENT IS NOT COMPLETED, ASK THE CHARGE/PAYMENT (CP) SECTION

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION
Event Roster (EV) Section

BOX_01
=====

----------------------------------------------------
| IF COMING FROM WITHIN PERSON LOOP IN PROVIDER     |
| PROBES, CODE EV01 AUTOMATICALLY BY CAPI WITH THE  |
| CORRECT PERSON NAME AND GO TO EV02                |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH EV01                     |
----------------------------------------------------

EV01
====

INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65] ...

[Code One]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE         |
| RU-MEMBERS-ROSTER.                               |
----------------------------------------------------

EV02
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER: WHAT TYPE OF EVENT IS IT?

HOSPITAL STAY ......................... HS
HOSPITAL EMERGENCY ROOM ............... ER
HOSPITAL OUTPATIENT DEPARTMENT ...... OP
MEDICAL PROVIDER VISIT ............... MV
DENTAL CARE ........................... DN
HOME HEALTH ........................... HH {EV06}
OTHER MEDICAL EXPENSES ............ OM
INSTITUTIONAL/LONG TERM CARE STAY .. IC

PRESS F1 FOR DEFINITION OF EVENT TYPES.

[Code One]

| IF ROUNDS 3 OR 5 AND EV02 IS CODED 'OM', GO TO EV02A
|-------------------------------------------------------|

| IF ROUNDS 1, 2, OR 4 AND EV02 IS CODED 'OM',
| GO TO EV03
|-------------------------------------------------------|

BOX_02
=====

| ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT
|-------------------------------------------------------|

| AT COMPLETION OF THE PV SECTION, GO TO BOX_03
|-------------------------------------------------------|
EV02A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

INTERVIEWER: SELECT GROUP TYPE OF OTHER MEDICAL EXPENSE (OM)
EVENT YOU NEED TO ADD:

NOTE: ONLY ONE OM GROUP TYPE MAY BE ADDED AT THIS SCREEN.

REGULAR (GLASSES OR CONTACTS, INSULIN,
OTHER DIABETIC SUPPLIES) .............. 1 {EV03}

ADDITIONAL (E.G., AMBULANCE SERVICES,
ORTHOPEDIC ITEMS, HEARING DEVICES,
MEDICAL EQUIPMENT, ETC.) .............. 2 {EV03A}

[Code One]

EV03
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {STR-DT}
{END-DT}

IF KNOWN, SELECT CORRECT OME ITEM GROUP.

OTHERWISE, ASK: Did (PERSON) obtain glasses or contact lenses, insulin, or other diabetic equipment or supplies since (START DATE)?

GLASSES OR CONTACT LENSES .............. 1
INSULIN ................................ 2
OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3

[Code All That Apply]

---
| IF CODED ‘2’ (INSULIN), ADD ‘INSULIN’ TO |
| PERSON’S-PRESCRIBED-MEDICINES-ROSTER. |
---

---
| IF CODED ‘3’ (OTHER DIABETIC EQUIPMENT OR |
| SUPPLIES), ADD ‘OTHER DIABETIC EQUIP/SUPPLIES’ |
| TO PERSON’S-PRESCRIBED-MEDICINES-ROSTER. |
---

---
| GO TO BOX_06 |
---

9-3
EV03A

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EV}  JAN 01
DEC 31

SHOW CARD PP-4A OR PP-12

IF KNOWN, SELECT CORRECT ADDITIONAL OME ITEM GROUP

OTHERWISE, ASK: Looking at this card, what type of other medical expenses did (PERSON) obtain, purchase or rent during the calendar year 2006?

AMBULANCE SERVICES ....................... 1
ORTHOPEDIC ITEMS ......................... 2
HEARING DEVICES .......................... 3
PROSTHESES ............................... 4
BATHROOM AIDS ............................ 5
MEDICAL EQUIPMENT ....................... 6
DISPOSABLE SUPPLIES ..................... 7
ALTERATIONS/MODIFICATIONS ............... 8
OTHER ................................... 91

[Code All That Apply]

---------------------------------------------------------------------
| IF CODED '91' (OTHER) ALONE OR IN COMBINATION WITH |
| ANY OTHER CODES, CONTINUE WITH EV03AOV                  |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO BOX_06                                        |
---------------------------------------------------------------------

9-4
ENTER OTHER GROUPING OF OTHER MEDICAL EXPENSES:

[Enter Other Specify] ................     {BOX_06}
REF .................................. -7  {BOX_06}
DK ................................... -8  {BOX_06}

<table>
<thead>
<tr>
<th>IF EVENT TYPE IS HS OR IC, CONTINUE WITH EV04</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO EV05</td>
</tr>
</tbody>
</table>
EV04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.......}  {EV}  {STR-DT}  {END-DT}

IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER PAIR WITH THE EVENT TYPE (EV).

IF DATES NOT KNOWN, ASK: When (were/was) (PERSON) admitted to and discharged from (PROVIDER)? Please tell me the dates of all stays between (START DATE) and (END DATE).

IF NECESSARY, PROBE: On what date did (PERSON) enter (PROVIDER)? On what date did (PERSON) leave (PROVIDER)?

IF STILL IN (PROVIDER) (OR RELEASED IN 2007), ENTER 95 IN MONTH FOR DISCHARGE DATE.

PROBE: Any other stays?

TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>Enter Month,Day,Year-4</th>
<th>Enter Month,Day,Year-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Month,Day,Year-4]</td>
<td>[Enter Month,Day,Year-4]</td>
</tr>
<tr>
<td>[Enter Month,Day,Year-4]</td>
<td>[Enter Month,Day,Year-4]</td>
</tr>
<tr>
<td>[Enter Month,Day,Year-4]</td>
<td>[Enter Month,Day,Year-4]</td>
</tr>
</tbody>
</table>

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES PERSON’S- MEDICAL-EVENTS-ROSTER TO COLLECT ALL EVENTS |
| (DATE RANGES) THAT ARE EVENT TYPE HS OR EVENT TYPE IC, DEPENDING ON THE TYPE OF EVENT BEING ASKED ABOUT. |
----------------------------------------------------
PERSON’S EVENT ROSTER BEHAVIOR SPECIFICATIONS:

1. THIS ROSTER WILL APPEAR BLANK WHEN DISPLAYED. INTERVIEWER CAN ADD ANY NUMBER OF EVENTS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF EVENTS).

2. INTERVIEWER CAN DELETE AN EVENT THAT WAS ENTERED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN EVENT ENTERED IN ERROR.

DISPLAY ‘OR RELEASED IN 2007’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

REF AND DK ARE ALLOWED IN THE DAY AND YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD.

GO TO BOX_06
EV05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EV} {STR-DT} {END-DT}

IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER PAIR WITH THE EVENT TYPE (EV).

IF DATES NOT KNOWN, ASK: When did (PERSON) visit (PROVIDER)? Please tell me all the dates between (START DATE) and (END DATE).

PROBE: Any other dates?

TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[Enter Month,Day,Year-4]
[Enter Month,Day,Year-4]
[Enter Month,Day,Year-4]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES PERSON’S-      |
| MEDICAL-EVENTS-ROSTER TO COLLECT ALL EVENTS       |
| (DATES) THAT ARE THE SAME EVENT TYPE AND SAME     |
| PROVIDER AS THE EVENT BEING ASKED ABOUT.          |
----------------------------------------------------

PERSON’S EVENT ROSTER BEHAVIOR SPECIFICATIONS:

1. THIS ROSTER WILL APPEAR BLANK WHEN DISPLAYED. INTERVIEWER CAN ADD ANY NUMBER OF EVENTS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF EVENTS).
2. INTERVIEWER CAN DELETE AN EVENT THAT WAS ENTERED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN EVENT ENTERED IN ERROR.
EV06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EV}  {STR-DT}
{END-DT}

Thinking about the health care (PERSON) received at home, was the person who provided the care a friend or neighbor, a relative, a volunteer, or some type of provider who was paid? Please do not include health care received from friends or relatives living here.

PROBE: Do you have a brochure, folder, binder of papers, telephone listing, or anything which might help?

NOTE: SELECT ONLY ONE TYPE OF PROVIDER AT THIS TIME.

FRIEND/NEIGHBOR .......................... 1 {EV08}
RELATIVE .................................. 2 {EV07}
VOLUNTEER ................................. 3 {EV08}
OTHER-PAID ................................. 4
VOLUNTEERED: MEAL DELIVERY SERVICE .... 5 {BOX_06}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

------------------------------------
| IF CODED '5' (VOLUNTEERED: MEAL DELIVERY SERVICE), |
| DO NOT CREATE AN EVENT RECORD.                       |
------------------------------------
EV06A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EV}  {STR-DT}  {END-DT}

Did this person **work** for a home health agency, hospital, or nursing home or did they work for themselves?

**PROBE:** Do you have a brochure, folder, binder of papers, telephone listing, or anything which might help?

- WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME .................................. 1 {BOX_04}
- WORKED FOR SELF .............................. 2 {BOX_04}
- REF ...................................... -7 {BOX_04}
- DK ..................................... -8 {BOX_04}

[Code One]

EV07
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EV}  {STR-DT}  {END-DT}

What is the relationship of the relative who provided home care services to (PERSON)?

**IF MORE THAN ONE DAUGHTER/DAUGHTER-IN-LAW/SON/SON-IN-LAW, CODE ONLY ONE AT THIS TIME AND TREAT EACH AS A SEPARATE HOME HEALTH EVENT.**

**INCLUDE ALL OTHER TYPES OF RELATIVES AS ONE GROUP AND CODE 'OTHER-RELATIVE' ONLY ONE TIME.**

- DAUGHTER ................................. 1 {BOX_04}
- DAUGHTER-IN-LAW .......................... 2 {BOX_04}
- SON ...................................... 3 {BOX_04}
- SON-IN-LAW ............................... 4 {BOX_04}
- OTHER RELATIVE ......................... 5

[Code One]
CODE RELATIONSHIPS OF ALL DIFFERENT TYPES OF RELATIVES WHO
PROVIDED HOME CARE SERVICES SINCE (START DATE) TO (PERSON).

MOTHER ........................................ 1
FATHER ........................................ 2
SISTER .......................................... 3
BROTHER ....................................... 4
GRANDPARENT ................................. 5
GRANDCHILD ................................. 6
AUNT/UNCLE ................................. 7
NIECE/NEPHEW ............................... 8
Cousin ........................................... 9
OTHER .......................................... 91
REF ............................................ 91
DK ............................................. 91

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

----------------------------------------------------
| IF EV07OV1 IS CODED '91' (OTHER), ALONE OR IN |
| COMBINATION WITH ANY OTHER CODES, CONTINUE WITH |
| EV07OV2 |

----------------------------------------------------
| OTHERWISE, GO TO EV08 |

----------------------------------------------------

EV07OV2
=======

ENTER OTHER:

[Enter Other Specify] .................
REF ............................................ 7
DK ............................................. 8
{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {STR-DT} {END-DT}

How many different {friends or neighbors/volunteers/relatives, other than daughters, daughters-in-law, sons, and sons-in-law} provided home care services for (PERSON) since (START DATE)?

[Enter Number-2] .................
REF .................................. -7
DK .................................... -8

[Code One]

| DISPLAY 'friends or neighbors' IF EV06 IS CODED '1' (FRIEND/NEIGHBOR). DISPLAY 'volunteers' IF EV06 IS CODED '3' (VOLUNTEER). DISPLAY 'relatives, other than daughters, daughters-in-law, sons, and sons-in-law' IF EV07 IS CODED '5' (OTHER-RELATIVE). |

| IF EV06 IS CODED '1' (FRIEND/NEIGHBOR): |
| - ADD 'FRIEND/NEIGHBOR' TO THE RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-PROVIDER NAME COLUMN. NO ADDRESS INFORMATION IS NECESSARY. |
| - FLAG PROVIDER AS 'INFORMAL'. |

| IF EV06 IS CODED '3' (VOLUNTEER): |
| - ADD 'VOLUNTEER' TO THE RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-PROVIDER NAME COLUMN. NO ADDRESS INFORMATION IS NECESSARY. |
| - FLAG PROVIDER AS 'INFORMAL'. |
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----------------------------------------------------
IF EV07 IS CODED ‘5’ (OTHER RELATIVE):

- ADD ‘OTHER RELATIVE’ TO THE
  RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-
  PROVIDER NAME COLUMN. NO ADDRESS INFORMATION
  IS NECESSARY.

- FLAG PROVIDER AS ‘INFORMAL’.

----------------------------------------------------

-----------------------------------------------
GO TO BOX_05
-----------------------------------------------

BOX_04
======

-----------------------------------------------
ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT
-----------------------------------------------

-----------------------------------------------
AT COMPLETION OF THE PV SECTION, CONTINUE WITH
BOX_05
-----------------------------------------------

9-13
<table>
<thead>
<tr>
<th>IF EV06 IS CODED '1' (FRIEND/NEIGHBOR) OR '3' (VOLUNTEER) AND ROUND 1, GO TO EV12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF EV06 IS CODED '1' (FRIEND/NEIGHBOR) OR '3' (VOLUNTEER) AND NOT ROUND 1, GO TO EV13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF EV06 IS CODED '2' (RELATIVE), FLAG PROVIDER JUST COLLECTED IN PV SECTION AS 'INFORMAL' AND THEN GO TO EV13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF EV06A IS CODED '2' (WORKED FOR SELF), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG PROVIDER JUST COLLECTED IN PV SECTION AS 'PAID INDEPENDENT' AND THEN GO TO EV10</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF EV06A IS CODED '1' (WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME), FLAG PROVIDER JUST COLLECTED IN PV SECTION AS 'AGENCY' AND THEN CONTINUE WITH EV09</th>
</tr>
</thead>
</table>
EV09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}  {STR-DT}
{END-DT}

How many people from (PROVIDER) provided home care services for (PERSON)?

[Enter Number-2] ......................
REF ................................... -7
DK .................................... -8

[Code One]

<table>
<thead>
<tr>
<th>IF ROUND 1, GO TO EV12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EV13</th>
</tr>
</thead>
</table>
EV10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}  {STR-DT}
{END-DT}

Is (PROVIDER) a companion, a professional homemaker, a home health or nurse’s aide, a health professional, or something else?

PROBE: Health professionals include people like nurses, social workers, therapists of any type.

- COMPANION ......................... 1
- DOMESTIC WORKER/HOUSE CLEANER ........ 2
- HEALTH PROFESSIONAL ............... 3
- HOMEMAKER ......................... 4
- HOME HEALTH AIDE ................... 5
- NURSE’S AIDE ......................... 6
- PERSONAL CARE ATTENDANT ............ 7
- OTHER ............................... 91
- REF .................................. -7
- DK .................................. -8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]
EV100V
=====

ENTER OTHER:

[Enter Other Specify] .................
REF ..................................... -7
DK ....................................... -8

<table>
<thead>
<tr>
<th>IF ROUND 1, GO TO EV12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EV13</th>
</tr>
</thead>
</table>
EV11
=====

What type of health professional is (PROVIDER)?

DIETICIAN/NUTRITIONIST ............... 1
HOME HEALTH AIDE ..................... 2
HOSPICE WORKER ....................... 3
I.V./INFUSION THERAPIST ............... 4
MEDICAL DOCTOR ....................... 5
NURSE/NURSE PRACTITIONER .......... 6
NURSE’S AIDE ........................... 7
OCCUPATIONAL THERAPIST .............. 8
PERSONAL CARE ATTENDANT ............ 9
PHYSICAL THERAPIST .................. 10
RESPIRATORY THERAPIST ............... 11
SOCIAL WORKER ....................... 12
SPEECH THERAPIST ..................... 13
OTHER .................................. 91
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]
EV11OV

ENTER OTHER:

[Enter Other Specify] .................
REF .................................... 7
DK ..................................... 8

| IF ROUND 1, CONTINUE WITH EV12 |
----------------------------------------------------
| OTHERWISE, GO TO EV13 |
----------------------------------------------------

EV12

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EV} {STR-DT} {END-DT}

Did {someone from} (PROVIDER) ever provide home care services for (PERSON) before January 1, 2005?

YES ..................................... 1
NO ..................................... 2
REF .................................... 7
DK ..................................... 8

[Code One]

| DISPLAY 'someone from' IF PROVIDER IS A FACILITY. |
| OTHERWISE, USE A NULL DISPLAY. |
----------------------------------------------------
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EV13
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EV} {STR-DT} {END-DT}

{Last time we recorded that (PERSON) received home care services from (PROVIDER) during some part of {PRV RD INTV MTH}. Did (PERSON) continue to receive home care services from (PROVIDER) during the rest of {PRV RD INTV MTH}?}

Did {someone from} (PROVIDER) provide home care services for (PERSON) during the month of (MONTH)?

How about in (MONTH)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
</table>

EV13_01
=======

{MONTH) 1 2 -7 -8

EV13_02
=======

{MONTH) 1 2 -7 -8

EV13_03
=======

{MONTH) 1 2 -7 -8

EV13_04
=======

{MONTH) 1 2 -7 -8
**EV13 SCREEN DISPLAY SPECIFICATIONS:**

1. The number and names of the months listed are determined by the number of months between the month of the start date and the month of the end date for this person. For example, if the start date is January 1 and the end date is April 10 for this person’s reference period, ‘January’, ‘February’, ‘March’, and ‘April’ are displayed. That is, the months are all the months of the person’s reference period.

2. ‘-7’ (Refused) and ‘-8’ (Don’t know) are allowed for EV13_01, EV13_02, EV13_03, and EV13_04. However, they will be treated as a ‘No’ when creating events.

---

**NOTE:** The screen layout should accommodate as many months as possible.

---

**DISPLAY FIRST PARAGRAPH IF A HOME HEALTH EVENT FOR THE MONTH OF THE PREVIOUS ROUND’S INTERVIEW DATE FOR THIS PERSON-PROVIDER PAIR WAS CREATED DURING THE PREVIOUS ROUND (HOWEVER, IT WOULD NOT HAVE BEEN ASKED ABOUT). OTHERWISE, USE A NULL DISPLAY.**

**DISPLAY THE MONTH OF THE PREVIOUS ROUND’S INTERVIEW DATE FOR ‘(PRV RD INTV MTH)’.**

**DISPLAY ‘someone from’ IF PROVIDER IS A FACILITY. OTHERWISE, USE A NULL DISPLAY.**

---

**EDIT: ALL MONTHS DURING THE REFERENCE PERIOD CANNOT BE CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW). IF ALL ARE, DISPLAY THE FOLLOWING MESSAGE: ‘MUST RECEIVE HOME CARE DURING AT LEAST ONE MONTH.’**

---

**MESSAGE: IF CURRENT INTERVIEW MONTH IS CODED ‘1’ (YES), DISPLAY THE FOLLOWING MESSAGE: ‘HOME HEALTH UTILIZATION SEC FOR (INT MONTH) WILL NOT BE ASKED UNTIL NEXT ROUND.’**
EACH MONTH CODED ‘1’ (YES) BECOMES A SEPARATE HOME HEALTH EVENT FOR THIS PERSON-PROVIDER PAIR. HOWEVER, IF THE CURRENT INTERVIEW MONTH IS CODED ‘1’ (YES), IT WILL NOT BE ASKED ABOUT UNTIL THE NEXT ROUND. IF THE MONTH OF THE PREVIOUS ROUND’S INTERVIEW DATE IS CODED ‘1’ (YES), IT IS ONLY ASKED ABOUT ONE TIME. THAT IS, IT IS NOT A SEPARATE EVENT FOR BOTH THE PREVIOUS ROUND AND THIS ROUND, IT IS ONLY ONE EVENT.

NOTE: A SEAM MONTH WILL BE ASKED ONLY ONE HOME HEALTH UTILIZATION SECTION WHENEVER IT RECEIVES (OR RECEIVED) A CODE OF ‘1’ (YES) IN EITHER THE CURRENT ROUND OR THE PREVIOUS ROUND.

RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN PP OR ED.
(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT...)  (JOB-ST)
(JOB-ED)

(For the next few questions, please think about the time between (START DATE OF REFERENCE PERIOD) and (END DATE OF REFERENCE PERIOD) and what (PERSON) was making then.)

At (EMPLOYER), {(are/is)/(were/was)} (PERSON) salaried, paid by the hour, or paid some other way?

IF SALARIED AND RECEIVES TIPS, BONUS, OR COMMISSION, CODE 1.
IF PAID BY THE HOUR AND RECEIVES TIPS, BONUS, OR COMMISSION, CODE 2.

SALARIED .............................................. 1  [EW11]
Paid by the hour ................................. 2  [EW18]
Paid some other way......................... 3
Ref ............................................... -7  [EW08]
DK .............................................. -8  [EW07]

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
How {(are/is)/(were/was)} (PERSON) paid?

BY THE DAY ............................. 1 {EW03}
PIECEWORK .............................. 2 {EW05}
COMMISSION ............................. 3 {EW23}
BONUS ................................. 4 {EW23}
BY THE JOB/MILE ....................... 5 {EW05}
OTHER ................................. 91
REF ................................. -7 {EW08}
DK ................................. -8 {EW07}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

[Enter Other Specify]  ....................  {EW05}
REF ................................. -7 {EW05}
DK ................................. -8 {EW05}
What is/was (PERSON)'s daily wage rate?

[Enter $ Per Day] .......................  
REF ........................................ -7  {EW08}  
DK .......................................... -8  {EW07}

How many hours (do/does/did) (PERSON) usually work per day?

[Enter Hours].............................  {EW23}  
REF ........................................ -7  {EW23}  
DK .......................................... -8  {EW23}
{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {JOB-ST} {JOB-ED}

How much {(do/does)/did} (PERSON) usually make this way?

AMOUNT:

[Enter $ Amount] .......................  
REF ................................... -7 {EW08}  
DK ..................................... -8 {EW07}

EW05OV1

PER PERIOD:

PER HOUR .................................. 1 {EW06}  
PER DAY .................................. 2 {EW06}  
PER WEEK ................................ 3 {EW06}  
PER TWO-WEEK PERIOD ................... 4 {EW06}  
PER MONTH ................................ 5 {EW06}  
PER YEAR ................................ 6 {EW06}  
OTHER .................................... 91  
REF ....................................... -7 {EW06}  
DK ....................................... -8 {EW06}  

[Code One]

EW05OV2

ENTER OTHER:

[Enter Other Specify] ....................  
REF ....................................... -7  
DK ....................................... -8
If (PERSON) worked an extra hour, how much would (PERSON) earn for that hour?

[Enter $ Per Hour] .....................   {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}

I would just like to get a rough idea of how much (PERSON) {(earn/earns)/earned} at this job. Approximately how much {(do/does)/did} (PERSON) make per hour?

[Enter $ Per Hour] .....................   {EW23}
REF ................................... -7 {EW23}
DK .................................... -8

Could you just tell me if (PERSON) {(make/makes)/made} more or less than $10 an hour at this job?

$10 OR MORE ............................ 1
LESS THAN $10 .......................... 2 {EW10}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}

[Code One]
EW09
====

(Person's First Middle and Last Name) (Employer Being Asked About...) (Job-ST) (Job-ED)

More or less than $15 an hour?

$15 OR MORE ............................. 1 {EW23}
LESS THAN $15 ............................ 2 {EW23}
REF .................................. -7 {EW23}
DK .................................... -8 {EW23}

[Code One]

EW10
====

(Person's First Middle and Last Name) (Employer Being Asked About...) (Job-ST) (Job-ED)

More or less than $5.15 an hour?

$5.15 OR MORE ............................. 1 {EW23}
LESS THAN $5.15 ............................ 2 {EW23}
REF .................................. -7 {EW23}
DK .................................... -8 {EW23}

[Code One]
How much {is/was} (PERSON)'s salary before taxes, not including tips, commissions, or bonuses?

**AMOUNT:**

[Enter $ Amount] ..................
REF .................................. -7 {EW14}
DK .................................. -8 {EW13}

**PER PERIOD:**

PER YEAR .......................... 1 {EW12}
PER MONTH .......................... 2 {EW17}
PER TWO-WEEK PERIOD ............ 3 {EW17}
PER WEEK .......................... 4 {EW17}
OTHER .......................... 91
REF .................................. -7 {EW14}
DK .................................. -8 {EW13}

[Code One]

**ENTER OTHER:**

[Enter Other Specify] ............ {EW17}
REF .................................. -7 {EW17}
DK .................................. -8 {EW17}

OMMITTED.
On how many weeks of work per year {is/was} this salary based?

[Enter Number of Weeks] ................   {EW17}
REF  ................................... -7 {EW17}
DK  .................................... -8 {EW17}

I would just like to get a rough idea of how much (PERSON) {(earn/earns)/earned} at this job. Approximately how much {(do/does)/did} (PERSON) make per hour?

[Enter $ Per Hour] .....................   {EW17}
REF  ................................... -7 {EW17}
DK  .................................... -8

Could you just tell me if (PERSON) {(make/makes)/made} more or less than $10 an hour at this job?

$10 OR MORE  ............................ 1
LESS THAN $10  .......................... 2 {EW16}
REF  ................................... -7 {EW17}
DK  .................................... -8 {EW17}

[Code One]
EW15

(Person's First Middle and Last Name)  (Employer Being Asked About...) (Job-St) (Job-Ed)

More or less than $15 an hour?

$15 OR MORE ..........................  1 {EW17}
LESS THAN $15 ..........................  2 {EW17}
REF ................................... -7  {EW17}
DK .................................... -8  {EW17}

[Code One]

EW16

(Person's First Middle and Last Name)  (Employer Being Asked About...) (Job-St) (Job-Ed)

More or less than $5.15 an hour?

$5.15 OR MORE ..........................  1
LESS THAN $5.15 ..........................  2
REF ................................... -7
DK .................................... -8

[Code One]
Often, the number of hours people work is different from the number of hours on which their salaries are based. On how many hours per week (is/was) (PERSON)'s salary based?

[Enter Hours Per Week] .................   {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}

PRESS F1 FOR DEFINITION OF HOURS WORKED PER WEEK.

------------------------------------------------------------------------
| NOTE: ALLOW ONLY WHOLE HOURS, NO FRACTIONS. |
What is/was (PERSON)'s hourly rate for overtime?

DOES NOT WORK OVERTIME ................. 1 [EW23]
STRAIGHT TIME .......................... 2 [EW23]
TIME AND A HALF ........................ 3 [EW23]
COMP TIME .............................. 4 [EW23]
EXACT AMOUNT ........................... 5
OTHER ..................................... 91 [EW19OV2]
REF ....................................... -7 [EW23]
DK ......................................... -8 [EW23]

[Code One]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

ENTER EXACT AMOUNT:

[Enter $ Per Hour] ....................... [EW23]

ENTER OTHER:

[Enter Other Specify] .................... [EW23]
REF ....................................... -7 [EW23]
DK ......................................... -8 [EW23]
EW20
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

Could you just tell me if (PERSON) {(make/makes)/made} more or less than $10 an hour at this job?

$10 OR MORE ........................................ 1
LESS THAN $10 .................................... 2 [EW22]
REF ................................................ -7 [EW23]
DK .................................................. -8 [EW23]

[Code One]

EW21
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

More or less than $15 an hour?

$15 OR MORE .................................... 1 [EW23]
LESS THAN $15 ................................... 2 [EW23]
REF ................................................ -7 [EW23]
DK .................................................. -8 [EW23]

[Code One]
(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT...)  (JOB-ST)  (JOB-ED)

More or less than $5.15 an hour?

$5.15 OR MORE .........................  1
LESS THAN $5.15 .......................  2
REF ................................... -7
DK .................................... -8

[Code One]
MEPS FAMES Panel 10 Round 5 Employment Wage (EW) Section
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EW23
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}
{JOB-ED}

On this job, {(do/does)/did} (PERSON) earn ...

YES  NO  REF  DK

EW23_01
========
tips?  1  2  -7  -8

EW23_02
========
bonuses?  1  2  -7  -8

EW23_03
========
commissions?  1  2  -7  -8

PRESS F1 FOR DEFINITION OF TIPS/BONUSES/COMMISSIONS.

<p>| IF EW02 IS CODED '4' (BONUS), AUTOMATICALLY CODE |</p>
<table>
<thead>
<tr>
<th>EW23_02 AS '1' (YES) AND DO NOT DISPLAY EW23_02</th>
</tr>
</thead>
</table>

<p>| IF EW02 IS CODED '3' (COMMISSION), AUTOMATICALLY |
| CODE EW23_03 AS '1' (YES) AND DO NOT DISPLAY |</p>
<table>
<thead>
<tr>
<th>EW23_03</th>
</tr>
</thead>
</table>

<p>| IF EW23_01 - EW23_03 ARE ALL CODED '2' (NO), '-7' |</p>
<table>
<thead>
<tr>
<th>(REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_04</th>
</tr>
</thead>
</table>

<p>| IF EW23_01 IS CODED '2' (NO), '-7' (REFUSED) OR |</p>
<table>
<thead>
<tr>
<th>'-8' (DON'T KNOW), GO TO BOX_02</th>
</tr>
</thead>
</table>

26-208
MEPS FAMES Panel 10 Round 5 Employment Wage (EW) Section
November 20, 2006

EW24A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT...} {JOB-ST}
{JOB-ED}

How much {are/were} (PERSON)'s tips on average?

TIPS:

AMOUNT:

[Enter $ Amount] ......................
REF ................................... -7 (BOX_02)
DK ..................................... -8 (BOX_02)

EW24AOV1
======

PER PERIOD:

PER HOUR ..................................  1 (BOX_02)
PER DAY ....................................  2 (BOX_02)
PER WEEK ...................................  3 (BOX_02)
PER TWO-WEEK PERIOD ....................  4 (BOX_02)
PER MONTH ..................................  5 (BOX_02)
PER YEAR ...................................  6 (BOX_02)
OTHER .....................................  91
REF ....................................... -7 (BOX_02)
DK ......................................... -8 (BOX_02)

[Code One]

EW24AOV2
======

ENTER OTHER:

[Enter Other Specify] .................
REF ....................................... -7
DK ......................................... -8
BOX_02

| IF EW23_02 IS CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T KNOW), GO TO BOX_03 |
| OTHER WISE, CONTINUE WITH EW24B |

EW24B

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

How much {are/were} (PERSON)'s bonuses on average?

BONUSES:

AMOUNT:

[Enter $ Amount] .......................
REF ................................... -7 (BOX_03)
DK .................................... -8 (BOX_03)

EW24BOV1

PER PERIOD:

PER HOUR ............................... 1 (BOX_03)
PER DAY ................................. 2 (BOX_03)
PER WEEK ............................... 3 (BOX_03)
PER TWO-WEEK PERIOD .................... 4 (BOX_03)
PER MONTH ............................... 5 (BOX_03)
PER YEAR ............................... 6 (BOX_03)
OTHER ................................. 91
REF ................................... -7 (BOX_03)
DK .................................... -8 (BOX_03)

[Code One]
EW24BOV2
========

ENTER OTHER:

[Enter Other Specify] .......................  
REF ...................................... -7  
DK ....................................... -8  

BOX_03
======

----------------------------------------------------
| IF EW23_03 IS CODED '2' (NO), '-7' (REFUSED) OR |  
| '-8' (DON'T KNOW), GO TO BOX_04                   |  
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH EW24C                   |  
----------------------------------------------------

EW24C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

How much {are/were} (PERSON)'s commissions on average?

COMMISSIONS:

AMOUNT:

[Enter $ Amount] .........................  
REF .................................. -7  
DK .................................... -8  

26-211
EW24COV1

PER PERIOD:

PER HOUR ............................... 1 {BOX_04}
PER DAY ................................ 2 {BOX_04}
PER WEEK ............................... 3 {BOX_04}
PER TWO-WEEK PERIOD ................. 4 {BOX_04}
PER MONTH .............................. 5 {BOX_04}
PER YEAR ............................... 6 {BOX_04}
OTHER ................................. 91
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

[Code One]

EW24COV2

ENTER OTHER:

[Enter Other Specify] .....................
REF ................................... -7
DK .................................... -8
| RETURN TO ORIGINAL QUESTIONNAIRE SECTION (EITHER |}
<table>
<thead>
<tr>
<th>RJ OR EM-B).</th>
</tr>
</thead>
</table>
Flat Fee (FF) Section

BOX_01
======

| IF NO FLAT FEE GROUPS ALREADY ON PERSONS-FLAT-FEE-|
| GROUPS-ROSTER, GO TO FF02                      |
----------------------------------------------------

| OTHERWISE, CONTINUE WITH FF01                    |
----------------------------------------------------

FF01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE
PROVIDER.}  {EV}  {EVN-DT}

Let me review the groups of health care events I have recorded
for (PERSON). Please tell me if any of these groups include
the charge that covered {(PERSON)'s stay at (HOSPITAL) that
began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT
DATE)/the {OME ITEM GROUP NAME} used by (PERSON) since (START
DATE)/services received at home from (PROVIDER) during (MONTH)
for (PERSON)}.

REVIEW FLAT FEE GROUPS WITH RESPONDENT.
SELECT FLAT FEE GROUP COVERED BY SAME CHARGE AS EVENT BEING
ASKED ABOUT.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. Flat Fee Group] ....................
[2. Flat Fee Group] ....................
[3. Flat Fee Group] ....................

[Code One]

| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL FLAT |
| FEE GROUPS ON THE PERSON’S-FLAT-FEE-GROUPS-ROSTER |
| CREATED IN THIS ROUND AND IN THE PREVIOUS ROUNDS. |
| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON |
| THE ROSTER.                                      |

| IF A FLAT FEE GROUP IS SELECTED, GO TO BOX_02    |

| IF 'NONE OF THE ABOVE' IS SELECTED, CONTINUE WITH |
| FF02                                             |

| NOTE: SINCE THIS ROSTER WILL INCLUDE ALL FLAT FEE|
| GROUPS, CURRENT ROUND SINGLE EVENTS CAN BE ADDED |
| TO ANY FLAT FEE GROUP CREATED DURING THE CURRENT |
| ROUND OR A PREVIOUS ROUND.                       |
Let me review the list of health care events I have recorded for (PERSON). Please tell me which of these were included in the same charge that covered ((PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE))/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the (OME ITEM GROUP NAME) used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON}).

REVIEW EVENTS WITH RESPONDENT. SELECT EVENTS COVERED BY SAME CHARGE AS EVENT BEING ASKED ABOUT.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. PROVIDER</th>
<th>FF02_02. STAY TYPE</th>
<th>FF02_03. ADMIT DATE</th>
<th>FF02_04 DISCH DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
</tbody>
</table>

----------------------------------------------------
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL MEDICAL EVENTS ON PERSON’S-MEDICAL-EVENTS-ROSTER THAT MEET THE FOLLOWING CONDITIONS:
- EVENT HAS CP STATUS OF ‘PROCESSED’ OR ‘UNPROCESSED’
- EVENT IS NOT ALREADY INCLUDED IN A FLAT FEE GROUP OR A REPEAT VISIT GROUP
- EVENT IS NOT ALREADY CODED (VERIFIED) AS A COPAYMENT
- EVENT TYPE IS NOT PM, IC, OM TYPE 2 (INSULIN), OR OM TYPE 3 (OTHER DIABETIC SUPPLIES OR EQUIPMENT)
- EVENT IS NOT AN HS EVENT WITH A DISCHARGE DATE CODED ‘95’ (STILL IN HOSPITAL)
- EVENT IS NOT AN MV OR OP EVENT THAT WAS A TELEPHONE CALL (OP02 OR MV01 CODED ‘2’)
- EVENT IS NOT A HH EVENT WITH EVENT DATE = INTERVIEW MONTH
----------------------------------------------------
DISPLAY 'OUTSIDE REFERENCE PERIOD' AS THE LAST ENTRY IN THE 'EVENT DATE' COLUMN.

FF03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}

INTERVIEWER: RECORD 'NAME OF FLAT FEE GROUP' FOR EVENTS SELECTED IN PREVIOUS QUESTION:

[Enter Flat Fee Group]

<table>
<thead>
<tr>
<th>WRITE FLAT FEE GROUP TO PERSON’S-FLAT-FEE-GROUPS-ROSTER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF ROUND 1, CONTINUE WITH FF04</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF ROUND 5, GO TO FF09</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_02</th>
</tr>
</thead>
</table>

FF04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}

FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP.}

Did the charge which included the services for (FLAT FEE GROUP) cover any visits before (START DATE)?

YES ..................................... 1
NO ..................................... 2 {FF06}
REF .................................... -7 {FF06}
DK ..................................... -8 {FF06}
FF05
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

How many visits did (PERSON) have before (START DATE)?

[Enter Number] .........................
REF ................................. -7
DK ................................. -8

FF06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

Did the charge that included the services for (FLAT FEE GROUP)
cover any surgical procedures before (START DATE)?

YES ................................. 1
NO .................................... 2 {BOX_02}
REF ................................. -7 {BOX_02}
DK ................................. -8 {BOX_02}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

FF07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

INTERVIEWER:  IS THE VISIT THAT INCLUDES SURGERY ALREADY
PART OF THE FLAT FEE GROUP?

YES ................................. 1 {BOX_02}
NO .................................... 2
REF ................................. -7
DK ................................. -8

[Code One]
FF08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

Was this the kind of surgery for which (PERSON) had to stay in
the hospital at least one night or (were/was) (PERSON) allowed
to go home the same day of the surgery?

AT LEAST ONE NIGHT ..................... 1 {BOX_02}
SAME DAY ................................ 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

FF09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

Will the charge which includes the services for (FLAT FEE
GROUP) cover any visits after December 31, 2006?

YES .................................... 1
NO ..................................... 2 {FF11}
REF ................................... -7 {FF11}
DK .................................... -8 {FF11}

FF10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

Approximately, how many visits will (PERSON) have after
December 31, 2006?

[Enter Number] ........................
REF ................................... -7
DK .................................... -8
FF11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

Will the charge that includes the services for (FLAT FEE GROUP) cover any surgical procedures after December 31, 2006?

YES .................................... 1
NO ..................................... 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

FF12
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

INTERVIEWER:  IS THE VISIT THAT INCLUDES SURGERY ALREADY PART OF THE FLAT FEE GROUP?

YES .................................... 1 {BOX_02}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

[Code One]

FF13
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}

Will this be the kind of surgery for which (PERSON) has to stay in the hospital at least one night or will (PERSON) be allowed to go home the same day of the surgery?

AT LEAST ONE NIGHT ..................... 1
SAME DAY ............................... 2
REF ................................... -7
DK .................................... -8

[Code One]
RETURN TO THE EVENT DRIVER FOR THIS EVENT-PROVIDER PAIR. IF EVENT-PROVIDER PAIR BEING ASKED ABOUT WAS PART OF AN EXISTING FLAT FEE GROUP (A NAME WAS SELECTED AT FF01), FLAG THE CP STATUS OF THE EVENT-PROVIDER PAIR AS 'PROCESSED'. IF A NEW FLAT FEE GROUP WAS FORMED AT FF02, THE COMPLETE (FROM THE BEGINNING) CP SECTION WILL BE ASKED FOR THIS FLAT FEE GROUP.
Health Status (HE) Section

NOTE: THIS SECTION IS ASKED FOR ALL CURRENT RU MEMBERS AND INSTITUTIONALIZED PERSONS. DO NOT ASK THIS SECTION FOR DECEASED PERSONS.

NOTE: QUESTIONS HE01 THROUGH HE06 ARE ASKED EVERY ROUND.

NOTE: THROUGHOUT THE HEALTH STATUS (HE) SECTION, AGE CATEGORIES ARE REFERENCED WHEN A TRUE AGE WAS NOT OBTAINED. THE AGES FOR THESE AGE CATEGORIES ARE AS follows:

1 = LESS THAN 1 YEAR OLD
2 = 1-4
3 = 5-15
4 = 16-23
5 = 24-34
6 = 35-44
7 = 45-54
8 = 55-64
9 = 65 YEARS OLD OR OLDER
The next few questions are about difficulties people may have with everyday activities such as getting around, bathing or taking medications. We are interested in difficulties due to an impairment or a physical or mental health problem.

(Also, please keep in mind that we are only interested in difficulties family members may have had between (START DATE) and (END DATE).)

Does anyone in the family receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping?

YES .................................... 1
NO ..................................... 2 {HE04}
REF .................................... -7 {HE04}
DK .................................... -8 {HE04}

PRESS F1 FOR DEFINITION OF IMPAIRMENT AND HELP/SUPERVISION.

----------------------------------------------------
| DISPLAY ‘Also, please keep in mind that we are only interested in difficulties family members may have had between (START DATE) and (END DATE).’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘1’ (YES) AND A SINGLE PERSON RU, AUTOMATICALLY CODE PERSON AS ‘RECEIVES HELP’ AT HE02 BY CAPI AND GO TO LOOP_01 |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘1’ (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE02 |
----------------------------------------------------

HELP OR SUPERVISION USING THE TELEPHONE, PAYING BILLS, TAKING MEDICATIONS, PREPARING LIGHT MEALS, DOING LAUNDRY, OR GOING SHOPPING.

Who is that?

PROBE: Does anyone else receive help or supervision doing these types of activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
LOOP_01
========

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,        |
| ASK BOX_01A - END_LP01                            |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_01 DETERMINES IF PERSONS    |
| RECEIVE HELP OR SUPERVISION WITH INSTRUMENTAL     |
| ACTIVITIES OF DAILY LIVING BECAUSE OF AN          |
| IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM.  |
| THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE       |
| FOLLOWING CONDITIONS:                             |
| - PERSON IS NOT DECEASED                         |
| - PERSON RECEIVES HELP WITH INSTRUMENTAL          |
| ACTIVITIES OF DAILY LIVING (I.E., PERSON          |
| SELECTED AT HE02)                                |
----------------------------------------------------

BOX_01A
=======

----------------------------------------------------
| IF RU MEMBER BEING LOOPED ON IS < 13 YEARS OF AGE |
| OR IN CATEGORIES 1-3, CONTINUE WITH HE03          |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO HE03A                             |
----------------------------------------------------
HE03
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

(Do/Does) (PERSON) receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry or going shopping because of an impairment or a physical or mental health problem?

YES .................................... 1
NO ..................................... 2 {END_LP01}
REF ..................................... -7 {END_LP01}
DK ..................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

----------------------------------------------------
| IF CODED ‘1’ (YES), FLAG PERSON FOR THE LTC |  |
| SUPPLEMENT: IADL SECTION.                    |  |
----------------------------------------------------

HE03A
=====

{PERSON’S FIRST NAME AND LAST NAME} {STR-DT}
{END-DT}

Do you expect that (PERSON) will need help or supervision with these activities for at least three more months?

YES .................................... 1
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.
END_LP01

-----------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
-----------------------------------------------

-----------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_01 AND CONTINUE WITH HE04             |
-----------------------------------------------

HE04

{STR-DT}
{END-DT}

Does anyone in the family receive help or supervision with personal care such as bathing, dressing, or getting around the house?

YES ........................................ 1
NO ......................................... 2 {BOX_02}
REF ......................................... -7 {BOX_02}
DK ........................................... -8 {BOX_02}

PRESS F1 FOR DEFINITION OF HELP/SUPERVISION.

-----------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS ‘RECEIVES HELP’ AT |
| HE05 BY CAPI AND GO TO BOX_02               |
-----------------------------------------------

-----------------------------------------------
| IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE |
| WITH HE05                                       |
-----------------------------------------------
HELP OR SUPERVISION WITH PERSONAL CARE SUCH AS BATHING, DRESSING OR GETTING AROUND THE HOUSE.

Who is that?

PROBE: Does anyone else receive help or supervision with personal care?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
LOOP_02
=======

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK    |
| HE06 - END_LP02                                   |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_02 DETERMINES IF PERSONS     |
| RECEIVE HELP OR SUPERVISION WITH PERSONAL CARE     |
| (I.E., ACTIVITIES OF DAILY LIVING) BECAUSE OF AN   |
| IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM.   |
| THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE       |
| FOLLOWING CONDITIONS:                              |
| - PERSON IS NOT DECEASED                          |
| - PERSON RECEIVES HELP OR SUPERVISION WITH        |
| PERSONAL CARE (I.E., ACTIVITIES OF DAILY LIVING,   |
| THAT IS, THE PERSON IS SELECTED AT HE05)          |
----------------------------------------------------

BOX_01B
=======

----------------------------------------------------
| IF ANY CURRENT RU MEMBERS (NOT DECEASED) < 13      |
| YEARS OF AGE OR IN CATEGORIES 1-3, CONTINUE WITH   |
| HE06                                              |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO HE06A                             |
----------------------------------------------------
HE06
====

(Person’s first middle and last name) {STR-DT}
{END-DT}

(Do/Does) (person) receive help or supervision with personal care such as bathing, dressing or getting around the house because of an impairment or a physical or mental health problem?

YES .................................... 1
NO ..................................... 2  {END_LP02}
REF ................................... -7  {END_LP02}
DK .................................... -8  {END_LP02}

Press F1 for definition of help/supervision and impairment.

| IF CODED ‘1’ (YES), FLAG PERSON FOR THE LTC  |  |
| SUPPLEMENT: ADL SECTION.  |  |

HE06A
====

(Person’s first name and last name) {STR-DT}
{END-DT}

Do you expect that (person) will need help or supervision with personal care for at least three more months?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

5-9
END_LP02
========

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_02 AND CONTINUE WITH BOX_02              |
----------------------------------------------------

BOX_02
=====

----------------------------------------------------
| IF ROUND 1 OR ROUND 3 OR ROUND 5, CONTINUE WITH   |
| HE07                                             |
----------------------------------------------------

----------------------------------------------------
| IF ROUND 2 OR ROUND 4, GO TO HE26                 |
----------------------------------------------------
HE07
====

{STR-DT}
{END-DT}

Does anyone in the family use any aids such as a walker, grab bars in the bathtub or any other special equipment for personal care or everyday activities?

YES .............................. 1
NO ........................................ 2 {HE09}
REF ...................................... -7 {HE09}
DK ........................................ -8 {HE09}

PRESS F1 FOR EXAMPLES OF AIDS/SPECIAL EQUIPMENT.

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,      |
| AUTOMATICALLY CODE PERSON AS 'USES AIDS' AT HE08  |
| BY CAPI AND GO TO HE09                           |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
| WITH HE08                                          |
----------------------------------------------------
USE ANY AIDS SUCH AS A WALKER, GRAB BARS IN THE BATHTUB OR ANY OTHER SPECIAL EQUIPMENT FOR PERSONAL CARE OR EVERYDAY ACTIVITIES.

Who is that?

PROBE: Does anyone else use any aids for personal care or everyday activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
HE09

{STR-DT}
{END-DT}

Does anyone in the family have difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time?

YES ........................................ 1
NO ........................................... 2 {HE19}
REF ......................................... -7 {HE19}
DK ............................................ -8 {HE19}

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'HAVING DIFFICULTY' |
| AT HE10 BY CAPI AND GO TO LOOP_03 |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH HE10 |
----------------------------------------------------
DIFFICULTIES WALKING, CLIMBING STAIRS, GRASPING OBJECTS, REACHING OVERHEAD, LIFTING, BENDING OR STOOPING, OR STANDING FOR LONG PERIODS OF TIME.

Who is that?

PROBE: Does anyone else have difficulties doing these types of activities?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
LOOP_03
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK          |
| HE11 - END_LP03                                       |

-----------------------------------------------

LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON
THE LEVEL OF FUNCTIONAL LIMITATION WITH VARIOUS
PHYSICAL ACTIVITIES FOR PERSONS = OR > 13 YEARS OF
AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE
FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON HAS FUNCTIONAL LIMITATIONS (I.E., PERSON
  SELECTED AT HE10)
- PERSON = OR > 13 YEARS OF AGE OR IN AGE
  CATEGORIES 4-9

-----------------------------------------------

BOX_03
======

OMITTED.
SHOW CARD HE-1.

{For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.}

Please look at this card and tell me how much difficulty (do/does) (PERSON) have lifting something as heavy as 10 pounds, such as a full bag of groceries? Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .......................... 1
SOME DIFFICULTY ........................ 2
A LOT OF DIFFICULTY .................... 3
COMPLETELY UNABLE TO DO IT .......... 4
REF ..................................... -7
DK ....................................... -8

[Code One]
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking up 10 steps without resting?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

IF RESPONDENT VOLUNTEERS THAT PERSON IS COMPLETELY UNABLE TO WALK, CODE 5.

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ...................... 2
A LOT OF DIFFICULTY .................. 3
COMPLETELY UNABLE TO DO IT ........ 4
COMPLETELY UNABLE TO WALK ........... 5
REF ................................... -7
DK .................................... -8

[Code One]

<table>
<thead>
<tr>
<th>IF CODED ‘5’ (COMPLETELY UNABLE TO WALK),</th>
<th>AUTOMATICALLY CODE HE13, HE14, HE15, AND HE16 AS ‘4’ (COMPLETELY UNABLE TO DO IT) BY CAPI, AND GO TO HE17</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH HE13</th>
</tr>
</thead>
</table>
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking about 3 city blocks or about a quarter of a mile?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .......................... 1
SOME DIFFICULTY ........................ 2
A LOT OF DIFFICULTY .................... 3
COMPLETELY UNABLE TO DO IT .......... 4
REF .......................... -7
DK .......................... -8

[Code One]
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking a mile?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ...................... 2
A LOT OF DIFFICULTY .................. 3
COMPLETELY UNABLE TO DO IT ......... 4
REF ................................... -7
DK .................................... -8

[Code One]

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have standing for about 20 minutes?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ...................... 2
A LOT OF DIFFICULTY .................. 3
COMPLETELY UNABLE TO DO IT ......... 4
REF ................................... -7
DK .................................... -8

[Code One]
HE16
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have bending down or stooping from a standing position to pick up an object from the floor or tie a shoe?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .......................... 1
SOME DIFFICULTY ........................ 2
A LOT OF DIFFICULTY .................... 3
COMPLETELY UNABLE TO DO IT .......... 4
REF .................................. -7
DK ................................... -8

[Code One]

HE17
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have reaching up overhead, for example to remove something from a shelf?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .......................... 1
SOME DIFFICULTY ........................ 2
A LOT OF DIFFICULTY .................... 3
COMPLETELY UNABLE TO DO IT .......... 4
REF .................................. -7
DK ................................... -8

[Code One]
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have using fingers to grasp or handle something such as picking up a glass from a table or using a pencil to write?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .......................... 1
SOME DIFFICULTY ........................ 2
A LOT OF DIFFICULTY .................... 3
COMPLETELY UNABLE TO DO IT .......... 4
REF ................................... -7
DK .................................... -8

[Code One]

(Are/Is) (PERSON) expected to have difficulty with any of these activities for at least three more months?

YES ..................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
END_LP03

---------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO | MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, | END LOOP_03 AND CONTINUE WITH HE19 |
---------------------------------------------------------------------

HE19

{STR-DT}
{END-DT}

Is anyone in the family limited in any way in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

YES ........................................... 1
NO ........................................... 2 {HE22}
REF .......................................... -7 {HE22}
DK ........................................... -8 {HE22}

PRESS F1 FOR DEFINITION OF LIMITED ABILITY AND IMPAIRMENT.

---------------------------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, | AUTOMATICALLY CODE PERSON AS ‘LIMITED ABILITY’ AT | HE20 BY CAPI AND GO TO LOOP_04 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE | WITH HE20 |
---------------------------------------------------------------------
LIMITED ABILITY TO WORK AT A JOB, DO HOUSEWORK OR GO TO SCHOOL BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE:  Is anyone else limited in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

| [1. First Name, [Middle Name], Last Name-65] |
| [2. First Name, [Middle Name], Last Name-65] |
| [3. First Name, [Middle Name], Last Name-65] |

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FLAG ALL SELECTED PERSONS WHO ARE = OR &gt; 5 YEARS OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC SUPPLEMENT: WORK-HOUSEWORK-SCHOOL LIMITATIONS SECTION.</th>
</tr>
</thead>
</table>
LOOP_04
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| HE20A - END_LP04 |

LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON WORK/HOUSEWORK/SCHOOL LIMITATIONS BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM FOR PERSONS = OR > 5 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS LIMITED IN ABILITY TO WORK AT A JOB, DO HOUSEWORK, OR GO TO SCHOOL (I.E., PERSON SELECTED AT HE20)
- PERSON = OR > 5 YEARS OF AGE OR IN AGE CATEGORIES 3-9

OMITTED.

HE20A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Which activities is (PERSON) limited in doing because of an impairment or a physical or mental health problem - working at a job, doing housework, or going to school?

CODE ALL THAT APPLY.

WORKING AT A JOB .......................  1
DOING HOUSEWORK .......................  2
GOING TO SCHOOL .......................  3
REF .................................... -7
DK ..................................... -8

[Code All That Apply]
HE21
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

{At the time (PERSON) entered the institution, was/(Are/Is)}
(PERSON) completely unable to {work at a job}{,/ and}
{ do housework}{ and}{ go to school}?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

---

| DISPLAY ‘At the time (PERSON) entered the | |
| institution, was’. IF PERSON BEING ASKED ABOUT | |
| CODED AS BEING INSTITUTIONALIZED AT END DATE. | |
| DISPLAY ‘(Are/Is)’ IF PERSON BEING ASKED ABOUT IS | |
| A CURRENT RU MEMBER LIVING IN THE RU. | |

---
| DISPLAY 'work at a job' IF HE20A IS CODED '1' (WORKING AT A JOB), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT CODED '1', '-7', OR '-8', USE A NULL DISPLAY. |
| DISPLAY ',' IF HE20A IS CODED '1', '2', AND '3' OR IF HE20A IS CODED EITHER '-7' OR '-8'. DISPLAY ' and' IF HE20A IS CODED '1' AND EITHER '2' OR '3'. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ' do housework' IF HE20A IS CODED '2' (DOING HOUSEWORK), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT CODED '2', '-7', OR '-8', USE A NULL DISPLAY. |
| DISPLAY ' and' IF ONLY CODES '2' AND '3' ARE SELECTED AT HE20A OR IF CODES '1', '2', AND '3' ARE ALL SELECTED AT HE20A OR IF CODED EITHER '-7' OR '-8' AT HE20A. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ' go to school' IF HE20A IS CODED '3' (GOING TO SCHOOL), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT CODED '3', '-7', OR '-8', USE A NULL DISPLAY. |

END_LP04

---------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |

---------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH HE22 |

---------------------------

5-26
Besides the limitations we just talked about, is anyone in the
family limited in participating in social, recreational or
family activities because of an impairment or a physical or
mental health problem?

YES .................................... 1
NO ..................................... 2 {HE24}
REF .................................... -7 {HE24}
DK .................................... -8 {HE24}

PRESS F1 FOR DEFINITION OF LIMITED IN PARTICIPATING.
LIMITED IN PARTICIPATION IN SOCIAL, RECREATIONAL OR FAMILY ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is anyone else limited in participation in activities because of an impairment or a physical or mental health problem?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

Roster definition: This item displays the RU-member roster, excluding deceased RU members.

Flag all selected persons who are = OR > 5 years old or in age categories 3-9 for the LTC supplement: Social limitations section.
HE24
====

{STR-DT}
{END-DT}

Do any of the adults in the family...

(1= YES, 2= NO)

YES NO REF DK

HE24_01
=====

Experience confusion
or memory loss such
that it interferes
with daily
activities? 1 2 -7 -8

HE24_02
=====

Have problems making
decisions to the
point that it
interferes with
daily activities? 1 2 -7 -8

HE24_03
=====

Require supervision
for their own safety? 1 2 -7 -8

---------------------------------------------------------
| IF HE24_01, HE24_02, OR HE24_03 IS CODED ‘1’ (YES) |
| AND A SINGLE-PERSON RU, AUTOMATICALLY CODE AS |
| ‘EXPERIENCES CONFUSION’ AT HE25 BY CAPI AND GO TO |
| BOX_10 |
---------------------------------------------------------

---------------------------------------------------------
| IF HE24_01, HE24_02, AND HE24_03 ARE ALL CODED ‘2’ |
| (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO |
| BOX_10 |
---------------------------------------------------------
HE25
====

{STR-DT}
{END-DT}

{EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES}{{//HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES}{{//REQUIRE SUPERVISION FOR THEIR OWN SAFETY}

Who is that?

PROBE: Does anyone else {experience confusion or memory loss such that it interferes with daily activities} {{or }have problems making decisions to the point that it interferes with daily activities} {{or }require supervision for their own safety}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

---------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS|
| IN THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU |
| MEMBERS |
---------------------------------------------
DISPLAY 'EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES' IF HE24_01 CODED '1' (YES).

DISPLAY '{/}HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES' IF HE24_02 CODED '1' (YES). DISPLAY THE '/' ONLY IF HE24_01 IS ALSO CODED '1' (YES).

DISPLAY '{/}REQUIRE SUPERVISION FOR THEIR OWN SAFETY' IF HE24_03 IS CODED '1' (YES). DISPLAY THE '/' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO CODED '1' (YES).

DISPLAY 'experience confusion or memory loss such that it interferes with daily activities' IF HE24_01 CODED '1' (YES).

DISPLAY '{or }have problems making decisions to the point that it interferes with daily activities' IF HE24_02 CODED '1' (YES). DISPLAY THE 'or ' ONLY IF HE24_01 IS ALSO CODED '1' (YES).

DISPLAY '{or }require supervision for their own safety' IF HE24_03 IS CODED '1' (YES). DISPLAY 'or ' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO CODED '1' (YES).

-------------------------------------------------------------------

FLAG ALL SELECTED PERSONS WHO ARE = OR > 18 YEARS OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC SUPPLEMENT: COGNITIVE LIMITATIONS SECTION.

-------------------------------------------------------------------

GO TO BOX_10.

-------------------------------------------------------------------

BOX_05
======

OMITTED.
Does anyone in the family wear eyeglasses or contact lenses?

YES ...................................  1
NO ....................................  2 {HE28}
REF ................................... -7 {HE28}
DK .................................... -8 {HE28}

----------------------------------------------------
| IF CODED ‘1’ (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AT HE27 BY CAPI AND GO |
| TO HE28                                      |
|----------------------------------------------------

----------------------------------------------------
| IF CODED ‘1’ (YES) AND A MULTI-PERSON RU, |
| CONTINUE WITH HE27                          |
|----------------------------------------------------
Who is that?

PROBE: Does anyone else wear eyeglasses or contact lenses?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS. |
----------------------------------------------------
DIFFICULTY SEEING {WITH GLASSES OR CONTACTS, IF THEY USE THEM}.

Who is that?

PROBE: Does anyone else have any difficulty seeing {with glasses or contacts, if they use them}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
HE30
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Can (PERSON) not see anything at all, that is, (are/is) (PERSON) blind?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF BLIND.

----------------------------------------------------
| IF CODED ‘1’ (YES), FLAG PERSON FOR THE LTC |
| SUPPLEMENT: VISION SECTION AND GO TO END_LP05 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH HE31 |
----------------------------------------------------

HE31
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

{With glasses or contacts, can/Can} (PERSON) see well enough to read ordinary newspaper print, even if (PERSON) cannot read?

YES ...................................  1 (END_LP05)
NO ....................................  2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| DISPLAY ‘With glasses or contacts, can’ IF PERSON |
| BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE |
| (PERSON NOT SELECTED AT HE27), DISPLAY ‘Can’. |
----------------------------------------------------
HE32
====

(Person's First Middle and Last Name) (STR-DT)
(END-DT)

(With glasses or contacts, can/Can) (Person) see well enough to recognize familiar people if they are two or three feet away?

YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| DISPLAY 'With glasses or contacts, can' IF PERSON |
| BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE |
| (PERSON NOT SELECTED AT HE27), DISPLAY 'Can'. |
----------------------------------------------------

----------------------------------------------------
| IF CODED '2' (NO), FLAG PERSON FOR THE LTC |
| SUPPLEMENT: VISION SECTION. |
----------------------------------------------------

END_LP05
========

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_05 AND CONTINUE WITH HE33 |
----------------------------------------------------
Does anyone in the family wear a hearing aid?

YES ...................................  1
NO ....................................  2 {HE35}
REF ................................... -7 {HE35}
DK .................................... -8 {HE35}

IF CODED ‘1’ (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AT HE34 BY CAPI AND GO TO HE35

IF CODED ‘1’ (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE34

Who is that?

PROBE: Does anyone else wear a hearing aid?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: HEARING SECTION.
HE35

Does anyone in the family have any difficulty hearing (with a hearing aid, if they use one)?

YES ...................................  1
NO ....................................  2 {BOX_10}
REF ..................................... -7 {BOX_10}
DK ..................................... -8 {BOX_10}

------------------------------------------------------------------
| DISPLAY '[with a hearing aid, if they use one]' |
| IF HE33 IS CODED '1' (YES). OTHERWISE, USE A NULL |
| DISPLAY.                                       |
------------------------------------------------------------------

------------------------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'HEARING IMPAIRED' AT |
| HE36 BY CAPI AND GO TO LOOP_06 |
------------------------------------------------------------------

------------------------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
| CONTINUE WITH HE36 |
------------------------------------------------------------------
DIFFICULTY HEARING {{WITH A HEARING AID, IF THEY USE ONE}}.

**Who is that?**

**PROBE:** Does anyone else have any difficulty hearing{[with a hearing aid, if they use one]}?

**TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.**

1. First Name, [Middle Name], Last Name-65
2. First Name, [Middle Name], Last Name-65
3. First Name, [Middle Name], Last Name-65

---

**ROSTER DEFINITION:** THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS.

---

**DISPLAY** '{[WITH A HEARING AID, IF THEY USE ONE]}' IF **HE33** IS CODED '1' (YES). OTHERWISE USE A NULL DISPLAY. **DISPLAY** '{[with a hearing aid, if they use one]}' IF **HE33** IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.

---

**LOOP_06**

---

**FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK** **HE37 - END_LP06**

---

**LOOP DEFINITION:** LOOP_06 COLLECTS HEARING IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY HEARING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON HAS DIFFICULTY HEARING (I.E., PERSON SELECTED AT HE36)
Can (PERSON) not hear any speech at all, that is, (are/is) (PERSON) deaf?

YES ................................... 1
NO .................................... 2
REF .................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEAF.

------------------------------------------------------------------
| IF CODED ‘1’ (YES), FLAG PERSON FOR THE LTC                     |
| SUPPLEMENT: HEARING SECTION AND GO TO END_LP06                  |
------------------------------------------------------------------

------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH HE38                                  |
------------------------------------------------------------------

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

{With a hearing aid, can/Can} (PERSON) hear most of the things people say?

YES ................................... 1 {END_LP06}
NO .................................... 2
REF .................................... -7
DK .................................... -8

------------------------------------------------------------------
| DISPLAY ‘With a hearing aid, can’ IF PERSON                    |
| BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE| |
| (PERSON NOT SELECTED AT HE34), DISPLAY ‘Can’.                 |
------------------------------------------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}  
{END-DT}

{With a hearing aid, can/Can} (PERSON) hear some of the things people say?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

-----------------------------------------------
| DISPLAY ‘With a hearing aid, can’ IF PERSON  |
| BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE|
| (PERSON NOT SELECTED AT HE34), DISPLAY ‘Can’.  |
-----------------------------------------------

-----------------------------------------------
| IF CODED ‘2’ (NO), FLAG PERSON FOR THE LTC |
| SUPPLEMENT: HEARING SECTION.               |
-----------------------------------------------

END_LP06

-----------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_06 AND GO TO BOX_10                 |
-----------------------------------------------
HE47
====
OMITTED.

HE48
====
OMITTED.

HE49
====
OMITTED.

HE49A
=====
OMITTED.

END_LP08
 =======
OMITTED.

BOX_08
 =======
OMITTED.

LOOP_09
 =======
OMITTED.

HE50
====
OMITTED.

HE51
====
OMITTED.

HE52
====
OMITTED.

HE52OV
======
OMITTED.

HE52A
=====
OMITTED.

HE52B
=====
OMITTED.

HE52BOV
======
OMITTED.
OMITTED.

OMITTED.

OMITTED.

OMITTED.

GO TO NEXT QUESTIONNAIRE SECTION
Home Health (HH) Section

BOX_00

----------------------------------------------------
| IF EVENT MONTH IS INTERVIEW MONTH, GO TO BOX_05   |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_01                   |
----------------------------------------------------

BOX_01

----------------------------------------------------
| IF PROVIDER IS FLAGGED AS ‘AGENCY’, CONTINUE WITH |
| HH01                                             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO HH03                            |
----------------------------------------------------
HH01
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER......) (EVN-MO)

SHOW CARD HH-1.

Please look at this card. During (VISIT MONTH), what types of health care workers from (PROVIDER) provided home care services for (PERSON)?

CODE ALL THAT APPLY.

CERTIFIED NURSING ASSISTANT (CNA) ...... 1
COMPANION .............................. 2
DIETICIAN/NUTRITIONIST ................. 3
HOME HEALTH/HOME CARE AIDE ............. 4
HOSPICE WORKER .......................... 5
HOMEMAKER .............................. 6
I.V. OR INFUSION THERAPIST ............. 7
MEDICAL DOCTOR ........................... 8
NURSE/NURSE PRACTITIONER ............. 9
NURSE’S AIDE ............................. 10
OCCUPATIONAL THERAPIST .................... 11
PERSONAL CARE ATTENDANT .............. 12
PHYSICAL THERAPIST ................... 13
RESPIRATORY THERAPIST .................. 14
SOCIAL WORKER ........................... 15
SPEECH THERAPIST ...................... 16
SOME OTHER TYPE OF HEALTH CARE WORKER . 91
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]
IF CODED '91' (ALONE OR IN COMBINATION WITH ANY OTHER CODE), CONTINUE WITH HH02

IF CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) ALONE, GO TO HH03

OTHERWISE, GO TO HH03
What type of health care worker was it?

CODE ALL THAT APPLY.

NONSKILLED WORKER (ANY TYPE OF WORKER WHO PROVIDES HOME CARE SERVICES WHICH GENERALLY FALL INTO COMPANION, HOMEMAKER, PERSONAL CARE CATEGORIES. THESE WORKERS MAY ALSO PERFORM MINOR HEALTH CARE ACTIVITIES SUCH AS ADMINISTERING MEDICATIONS) ............ 1

SKILLED WORKER (TRAINED, CERTIFIED, OR LICENCED MEDICAL PERSONNEL WHO PERFORM SERVICES OR OTHER MEDICAL PROCEDURES INCLUDING: NURSE/NURSE PRACTITIONER, ANY TYPE OF THERAPIST, HOSPICE WORKER, MEDICAL DOCTOR, DIETICIAN/NUTRITIONIST, AND SOCIAL WORKER) ............................... 2

OTHER TYPE OF HEALTH CARE WORKER ....... 91

REF .................................... -7

DK ..................................... -8

[Code All That Apply]
<table>
<thead>
<tr>
<th>IF NOT CODED '2' BUT CODED '91' (ALONE OR IN COMBINATION WITH ANY CODE EXCEPT '2'), GO TO HH02OV2</th>
</tr>
</thead>
</table>

HH02OV1
=======

SPECIFY TYPE OF SKILLED WORKER:

[Enter Other Specify]...................
REF.................................... -7
DK..................................... -8

----------------------------------------------------
<table>
<thead>
<tr>
<th>IF HH02 INCLUDES CODE '91', CONTINUE WITH HH02OV2</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO HH03</th>
</tr>
</thead>
</table>

HH02OV2
=======

SPECIFY OTHER TYPE OF HEALTH CARE WORKER:

[Enter Other Specify]...................
REF.................................... -7
DK..................................... -8
Thinking about the home care services (PERSON) (have/has) received from {someone from} (PROVIDER) during (VISIT MONTH), were any of these home care services because of a hospitalization, either before or after (PERSON’S STR-DT)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HOSPITALIZATION.

[Code One]

-----------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |
-----------------------------------------------

-----------------------------------------------
| DISPLAY THE REFERENCE PERIOD START DATE FOR THE |
| PERSON BEING ASKED ABOUT FOR 'PERSON’S STR-DT'. |
-----------------------------------------------
Thinking about all of the home care services (PERSON) (have/has) received from {someone from} (PROVIDER) during (VISIT MONTH), were any of these home care services related to any specific health problem?

IF OLD AGE MENTIONED, CODE 1 FOR YES AND ENTER ‘OLD AGE’ AS CONDITION.

YES ................................. 1
NO ................................. 2  {BOX_02}
REF ................................. -7  {BOX_02}
DK  ................................. -8  {BOX_02}

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.

[Code One]
What health condition led (PERSON) to receive home health care services from {someone from} (PROVIDER) during (VISIT MONTH)?

PROBE: Any other health condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before? IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER. IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Medical Condition]  
[2. Medical Condition]  
[3. Medical Condition]
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

<table>
<thead>
<tr>
<th>IF PROVIDER FLAGGED AS ‘INFORMAL’, GO TO HH08</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH HH06</td>
</tr>
</tbody>
</table>

---

HH06

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.....}  {EVN-MO}

SHOW CARD HH-2.

Please look at the top of this card.

During (VISIT MONTH), did {someone from} (PROVIDER) help (PERSON) by providing medical treatments or any type of therapy?

PROBE: Medical treatments include things like changing bandages, wound care, giving medication, taking blood pressure, or giving shots or injections. Therapy includes physical, occupational, and speech therapy.

YES, AT LEAST ONCE ..................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR OTHER EXAMPLES OF MEDICAL TREATMENTS AND THERAPY.

---

| DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS |
| ‘AGENCY’. |

---
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

SHOW CARD HH-2.

Now look at the gray area in the middle of the card.

During (VISIT MONTH), did {someone from} (PROVIDER) provide or teach (PERSON) or a friend or relative how to use any medical equipment or assistive device, such as the items listed on this card?

PROBE: For example, an oxygen tank, a wheelchair, a walker, a hospital bed, a tub seat, or a special railing or commode.

YES, AT LEAST ONCE ..................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

[Code One]

------------------------------------------------------------------
|  DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.    |
------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

{SHOW CARD HH-2.  Now look at the bottom of this card./SHOW CARD HH-3.}

During (VISIT MONTH), did {someone from} (PROVIDER) help (PERSON) with daily activities or personal care tasks, such as those listed on this card?

PROBE: For example, using the telephone, paying bills, shopping, driving, doing housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking or eating.

YES, AT LEAST ONCE ..................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

[Code One]
HH09

{PERSON'S FIRST MIDDLE AND LAST NAME} (NAME OF MEDICAL CARE PROVIDER......) (EVN-MO)

During (VISIT MONTH), did (someone from) (PROVIDER) provide companionship or company for (PERSON)?

PROBE: For example, reading, watching T.V., playing games, going for a walk or to a restaurant, or just being together.

YES, AT LEAST ONCE ........................... 1
NO .............................................. 2
REF ........................................... -7
DK .............................................. -8

[Code One]

-----------------------------------------------------------------------------------
| DISPLAY ’someone from’ IF PROVIDER IS FLAGGED AS ’AGENCY’. |
-----------------------------------------------------------------------------------

HH10

{PERSON'S FIRST MIDDLE AND LAST NAME} (NAME OF MEDICAL CARE PROVIDER......) (EVN-MO)

Did (someone from) (PROVIDER) provide (PERSON) with any other home care services we have not yet talked about?

YES, AT LEAST ONCE ........................... 1
NO .............................................. 2 (HH11)
REF ........................................... -7 (HH11)
DK .............................................. -8 (HH11)

[Code One]

-----------------------------------------------------------------------------------
| DISPLAY ’someone from’ IF PROVIDER IS FLAGGED AS ’AGENCY’. |
-----------------------------------------------------------------------------------
What other services?

{IF MEDICAL TREATMENT OR THERAPY MENTIONED, CTRL/B TO HH06 TO BE SURE CODE 1 IS ENTERED.
IF MEDICAL EQUIPMENT OR ASSISTIVE DEVICE MENTIONED, CTRL/B TO HH07 TO BE SURE CODE 1 IS ENTERED.)
IF DAILY ACTIVITIES OR PERSONAL CARE TASKS MENTIONED, CTRL/B TO HH08 TO BE SURE CODE 1 IS ENTERED.
IF COMPANIONSHIP MENTIONED, CTRL/B TO HH09 TO BE SURE CODE 1 IS ENTERED.

[Enter Other Specify] ..................
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| DISPLAY 'IF MEDICAL TREATMENT OR THERAPY MENTIONED, CTRL/B...' IF PROVIDER IS FLAGGED AS |
| 'AGENCY' OR 'PAID INDEPENDENT'. |
----------------------------------------------------

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

Generally speaking, during (VISIT MONTH), did (someone from) (PROVIDER) come to the home to help (PERSON) every week or only during some weeks?

EVERY WEEK ............................. 1
SOME WEEKS ............................. 2 {HH13}
ONLY CAME ONCE ........................... 3 {HH16}
REF ................................. -7 {BOX_03}
DK ................................. -8 {BOX_03}

[Code One]

----------------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |
----------------------------------------------------

17-14
HH12

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} (EVN-MO)

During (VISIT MONTH), about how many days per week did {someone from} (PROVIDER) come?

PROBE: We just need to know in general.

[Enter Number of Days Per Week] ....... (HH14)
REF ........................................... -7 {BOX_03}
DK ........................................... -8 {BOX_03}

----------------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS | |
| 'AGENCY'.                                          |
----------------------------------------------------

----------------------------------------------------
| RANGE CHECK: 1-7 FOR NUMBER OF DAYS.               |
----------------------------------------------------

HH13

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} (EVN-MO)

About how many days during (VISIT MONTH) did {someone from} (PROVIDER) come?

PROBE: We just need to know in general.

[Enter Number of Days Per Month] .......
REF ........................................... -7 {BOX_03}
DK ........................................... -8 {BOX_03}

----------------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS | |
| 'AGENCY'.                                          |
----------------------------------------------------
RANGE CHECK:

IF (VISIT MONTH) IS: JANUARY, MARCH, MAY, JULY, AUGUST, OCTOBER OR DECEMBER: 1-31 FOR NUMBER OF DAYS.

IF (VISIT MONTH) IS: APRIL, JUNE, SEPTEMBER OR NOVEMBER: 1-30 FOR NUMBER OF DAYS.

IF (VISIT MONTH) IS: FEBRUARY: 1-29 FOR NUMBER OF DAYS.

HH14
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER.....) (EVN-MO)

During (VISIT MONTH), did {someone from} (PROVIDER) come once per day or more than once per day?

PROBE: We just need to know in general.

ONCE PER DAY ......................... 1 [HH16]
MORE THAN ONCE PER DAY ............. 2
24 HOURS PER DAY ..................... 3 [BOX_03]
REF .................................. -7 [BOX_03]
DK .................................... -8 [BOX_03]

[Code One]
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

During (VISIT MONTH), how many times per day did {someone from} (PROVIDER) come to the home to help (PERSON)?

PROBE: We just need to know in general.

[Enter Number of Times Per Day] .......
REF ........................................ -7 (BOX_03)
DK ......................................... -8 (BOX_03)
How long did {each visit usually/the visit} last?

PROBE: We just need to know in general.

IF RESPONSE IS LESS THAN ONE HOUR, ENTER '0' FOR HOURS.

HH16_01

HOURS:
[Enter Hours] ...................... 
REF ................................ -7 (BOX_03)
DK .................................. -8 (BOX_03)

| IF 24 ENTERED FOR HOURS AT HH16_01, GO TO BOX_03 |

HH16_02

MINUTES:
[Enter Minutes] ...................... 
REF ................................ -7
DK .................................. -8

| DISPLAY 'each visit usually' IF HH11 IS NOT CODED |
| '3' (ONLY CAME ONCE). DISPLAY 'the visit' IF HH11 |
| IS CODED '3' (ONLY CAME ONCE).

| RANGE CHECK: 0-24 IF NUMBER OF HOURS. |
| 0-59 IF NUMBER OF MINUTES. |

| EDIT CHECK: IF '0' ENTERED IN BOTH HH16_01 AND |
| HH16_02 DISPLAY MESSAGE: NUMBER MUST BE ENTERED |
| IN EITHER HOURS OR MINUTES. |
BOX_03
======

----------------------------------------------------
| IF 2 OR MORE MONTHS, EXCLUDING INTERVIEW MONTH,    |
| FOR THIS PROVIDER FOR THIS PERSON HAVE NOT         |
| COMPLETED THE HOME HEALTH (HH) UTILIZATION SECTION |
| AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, |
| CONTINUE WITH HH17                                 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_04                           |
----------------------------------------------------

HH17
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}

I have recorded that (PERSON) received services from (PROVIDER) during other months. Were the services received from (PROVIDER) during the other months similar to the services received during (VISIT MONTH). That is, in the other months, did (PROVIDER) visit {the same number of times/(READ FREQUENCY BELOW)} and provide {the same services/(READ SERVICES BELOW)}?

<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>{FREQUENCY OF SERVICES...}</td>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
<td></td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
<td></td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
<td></td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
<td></td>
</tr>
</tbody>
</table>

YES ........................................ 1
NO .......................................... 2 {BOX_04}
REF ......................................... -7 {BOX_04}
DK ......................................... -8 {BOX_04}

[Code One]
DISPLAY 'the same number of times' IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). OTHERWISE, DISPLAY '(READ FREQUENCY BELOW)'.

IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY 'the same services'. OTHERWISE, DISPLAY '(READ SERVICES BELOW)'.

FREQUENCY =
DISPLAY NUMBER AND 'DAYS PER WEEK' IF A RESPONSE WASRecorded AT HH12.
DISPLAY NUMBER AND 'DAYS PER MONTH' IF A RESPONSE WASRecorded AT HH13.
DISPLAY 'THE SAME NUMBER OF TIMES' IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED) OR '-8' (DON'T KNOW).

SERVICES =
FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08, HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE ABBREVIATIONS FOR 'DESCRIPTION OF SERVICE':

IF HH06 = 1, DISPLAY 'MEDICAL TREATMENT OR THERAPY'
IF HH07 = 1, DISPLAY 'MEDICAL EQUIPMENT OR ASSISTIVE DEVICE INSTRUCTION.'
IF HH08 = 1, DISPLAY 'HELP WITH DAILY ACTIVITIES OR PERSONAL CARE'
IF HH09 = 1, DISPLAY 'COMPANIONSHIP'
IF HH10 = 1, DISPLAY TEXT ENTERED AT HH10OV
IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY 'THE SAME SERVICES'.
During which of the following months did (PROVIDER) visit \{the same number of times/(READ FREQUENCY BELOW)\} and provide \{the same services/(READ SERVICES BELOW)\}?

PROBE: Any other months with the same number of visits and the same services?

<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>{FREQUENCY OF SERVICES...}</td>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
<tr>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
<td>{DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}</td>
</tr>
</tbody>
</table>

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. Month, Year-4]
[2. Month, Year-4]
[3. Month, Year-4]
FREQUENCY =
DISPLAY NUMBER AND ‘DAYS PER WEEK’ IF A RESPONSE WAS RECORDED AT HH12.
DISPLAY NUMBER AND ‘DAYS PER MONTH’ IF A RESPONSE WAS RECORDED AT HH13.
DISPLAY ‘THE SAME NUMBER OF TIMES’ IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW).

SERVICES =
FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08, HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE ABBREVIATIONS FOR ‘DESCRIPTION OF SERVICE’:

IF HH06 = 1, DISPLAY ‘MEDICAL TREATMENT OR THERAPY’
IF HH07 = 1, DISPLAY ‘MEDICAL EQUIPMENT OR ASSISTIVE DEVICE INSTRUCTION.’
IF HH08 = 1, DISPLAY ‘HELP WITH DAILY ACTIVITIES OR PERSONAL CARE’
IF HH09 = 1, DISPLAY ‘COMPANIONSHIP’
IF HH10 = 1, DISPLAY TEXT ENTERED AT HH10OV
IF HH06 – HH10 ARE ALL CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY ‘THE SAME SERVICES’.

FLAG EACH MONTH SELECTED AT HH18 AS A REPEAT VISIT RELATED TO THE EVENT BEING ASKED ABOUT. FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT VISIT AS ‘PROCESSED.’

LINK FREQUENCY AND SERVICE(S) ASSOCIATED WITH THE EVENT BEING ASKED ABOUT WITH EACH REPEAT VISIT. FLAG EVENT AS PROCESSED SO THAT THE EVENT DRIVER WILL NOT SERVE THESE REPEAT VISITS FOR THE HH SECTION.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR MONTHS SELECTED IN PREVIOUS QUESTION.

[Enter Repeat Month Group]

---

BOX_04

----------------------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS HOME HEALTH EVENT, ASK THE CHARGE/PAYMENT (CP) SECTION |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_05 |
----------------------------------------------------

BOX_05

----------------------------------------------------
| GO TO THE EVENT DRIVER (ED) SECTION |
----------------------------------------------------
Note: For 'category name from HX03 or HX23', display the following:

- 'Professional Association' if coded '1' at HX03
- 'Small Business Group' if coded '2' at HX03
- 'Union' if coded '3' at HX03
- 'Health Insurance Purchasing Alliance' if coded '4' at HX03
- 'Insurance Agent' if coded '5' at HX03
- 'Insurance Company' if coded '6' at HX03
- 'HMO' if coded '7' at HX03
- 'Previous Employer' if coded '8' at HX03
- 'Previous Employer (COBRA)' if coded '9' at HX03
- The text entered at HX0310 if coded '-9' at HX03
- 'Source the insurance was purchased from for that business' if coded '-7' or '-8' at HX03
- 'Group or Association' if coded '1' at HX23
- 'Health Insurance Purchasing Alliance' if coded '2' at HX23
- 'School' if coded '3' at HX23
- 'Insurance Agent' if coded '4' at HX23
- 'Insurance Company' if coded '5' at HX23
- 'HMO' if coded '6' at HX23
- 'Union' if coded '7' at HX23
- 'Anyone's Previous Employer (COBRA)' if coded '8' at HX23
- 'Anyone's Previous Employer (not COBRA)' if coded '9' at HX23
- 'Spouse's/Deceased Spouse's Previous Employer' if coded '10' at HX23
- 'Some Other Employer' if coded '11' at HX23
- 'Plan of Someone Not Living Here' if coded '12' at HX23
- The text entered at HX2310 if coded '-9' at HX23
- 'Source that provided the directly purchased insurance' if coded '-7' or '-8'

Note: For Round 5, the end date is displayed in the context header for questions HP04 - HP18.
BOX_01
======

----------------------------------------------------
| IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN THE     |
| EMPLOYMENT (EM) SECTION AS 'PROVIDES HEALTH       |
| INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED'     |
| WITH A FIRM-SIZE-1, GO TO LOOP_01                 |
----------------------------------------------------

----------------------------------------------------
| IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON   |
| AN HX23 CATEGORY (EXCEPT CODE '3' (DIRECTLY FROM  |
| A SCHOOL)), GO TO HP03                             |
----------------------------------------------------

----------------------------------------------------
| IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL)   |
| AT HX23, CONTINUE WITH HP01                       |
----------------------------------------------------

HP01
=====

INSURANCE SOURCE:  {CATEGORY NAME FROM HX23}

Does this insurance cover only injuries caused by accidents, or does it have general health coverage?

GENERAL HEALTH COVERAGE ............... 1
ONLY INJURIES CAUSED BY ACCIDENTS ...... 2 {BOX_11}
REF .................................. -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]
INSURANCE SOURCE: {CATEGORY NAME FROM HX23}

Would this insurance cover health services outside of a school clinic?

YES ........................................ 1
NO ........................................ 2 {BOX_11}
REF ........................................ -7
DK ......................................... -8

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

I'd like to talk about the insurance which is from (a/an) (INSURANCE SOURCE).

CODE '1' UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS NOT ALREADY BEEN DISCUSSED ...................... 1
HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS ALREADY BEEN DISCUSSED ..... 2 {BOX_11}

[Code One]
LOOP_01
=======

<table>
<thead>
<tr>
<th>FOR EACH OF THE FOLLOWING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESTABLISHMENT 1</td>
</tr>
<tr>
<td>ESTABLISHMENT 2</td>
</tr>
<tr>
<td>ESTABLISHMENT 3</td>
</tr>
<tr>
<td>ESTABLISHMENT 4</td>
</tr>
<tr>
<td>----------------------------</td>
</tr>
<tr>
<td>ASK BOX_01A-END_LP01</td>
</tr>
</tbody>
</table>

-----------------------------
| LOOP DEFINITION: LOOP-01 COLLECTS DETAILED INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN EMPLOYER OR THE ESTABLISHMENT NAMES OF THE INSURANCE SOURCE COLLECTED IN EITHERHX03 OR HX23. IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER ONLY ONE LOOP CYCLE IS COMPLETED. |
| IF LOOPING ON INSURANCE PROVIDED THROUGH AN INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT NAME OF THE INSURANCE SOURCE. SUBSEQUENT CYCLES, IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18. IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT ESTABLISHMENT NAME. IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS. |

BOX_01A
=======

| IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE-1, GO TO HP09 |

| OTHERWISE, CONTINUE WITH HP04 |

27-130
(PERSON'S FIRST MIDDLE AND LAST NAME)  {NAME OF ESTABLISHMENT...........}  {STR-DT}  (END-DT)

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

Please give me the name of one of the {INSURANCE SOURCE} {from which anyone in the family purchased this insurance/which covers anyone in the family/insurance companies for the insurance purchased from an agent}.

INTERVIEWER: VERIFY WITH RESPONDENT AND SELECT (ESTABLISHMENT) BELOW:

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. ESTABLISHMENT</th>
<th>HP04_02. STREET</th>
<th>HP04_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establishment</td>
<td>[Enter Truncated Street Address]</td>
<td>[Enter Truncated City]</td>
</tr>
<tr>
<td>2. Establishment</td>
<td>[Enter Truncated Street Address]</td>
<td>[Enter Truncated City]</td>
</tr>
<tr>
<td>3. Establishment</td>
<td>[Enter Truncated Street Address]</td>
<td>[Enter Truncated City]</td>
</tr>
</tbody>
</table>

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL ESTABLISHMENTS WHICH ARE SOURCES OF PRIVATE INSURANCE IN THE RU-ESTABLISHMENTS-ROSTER (THIS DOES NOT INCLUDE ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND 'SELF-EMPLOYED' WITH A FIRM-SIZE-1 THAT ARE COMING FROM THE HX03 SERIES). |
----------------------------------------------------
ESTABLISHMENT ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY ESTABLISHMENT ALREADY LISTED OR SELECT 'NONE OF THE ABOVE'.
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CANNOT ADD AT THIS SCREEN. ESTABLISHMENTS ARE 'ADDED' BY USING 'NONE OF THE ABOVE'.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E., CTRL/D).

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON THIS ROSTER.

DISPLAY '(INSURANCE SOURCE)' IF NOT LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 OR CODE '4' (INSURANCE AGENT) AT HX23.

DISPLAY 'from which anyone in the family purchased this insurance' IF NOT LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 OR CODES '4' (INSURANCE AGENT) OR '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23.

DISPLAY 'which covers anyone in the family' IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23.

DISPLAY 'insurance company for the insurance purchased from an agent' IF LOOPING ON CODE '5' (INSURANCE AGENT) AT HX03 OR CODE '4' (INSURANCE AGENT) AT HX23.

NOTE: THE CONTEXT HEADER DISPLAYED ON SCREENS HP04- HP08 DEPENDS ON THE PATH THAT LEADS TO THE SCREEN. IF ASKING ABOUT A SPECIFIC PERSON (I.E., JOBHOLDER WHEN COMING FROM AN HX03 CATEGORY), CAPI DISPLAYS THE PERSON AND START DATE. IF ASKING ABOUT A SPECIFIC ESTABLISHMENT, CAPI DISPLAYS THE ESTABLISHMENT AND START DATE. OTHERWISE, CAPI DISPLAYS THE START DATE.
In order to better understand the kinds of health insurance being offered to families today, insurance providers and employers who often provide health insurance may be contacted as part of a separate study. This separate study will not use any person’s name from MEPS, so employers and insurance providers can’t identify anyone in your household.

[PRESS ENTER TO CONTINUE]
HP05
====

(Person's First Middle and Last Name) (Name of Establishment....) (STR-DT)
(END-DT)

Insurance Source: (Category Name from HX03 or HX23)

Is the address of (Establishment):

(Establishment Street Address Line1.)
(Establishment Street Address Line2.)
(Establishment City........, ST, ZIP..)
(EST. TEL #)

Address and Telephone Correct ........ 1 {BOX_02}
Add New Address for Establishment ...... 2
Above Address/Telephone Needs
Correction ............................. 3 {HP08}
Selected Wrong Establishment/Address ... 4
Ref ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

--------------------------------------------------------------------------------
| IF CODED '4' (SELECTED WRONG ESTABLISHMENT/ADDRESS), CAPI REDISPLAYS HP04 SO THE INTERVIEWER |
| CAN SELECT THE CORRECT ESTABLISHMENT.                                                   |
--------------------------------------------------------------------------------
HP06
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
(END-DT)

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

What is the {new} address of (ESTABLISHMENT)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF ESTABLISHMENT HAS MORE THAN ONE LOCATION, RECORD
LOCATION WHERE PERSON PURCHASED INSURANCE.

Current Info: [ESTABLISHMENT]
[STREET ADDRESS1]
[STREET ADDRESS2]
[CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]

ESTABLISHMENT (HP06_01): [_____________]
STREET ADDRESS1 (HP06_02): [_____________]
STREET ADDRESS2 (HP06_03): [_____________]
CITY (HP06_04): [_____________]
STATE (HP06_05): [_____________]
ZIP CODE (HP06_06): [_____________]
TELEPHONE (HP06_07): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

------------------------------------------------------------------
| DISPLAY 'new' IF HP05 IS CODED '2' (ADD NEW |
| ADDRESS FOR ESTABLISHMENT). OTHERWISE, USE A |
| NULL DISPLAY. |
------------------------------------------------------------------

------------------------------------------------------------------
| NOTE: SINCE TYPE OF COVERAGE INFORMATION IS NOT |
| COLLECTED UNTIL AFTER WE COLLECT ADDRESS |
| INFORMATION, WE WILL BE COLLECTING ADDRESS |
| INFORMATION FOR SOME ESTABLISHMENTS THAT WILL NOT |
| BE PART OF THE HIPS SAMPLE. |
------------------------------------------------------------------

------------------------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
| ROSTER. |
------------------------------------------------------------------
NOTE: WE NOW PLAN TO COLLECT FULL ADDRESS INFORMATION FOR SOURCES OF HEALTH INSURANCE IN ROUND 2 AND BEYOND. THIS ALLOWS US TO CONTINUE TO UNIQUE ESTABLISHMENTS AND ALLOWS FOR MAXIMUM FLEXIBILITY (E.G., IF WE WANT TO HIPS AGAIN).

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

You mentioned that someone in the family receives health insurance from the plan of someone not living here. How does that policyholder get this insurance?

INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW. ADDRESS INFORMATION IS NOT NECESSARY.

[Enter Establishment Name]

NOTE: ONLY CATEGORY '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) OF HX23 IS ASKED HP07.

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER. DISPLAY ADDRESS AS 'NOT NECESSARY'.

GO TO BOX_02
HP08
====

(PERSON’S FIRST MIDDLE AND LAST NAME) {NAME OF ESTABLISHMENT........} {STR-DT}
(END-DT)

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}

CORRECT ADDRESS OR TELEPHONE FOR: (ESTABLISHMENT)

PRESS ENTER TO CONFIRM ENTRY OF INDIVIDUAL FIELD. RE-TYPE ENTIRE LINE FOR INCORRECT FIELD.

Current Info:  [ESTABLISHMENT]
[STREET ADDRESS1]
[STREET ADDRESS2]
[CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]

ESTABLISHMENT (HP08_01):  [_____________
STREET ADDRESS1 (HP08_02):  [_____________
STREET ADDRESS2 (HP08_03):  [_____________
CITY (HP08_04):  [_____________
STATE (HP08_05):  [_____________
ZIP CODE (HP08_06):  [_____________
TELEPHONE (HP08_07):  [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
IF HX03 IS CODED '1' OR '2' FLAG ESTABLISHMENT AS 'GROUP'.
IF HX03 IS CODED '3', FLAG ESTABLISHMENT AS 'UNION'.
IF HX03 IS CODED '4', FLAG ESTABLISHMENT AS 'HEALTH ALLIANCE'.
IF HX03 IS CODED '5', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY-FROM AN AGENT'.
IF HX03 IS CODED '6', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY'.
IF HX03 IS CODED '7', FLAG ESTABLISHMENT AS 'HMO'.
IF HX03 IS CODED '8', FLAG ESTABLISHMENT AS 'PREVIOUS EMPLOYER, NOT COBRA'.
IF HX03 IS CODED '9', FLAG ESTABLISHMENT AS 'COBRA'.
IF HX03 IS CODED '91', FLAG ESTABLISHMENT AS 'UNKNOWN TYPE-COLLECTED AT OTHER'.

IF HX23 IS CODED '1', FLAG ESTABLISHMENT AS 'GROUP'.
IF HX23 IS CODED '2', FLAG ESTABLISHMENT AS 'HEALTH ALLIANCE'.
IF HX23 IS CODED '3', FLAG ESTABLISHMENT AS 'SCHOOL'.
IF HX23 IS CODED '4', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY-FROM AN AGENT'.
IF HX23 IS CODED '5', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY'.
IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS 'HMO'.
IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS 'UNION'.
IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS 'COBRA'.
IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS 'PREVIOUS EMPLOYER, NOT COBRA'.
IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS 'SPOUSE PREVIOUS EMPLOYER'.
IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS 'EMPLOYER'.
IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS 'UNKNOWN TYPE-OUTSIDE RU'.
IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS 'UNKNOWN TYPE - COLLECTED AT OTHER'.

----------------------------------------------------
BOX_03
=====

<table>
<thead>
<tr>
<th>IF LOOPING ON AN HX23 CATEGORY, GO TO HP11</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH HP09</th>
</tr>
</thead>
</table>

HP09
=====

(Person's first middle and last name)  (Name of establishment........)  (str-dt)  (end-dt)

{(Are/Is)/As of (end date), was} (person) the primary insured person or policyholder of this health coverage through (establishment)?

YES .................................... 1 {loop_02}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

<p>| DISPLAY '{Are/Is}' IF NOT ROUND 5. DISPLAY 'As of| |</p>
<table>
<thead>
<tr>
<th>(end date), was' IF ROUND 5.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NOTE: PERSON REFERS TO JOBHOLDER.</th>
</tr>
</thead>
</table>

| IF CODED '1' (YES), FLAG JOBHOLDER AS |
| 'POLICYHOLDER'. |
Who is/was the primary insured person or policyholder of this health coverage through (ESTABLISHMENT) on (END DATE)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{JOBHOLDER/EMPLOYER-PAIR 1}
{JOBHOLDER/EMPLOYER-PAIR 2}
{JOBHOLDER/EMPLOYER-PAIR 3}

JOBHOLDER/EMPLOYER IS LISTED ........... 1 {END_LP01}
JOBHOLDER/EMPLOYER IS NOT LISTED ...... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

[Code One]
Who {is/was} the primary insured person or policyholder of this health coverage through (ESTABLISHMENT) {on (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-35] .. 
[2. First Name,[Middle Name],Last Name-35] .. 
[3. First Name,[Middle Name],Last Name-35] ..

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

[Code All that Apply]
IF 'POLICYHOLDER NOT LISTED IN DU' SELECTED, ALONE
OR IN COMBINATION WITH OTHER NAMES AND/OR
'POLICYHOLDER DECEASED', CONTINUE WITH HP11A

HP11A

{name of establishment........} {str-dt}
{end-dt}

INTERVIEWER: ENTER NAME OR DESCRIPTION OF POLICYHOLDER WHO
IS NOT IN THE DU:

[Enter Specify-15] .................

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

NOTE: WHENEVER THIS POLICYHOLDER IS BEING ASKED
ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE
POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE
DISPLAYED AS 'PLCYHLDR NOT IN DU-' FOLLOWED BY
THE 15 CHARACTER ENTRY AT HP11A.

IF 'POLICYHOLDER DECEASED' SELECTED AT HP11,
CONTINUE WITH HP11B

OTHERWISE, GO TO LOOP_02
INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:

[Enter Specify-40] ....................

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

-----------------------------------------------
| FLAG POLICYHOLDER AS 'DECEASED'.             |
-----------------------------------------------

-----------------------------------------------
| NOTE: WHENEVER THE POLICYHOLDER IS BEING ASKED|
| ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE|
| POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE|
| DISPLAYED AS 'PLCYHLDR DECEASED-' FOLLOWED BY THE|
| FIRST 15 CHARACTERS OF THE ENTRY AT HP11B.    |
-----------------------------------------------

LOOP_02

-----------------------------------------------
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-|
| PAIRS-ROSTER, ASK BOX_04-END_LP02              |
-----------------------------------------------

-----------------------------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION  |
| ABOUT THE POLICYHOLDER AND DEPENDENTS FOR EACH |
| ESTABLISHMENT-PERSON. THIS LOOP CYCLES ON EACH |
| ESTABLISHMENT-PERSON-PAIR CREATED AT HP09 AND HP11|
| DURING THE CURRENT ROUND FOR THE ESTABLISHMENT |
| BEING CYCLED ON IN LOOP_01.                   |
-----------------------------------------------
BOX_04
======

----------------------------------------------------
| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN         |
| EMPLOYMENT AS ‘PROVIDES HEALTH INSURANCE’, GO TO  |
| BOX_07                                            |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_05                   |
----------------------------------------------------

BOX_05
======

----------------------------------------------------
| IF HX23 IS CODED ‘8’ (PREVIOUS EMPLOYER-COBRA),   |
| ‘9’ (PREVIOUS EMPLOYER-NOT COBRA), ‘10’ (SPOUSE   |
| PREVIOUS EMPLOYER), OR ‘11’ (OTHER EMPLOYER)      |
| CONTINUE WITH BOX_06                              |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_07                           |
----------------------------------------------------

BOX_06
======

----------------------------------------------------
| IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED',|
| CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI |
| AND GO TO HP13                                    |
----------------------------------------------------

----------------------------------------------------
| IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO |
| BOX_07                                            |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH HP12                     |
----------------------------------------------------

27-144
(POLICYHOLDER FIRST MIDDLE LAST NAME)  {NAME OF}
ESTABLISHMENT.........}  {STR-DT}
(END-DT)

(Are/Is) (POLICYHOLDER) currently employed at this job,
retired from this job, previously employed at this job, or is
it some other situation?

CURRENTLY EMPLOYED ..................... 1 {HP13}
RETIRED ................................ 2 {HP13}
PREVIOUSLY EMPLOYED .................... 3 {HP13}
DECEASED ............................... 4 {HP13}
OTHER ................................. 91
REF  ................................... -7 {HP13}
DK  ................................. -8 {HP13}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

EDIT: CODE '4' (DECEASED) CANNOT BE SELECTED FOR A POLICYHOLDER WHO IS A CURRENT RU MEMBER.

IF CODED '4' (DECEASED), FLAG POLICYHOLDER AS 'DECEASED'.

ENTER OTHER:

[Enter Other Specify] .................
REF  ................................... -7
DK  ................................. -8

27-145
HP13

{(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF ESTABLISHMENT.........} {STR-DT (END-DT)}

{(Are/Is)/(Were/Was)} (POLICYHOLDER) a federal government employee at this job?

YES ................................... 1
NO .................................... 2
REF .................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FEDERAL GOVERNMENT.
IF ESTABLISHMENT THAT PROVIDES INSURANCE IS
FLAGGED AS:

'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN',
'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE
PERIOD', 'RETIREMENT JOB', OR UNION
OR
'EMPLOYER' AND JOB SUBTYPE IS 'FORMER MAIN',
'FORMER MISCELLANEOUS' OR 'LAST JOB OUTSIDE
REFERENCE PERIOD' AND JOB IS ALSO FLAGGED AS 'NOT
RETIRED FROM'
OR
'PREVIOUS EMPLOYER, NOT COBRA' (I.E., HX03-CODE
'8'; HX23-CODE '9')
OR
'EMPLOYER' (I.E., HX23-CODE '11') AND HP12 IS NOT
CODED '1' (CURRENTLY EMPLOYED)
OR
'SPOUSE PREVIOUS EMPLOYER' (I.E., HX23-CODE '10')
OR
'UNKNOWN TYPE-OUTSIDE RU' (I.E., HX23-CODE '12')
OR
'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23-
CODE '91'),

CONTINUE WITH HP14

OTHERWISE, GO TO HP15

NOTE: FROM THE TAPES AND OBSERVATIONS, IT BECAME
OBVIOUS THAT MANY SOURCES OF INSURANCE WERE BEING
SENT THROUGH HP14 WHEN IT WAS INAPPROPRIATE.
THEREFORE, BOX_07 HAS BEEN REVISED TO SEND ONLY
SOURCES OF INSURANCE IDENTIFIED AS EMPLOYER (BUT
NOT CURRENT OR COBRA) OR UNKNOWN THROUGH HP14.
Some employer insurance can be continued after leaving the company by continuing to pay the premium. This is sometimes referred to as a COBRA plan.

(Is/Was) (POLICYHOLDER)’s (ESTABLISHMENT) insurance like that (on (END DATE))?  

YES ........................................ 1 
NO ........................................ 2 
REF ........................................ -7 
DK ........................................ -8 

PRESS F1 FOR DEFINITION OF COBRA.

----------------------------------------------------------------------------------------
| DISPLAY ‘Is’ IF NOT ROUND 5.  DISPLAY ‘Was’ IF ROUND 5.  |  |
| ROUND 5.  DISPLAY ‘on (END DATE)’ IF ROUND 5.  |  |
| OTHERWISE, USE NULL DISPLAY.  |  |
----------------------------------------------------------------------------------------
(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF
ESTABLISHMENT............} {STR-DT}
(END-DT)

Was anyone {living here} covered as a dependent under
(POLICYHOLDER)'s health coverage through (ESTABLISHMENT)
at any time {since (START DATE)/between (START DATE) and
(END DATE))? 

YES ................................. 1
NO ..................................... 2 {HP17}
REF .............................. -7 {HP17}
DK ................................. -8 {HP17}

PRESS F1 FOR DEFINITION OF DEPENDENT.

----------------------------------------------------
| DISPLAY 'living here' IF LOOPING ON CODE '12'     |
| (OUTSIDE RU) AT HX23.                            |
|                                                 |
| DISPLAY 'since (START DATE)' IF NOT ROUND 5.     |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5.                                         |
----------------------------------------------------
Who is that?

PROBE: Was anyone else covered as a dependent {since (START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-35]
[2. First Name,[Middle Name],Last Name-35]
[3. First Name,[Middle Name],Last Name-35]

[Code All That Apply]
HP17

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF ESTATEAMENT.........}  {STR-DT}  {END-DT}

(Does/Between (START DATE) and (END DATE), did) (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

----------------------------------------------------
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |
| (START DATE) and (END DATE), did' IF ROUND 5.   |
|----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS   |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
| LISTED IN RU' IN HP16.                           |
|----------------------------------------------------

BOX_08

----------------------------------------------------
| IF THERE ARE NO POLICYHOLDERS OR DEPENDENTS WHO   |
| ARE CURRENT RU MEMBERS, THAT IS, POLICYHOLDER IS A |  |
| DU MEMBER BUT NOT A CURRENT RU MEMBER, OR IS      |
| FLAGGED AS 'NOT LISTED IN DU' OR 'POLICYHOLDER    |
| DECEASED' AND INSURANCE ALSO FLAGGED ONLY AS      |
| 'COVERING PERSON NOT IN RU', GO TO END_LP02       |
|----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_03                  |
|----------------------------------------------------

27-151
LOOP_03
========

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDRCOVRD-PERS-TRPLS-ROSTER, ASK BOX-09-END_LP03

LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD COVERAGE FOR ALL CURRENT RU MEMBERS COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON CURRENT RU MEMBERS WHO ARE SELECTED AS DEPENDENTS AT HP16 AND THE RU MEMBER WHO IS FLAGGED AS THE POLICYHOLDER FOR THIS INSURANCE.

BOX_09
======

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION.

AT COMPLETION OF TIME PERIOD COVERED DETAIL (HQ) SECTION, CONTINUE WITH END_LP03

END_LP03
========

CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDRCOVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_03 AND CONTINUE WITH END_LP02

27-152
END_LP02
========

----------------------------------------------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-|  |
| PAIRS-ROSTER WHO MEETS THE CONDITIONS STATED IN    |  |
| THE LOOP DEFINITION.                              |  |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END  |  |
| LOOP_02 AND CONTINUE WITH BOX_10                  |  |
----------------------------------------------------

BOX_10
======

----------------------------------------------------
| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN         |  |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT |  |
| FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO |  |
| TO END_LP01                                        |  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH HP18                      |  |
----------------------------------------------------

HP18
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT........} {STR-DT}
(END-DT)

INSURANCE SOURCE: [CATEGORY NAME FROM HX03 OR HX23]

Aside from (POLICYHOLDER)’s (ESTABLISHMENT) insurance, is there another health insurance plan that anyone in the family obtains from (a/an) (INSURANCE SOURCE)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
END LP01

| IF HP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
| ESTABLISHMENT NAME. |

| IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW) END LOOP_01 AND |
| CONTINUE WITH BOX_11 |

BOX_11

| RETURN TO THE HEALTH INSURANCE (HX) SECTION. |
Time Period Covered Detail (HQ) Section

HQ01
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

(Were/Was) (PERSON) covered the whole time from (START DATE)
until (today/(END DATE)), or only part of the time?

WHOLE TIME ............................. 1 {BOX_01}
PART OF THE TIME ........................ 2
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

[Code One]

-----------------------------------------------------------------------------------
| DISPLAY ‘today’ IF NOT ROUND 5. DISPLAY                     |                  |
| ‘(END DATE)’ IF ROUND 5.                                      |                  |
-----------------------------------------------------------------------------------
-----------------------------------------------------------------------------------
| IF ROUND 5 AND CODED ‘2’ (PART OF THE TIME), GO TO           |                  |
| HQ05                                                           |                  |
-----------------------------------------------------------------------------------
-----------------------------------------------------------------------------------
| IF NOT ROUND 5 AND CODED ‘2’ (PART OF THE TIME),             |                  |
| CONTINUE WITH HQ02                                             |                  |
-----------------------------------------------------------------------------------
-----------------------------------------------------------------------------------
| NOTE: FOR ROUND 5, THE END DATE IS DISPLAYED IN               |                  |
| THE CONTEXT HEADER FOR QUESTIONS HQ01 AND HQ05.              |                  |
-----------------------------------------------------------------------------------

27-155
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF ESTABLISHMENT........}  {STR-DT}

(Are/Is) (PERSON) covered now?

YES .................................... 1
NO ..................................... 2 [HQ04]
REF ........................................ -7 [HQ04]
DK ......................................... -8 [HQ04]

----------------------------------------------------
| DISPLAY NAME OF MONTH IN WHICH INTERVIEW IS BEING |
| CONDUCTED (I.E., MONTH IN WHICH INTERVIEW FIRST |
| STARTED) FOR 'INTERVIEW MONTH'.
----------------------------------------------------

(Have/Has) (PERSON) been covered continuously, since the first of (INTERVIEW MONTH) through today?

YES .................................... 1 [HQ05]
NO ..................................... 2 [HQ05]
REF ........................................ -7 [HQ05]
DK ......................................... -8 [HQ05]
(Were/Was) (PERSON) covered at all during {INTERVIEW MONTH}?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

| DISPLAY NAME OF MONTH IN WHICH INTERVIEW IS BEING | CONDUCTED (I.E., MONTH IN WHICH INTERVIEW FIRST STARTED) FOR 'INTERVIEW MONTH'. |
For each of the following months, (were/was) (PERSON) covered the whole month, part of the month, or not at all during the month? (READ MONTH NAMES BELOW.)

1 = WHOLE MONTH
2 = PART OF MONTH (INCLUDING FIRST OF MONTH)
3 = PART OF MONTH (NOT INCLUDING FIRST OF MONTH)
4 = NOT COVERED

<table>
<thead>
<tr>
<th>HQ05 01. MONTH AND YEAR</th>
<th>HQ05 02. COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MONTH AND YEAR</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. MONTH AND YEAR</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. MONTH AND YEAR</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

---


FOR ROUND 5, THE END DATE IS NOT THE INTERVIEW DATE. IT IS EITHER 12/31/2006 OR THE DATE THE PERSON LEFT THE RU, DIED, WAS INSTITUTIONALIZED, MOVED, ETC.

---

NOTE: THE SCREEN LAYOUT SHOULD ACCOMMODATE AS MANY MONTHS AS POSSIBLE.
EDIT: ALL MONTHS DISPLAYED AT HQ05 CANNOT BE CODED '4' (NOT COVERED) WHEN THE PERSON IS NOT COVERED DURING THE INTERVIEW MONTH (HQ04=2). IF ALL ARE, DISPLAY THE FOLLOWING MESSAGE: 'MUST BE COVERED AT LEAST PART OF ONE MONTH. IF NOT, BACK UP AND DELETE PERSON FROM COVERED PERSON ROSTER.'

BOX_01

RETURN TO THE HX, HP, OR PR SECTION.
Hospital Stay (HS) Section

BOX_01

----------------------------------------------------
| IF HOSPITAL STAY DISCHARGE DATE IS '95' (STILL IN |
| HOSPITAL) [OR IF ROUND 5, CODE '95' INDICATES     |
| 'STILL IN HOSPITAL' AND 'RELEASED IN 2006'], DO   |
| NOT ASK THE HOSPITAL STAY (HS) SECTION OR THE    |
| CHARGE/PAYMENT (CP) SECTION FOR THIS EVENT.       |
| (WE WILL FOLLOW UP WITH THESE EVENTS NEXT ROUND. |
| IF ROUND 5, WE WILL OBTAIN NECESSARY INFORMATION |
| DURING MPC FOLLOW-UP.)                            |
----------------------------------------------------

----------------------------------------------------
| IF THE DAY OR THE MONTH OR THE YEAR FOR THE       |
| HOSPITAL STAY ADMIT DATE OR DISCHARGE DATE IS     |
| '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE     |
| WITH HS01                                         |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO HS02                              |
----------------------------------------------------

HS01

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {ADM-DT}
{DIS-DT}

How many nights did (PERSON) stay in (PROVIDER)?

[Enter Number of Nights] .............
REF ................................... -7
DK .................................... -8

| SOFT RANGE CHECK: 1 TO 30. |
Did this hospital stay begin with a visit to an emergency room?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF EMERGENCY ROOM.

Was this hospital stay related to any specific health condition or were any conditions discovered during this hospital stay?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
What conditions were discovered or led (PERSON) to enter the hospital? PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before? IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER. IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Medical Condition]  
[2. Medical Condition]  
[3. Medical Condition]
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’
MEPS FAMES Panel 10 Round 5 Hospital Stay (HS) Section
November 20, 2006

HS05
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {ADM-DT}  {DIS-DT}

SHOW CARD HS-1.

Please look at this card and tell me which category best describes the reason (PERSON) entered (PROVIDER) on (ADMIT DATE)?

IF NECESSARY, PROBE: What was the main reason (PERSON) entered (PROVIDER)?

OPERATION OR SURGICAL PROCEDURE ........ 1
TREATMENT OR THERAPY, NOT INCLUDING SURGERY .............................. 2
DIAGNOSTIC TESTS ONLY .......................... 3
GIVE BIRTH TO A BABY - NORMAL OR CESAREAN SECTION (MOTHER) ............ 4
TO BE BORN (BABY) ............................... 5
OTHER .............................................. 91
REF .............................................. -7
DK .............................................. -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---------------------------------------------------------------------
| ALLOW CODE ’4’ (GIVE BIRTH TO A BABY) ONLY IF PERSON IS FEMALE. ALLOW CODE ’5’ (TO BE BORN) ONLY IF PERSON IS < OR = 1 YEAR OLD (OR AGE CATEGORY 1). |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED ’4’ (GIVE BIRTH TO A BABY), DISPLAY THE FOLLOWING MESSAGE: 'PLEASE BE SURE YOU HAVE ALSO ENTERED A HOSPITAL STAY EVENT FOR THE BABY.' IF CODED ’5’ (TO BE BORN), DISPLAY THE FOLLOWING MESSAGE: 'PLEASE BE SURE YOU HAVE ALSO ENTERED A HOSPITAL STAY EVENT FOR THE MOTHER.' |
---------------------------------------------------------------------
IF HS05 IS CODED ‘1’ (OPERATION OR SURGICAL PROCEDURE), AUTOMATICALLY CODE HS06 AS ‘1’ (YES) BY CAPI AND GO TO HS08

otherwise, continue with HS06

HS06

(PERSON’S FIRST MIDDLE AND LAST NAME) {NAME OF MEDICAL CARE PROVIDER......} {ADM-DT} {DIS-DT}

Were any operations or surgical procedures performed on (PERSON) during this stay?

YES ........................................... 1
NO ............................................. 2
REF .............................................. -7
DK .............................................. -8

PRESS F1 FOR DEFINITION OF OPERATIONS/SURGICAL PROCEDURES.
At the time (PERSON) were/was discharged, were any medicines prescribed for (PERSON)? Please do not include medications received while (PERSON) was a patient in the hospital.

YES .................................... 1
NO ..................................... 2 {BOX_04}
REF .......................................... -7 {BOX_04}
DK .......................................... -8 {BOX_04}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.
MEPS FAMES Panel 10 Round 5 Hospital Stay (HS) Section
November 20, 2006

HS09
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {ADM-DT}
{DIS-DT}

Please tell me the names of the prescribed medicines from this stay that were filled.

PROBE: Any other prescribed medicines from this stay that were filled?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| PRESCRIBED-MEDICINES-ROSTER.                     |
----------------------------------------------------

| ROSTER BEHAVIOR SPECIFICATIONS                 |
----------------------------------------------------
| 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY |
| LISTED ON THE ROSTER.                          |
| 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF |
| MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES). |
| 3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE|
| THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS |
| USED. THAT IS, AS LONG AS THE INTERVIEWER HAS |
| NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO |
| DELETE A MEDICINE ENTERED IN ERROR. IF DELETE |
| IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED |
| (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY |
| THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED |
| ONLY WHEN MEDICINE IS FIRST ENTERED.’          |
OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS HOSPITAL STAY IS NOT COMPLETED, ASK THE CHARGE/PAYMENT (CP) SECTION.

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION.
Now I’d like to talk with you about health insurance, an important topic for most persons. We want to know about all the health coverage that anyone in the family may have had to help pay the costs of medical care at any time {since (START DATE)/between (START DATE) and (END DATE)}.

{ASK RESPONDENT TO GET INSURANCE CARDS/IDENTIFYING INFORMATION IF NOT ALREADY AVAILABLE.}

PRESS ENTER TO CONTINUE.

| DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5. |
| DISPLAY ‘ASK...AVAILABLE.’ IF ROUND 1. |
| OTHERWISE, USE A NULL DISPLAY. |

| IF ROUND 1, GO TO BOX_03 |

| OTHERWISE, CONTINUE WITH BOX_01 |

| ASK THE OLD EMPLOYMENT AND PRIVATE RELATED INSURANCE (OE) SECTION. |

| AT COMPLETION OF OE SECTION, CONTINUE WITH BOX_02 |
MEPS FAMES Panel 10 Round 5 Health Insurance (HX) Section
November 20, 2006

BOX_02
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----------------------------------------------------
| ASK THE OLD PUBLIC RELATED INSURANCE (PR) SECTION. |
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| AT COMPLETION OF PR SECTION, CONTINUE WITH BOX_03 |
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BOX_03
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----------------------------------------------------
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE |
| FOLLOWING CONDITIONS:                               |
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS    |
|   PROVIDING HEALTH INSURANCE                        |
| AND                                                 |
| - ESTABLISHMENT IS AN EMPLOYER                      |
| AND                                                 |
| - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT    |
| AND                                                 |
| - ESTABLISHMENT IS FLAGGED AS ‘NOT SELF-EMPLOYED’  |
| OR IS FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-      |
| SIZE-GREATER- THAN-1,                               |
| CONTINUE WITH LOOP_01                               |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_05                            |
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LOOP_01
=======

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK HX02-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT PRIVATE HEALTH INSURANCE OBTAINED THROUGH AN EMPLOYER. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE
- ESTABLISHMENT IS AN EMPLOYER
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT
- ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' OR IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-GREATER-THAN-1.
You mentioned that (PERSON) (were/was) covered by health insurance from (ESTABLISHMENT) at some point after (START DATE).

CODE ‘1’ UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

HAS/HAD HEALTH INSURANCE THROUGH (ESTABLISHMENT) AT SOME POINT AFTER (START DATE) ......................... 1

DOES NOT HAVE HEALTH INSURANCE THROUGH (ESTABLISHMENT) .............................. 2

[Code One]

| IF CODED ‘2’ (DOES NOT HAVE HEALTH INSURANCE THROUGH (ESTABLISHMENT)), FLAG THIS ESTABLISHMENT-PERSON-PAIR AS ‘NOT SEPARATE SOURCE OF INSURANCE’ AND GO TO END_LP01 |

| OTHERWISE, CONTINUE WITH BOX_04 |

BOX_04

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| ASK THE PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION FOR THIS ESTABLISHMENT-PERSON-PAIR. |

| AT COMPLETION OF HP SECTION, CONTINUE WITH END_LP01 |

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END_LP01
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---------------------------------
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
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---------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_05 |
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BOX_05
======

---------------------------------
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE |
| AND |
| - ESTABLISHMENT IS AN EMPLOYER |
| AND |
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT |
| AND |
| - ESTABLISHMENT IS FLAGGED AS ‘SELF-EMPLOYED’ |
| AND |
| - FIRM SIZE OF ESTABLISHMENT = 1, |
| CONTINUE WITH LOOP_02 |
---------------------------------

---------------------------------
| OTHERWISE, GO TO BOX_07 |
---------------------------------
LOOP_02

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| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-|  
| ROSTER, ASK LOOP_03-END_LP02                      |  
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION    |  
| ABOUT THE SOURCES OF DIRECTLY PURCHASED HEALTH   |  
| INSURANCE ASSOCIATED WITH A SELF-EMPLOYED JOB    |  
| WHERE FIRM SIZE = 1. THIS LOOP CYCLES ON         |  
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE         |  
| FOLLOWING CONDITIONS:                            |  
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS  |  
| PROVIDING HEALTH INSURANCE                       |  
| AND                                              |  
| - ESTABLISHMENT IS AN EMPLOYER                   |  
| AND                                              |  
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT        |  
| AND                                              |  
| - ESTABLISHMENT IS FLAGGED AS ’SELF-EMPLOYED’   |  
| - FIRM SIZE OF ESTABLISHMENT = 1                |  
----------------------------------------------------
LOOP_03
=======

| FOR EACH OF THE FOLLOWING: |
| INSURANCE CATEGORY 1      |
| INSURANCE CATEGORY 2      |
| INSURANCE CATEGORY 3      |
| INSURANCE CATEGORY 4      |
| INSURANCE CATEGORY 5      |
| INSURANCE CATEGORY 6      |
| ASK HX03 - END_LP03       |

-----------------------------------------------

| LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION |
| ABOUT THE WAYS PERSON PURCHASED HEALTH INSURANCE |
| (INSURANCE CATEGORIES AT HX03) ASSOCIATED WITH A |
| SELF-EMPLOYED JOB WITH FIRM-SIZE = 1. THE FIRST |
| CYCLE OF THIS LOOP COLLECTS THE MAIN WAY PERSON |
| PURCHASES INSURANCE. SUBSEQUENT CYCLES COLLECT |
| ADDITIONAL WAYS PERSON PURCHASES INSURANCE.     |
| THE RESPONSE AT HX04 DETERMINES WHETHER THE LOOP |
| CYCLES AGAIN. IF HX04 IS CODED ‘1’ (YES), THE |
| LOOP CYCLES TO COLLECT THE NEXT INSURANCE      |
| CATEGORY. IF HX04 IS CODED ‘2’ (NO), ‘-7’      |
| (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS. |
(PERSON’S FIRST MIDDLE AND LAST NAME) {NAME OF ESTABLISHMENT........} {STR-DT} (END-DT)

SHOW CARD HX-1.

(You mentioned that (PERSON) (are/is)/(were/was) self-employed and had health insurance through that business.) Which category on this card comes closest to (the main/another) way (PERSON) (purchase/purchases) this insurance?

FROM A PROFESSIONAL ASSOCIATION ........ 1 {BOX_06}
FROM A SMALL BUSINESS GROUP ............ 2 {BOX_06}
FROM A UNION .................................. 3 {BOX_06}
FROM A HEALTH INSURANCE PURCHASING ALLIANCE ......................... 4 {BOX_06}
DIRECTLY FROM AN INSURANCE AGENT ...... 5 {BOX_06}
DIRECTLY FROM INSURANCE COMPANY ...... 6 {BOX_06}
DIRECTLY FROM AN HMO ..................... 7 {BOX_06}
FROM A PREVIOUS EMPLOYER ............... 8 {BOX_06}
FROM A PREVIOUS EMPLOYER (COBRA) ...... 9 {BOX_06}
OTHER ........................................ 91
REF ..................................... -7 {BOX_06}
DK ................................... -8 {BOX_06}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
**HX03OV**

ENTER OTHER:

[Enter Other Specify] .................
REF ...................................... -7
DK ...................................... -8

**BOX_06**

----------------------------------------------------
| ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION |
| FOR THE RESPONSE CATEGORY SELECTED AT HX03.     |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF HP SECTION, CONTINUE WITH HX04  |
----------------------------------------------------

**HX04**

(Person’s First Middle and Last Name) {Name of
Establishment........} {STR-DT}
{END-DT}

SHOW CARD HX-1.

Aside from what you already told me about, is there another
category on this card which describes the way (Person)
purchase/purchases) health insurance for (Establishment)?

YES .................................... 1
NO ..................................... 2
REF ...................................... -7
DK ...................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
END_LP03
========

-----------------------------------------------
| IF HX04 IS CODED '1' (YES), CYCLE TO COLLECT THE |
| NEXT WAY OF PURCHASING INSURANCE.                |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, END LOOP_03 AND CONTINUE WITH END_LP02 |
-----------------------------------------------

END_LP02
========

-----------------------------------------------
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
| THE LOOP DEFINITION.                            |
-----------------------------------------------

-----------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS,   |
| END LOOP_02 AND CONTINUE WITH BOX_07           |
-----------------------------------------------

BOX_07
=====

-----------------------------------------------
| IF ROUND 1, GO TO HX06                         |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_08                |
-----------------------------------------------
BOX_08

IF:

ANY NEW RU MEMBERS ADDED TO RU THIS ROUND,
OR
ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE TURNED 65 SINCE START DATE (USE REAL DATE OF BIRTH ONLY),
OR
ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE WERE = OR > 65 (OR IN AGE CATEGORY 9) IN PREVIOUS ROUND,
CONTINUE WITH HX05

---

OTHERWISE, GO TO BOX_12

---
My records indicate that {READ NAMES BELOW} {(are/is)}
(either) {65 years old or older} {or} {joined the household
since our last interview}.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

(Has (READ NAME ABOVE)/Have any of these people) been covered
by Medicare {since (START DATE)/between (START DATE) and (END DATE)}?

YES .................................... 1
NO ..................................... 2 {LOOP_04}
REF ................................... -7 {LOOP_04}
DK .................................... -8 {LOOP_04}

PRESS F1 FOR DEFINITION OF MEDICARE.
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER THAT MEET ANY ONE OF THE FOLLOWING CONDITIONS:

- PERSON IS AN RU MEMBER WHO IS NOT ALREADY FLAGGED AS RECEIVING MEDICARE AND HAS TURNED 65 SINCE START DATE
- PERSON IS AN RU MEMBER WHO IS NOT ALREADY FLAGGED AS RECEIVING MEDICARE (NOT SELECTED AT HX07 DURING PREVIOUS ROUND) AND WHO WAS = OR > 65 (OR IN AGE CATEGORY 9) DURING THE PREVIOUS ROUND
- PERSON IS A NEW RU MEMBER

IF HX05 IS CODED ‘1’ (YES) AND ONLY ONE RU MEMBER ELIGIBLE FOR HX05, SELECT THAT PERSON AUTOMATICALLY BY CAPI AT HX07 AND GO TO LOOP_04

IF HX05 IS CODED ‘1’ (YES) AND MORE THAN ONE RU MEMBER ELIGIBLE FOR HX05, GO TO HX07
There are several large public health insurance programs {with similar names} that are easily confused.

Medicare is a health insurance program for persons 65 years or over and for disabled persons. Other programs, such as {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}, are state programs which cover low income families and individuals or children who do not have private health insurance.

SHOW CARD HX-2.
Let me first ask about Medicare. People covered by Medicare usually have a card that looks like this.

At any time since (START DATE), has anyone in the family been covered by Medicare?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF MEDICARE.

| DISPLAY ‘with similar names’ IF STATE IN WHICH | |
| INTERVIEW IS BEING CONDUCTED USES ‘MEDICAID’ OR A | |
| NAME SIMILAR TO MEDICARE (SUCH AS MEDI-CAL). | |

------------------------------
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ONE OF THE FOLLOWING: |
| ALASKA          KENTUCKY         NORTH CAROLINA |
| ALABAMA         LOUISIANA        NORTH DAKOTA |
| ARKANSAS        MICHIGAN         RHODE ISLAND |
| COLORADO        MISSISSIPPI      TEXAS |
| FLORIDA         MONTANA          UTAH |
| GEORGIA         NEBRASKA         VERMONT |
| IDAHO           NEVADA           WASHINGTON |
| ILLINOIS        NEW HAMPSHIRE    WEST VIRGINIA |
| INDIANA         NEW JERSEY       WISCONSIN |
| IOWA            NEW MEXICO       |
| KANSAS          NEW YORK         |
| DISPLAY 'Medical Assistance' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ONE OF THE FOLLOWING: |
| CONNECTICUT     MARYLAND         SOUTH DAKOTA |
| DISTRICT OF COLUMBIA     MINNESOTA   VIRGINIA |
| HAWAII          PENNSYLVANIA     |
| DISPLAY 'Arizona Health Care Cost Containment System' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ARIZONA. |
| DISPLAY 'Medi-Cal' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CALIFORNIA. |
| DISPLAY 'Delaware Medical Assistance Program (DMAP)' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS DELAWARE. |
| DISPLAY 'MaineCare' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MAINE. |
| DISPLAY 'MassHealth' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MASSACHUSETTS. |
| DISPLAY 'Medicaid/MC+' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MISSOURI. |
| DISPLAY 'Ohio Health Plan' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OHIO. |

27-15
DISPLAY 'Oregon Health Plan' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OREGON.

DISPLAY 'SoonerCare' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OKLAHOMA.

DISPLAY 'Partners for Health' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS SOUTH CAROLINA.

DISPLAY 'TennCare' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS TENNESSEE.

DISPLAY 'Equality Care' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WYOMING.

DISPLAY 'or Denali KidCare' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ALASKA.

DISPLAY 'or ALL Kids' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ALABAMA.

DISPLAY 'or KidsCare' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ARIZONA.

DISPLAY 'or ARKids First' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ARKANSAS.

DISPLAY 'or California Healthy Families' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CALIFORNIA.

DISPLAY 'or Child Health Plan Plus (CHP+) FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS COLORADO.

DISPLAY 'or Husky Plan B' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CONNECTICUT.
DISPLAY 'or DC Healthy Families' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WASHINGTON, DC.

DISPLAY 'or Delaware Healthy Children Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS DELAWARE.

DISPLAY 'or Florida Healthy Kids or MediKids' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS FLORIDA.

DISPLAY 'or PeachCare for Kids' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS GEORGIA.

DISPLAY 'Children’s Health Insurance Program (CHIP)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS HAWAII.

DISPLAY 'or Hawk-i (Healthy and Well Kids in Iowa)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS IOWA.

DISPLAY 'or Idaho Children’s Health Insurance Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS IDAHO.

DISPLAY 'or KidCare' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ILLINOIS.

DISPLAY 'Children’s Health Insurance Program (CHIP)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS INDIANA.

DISPLAY 'or HealthWave' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS KANSAS.

DISPLAY 'or Kentucky Children’s Health Insurance Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS KENTUCKY.

DISPLAY 'or LaCHIP' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS LOUISIANA.
DISPLAY "or Maryland Children’s Health Program" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MARYLAND.

DISPLAY "Family Assistance" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MASSACHUSETTS.

DISPLAY "MIChild" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MICHIGAN.

DISPLAY "Children’s Health Insurance Program" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MINNESOTA.

DISPLAY "or MC+ for Kids" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MISSOURI.

DISPLAY "or Mississippi Health Benefits Program" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MISSISSIPPI.

DISPLAY "or Montana Children’s Health Insurance Plan" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MONTANA.

DISPLAY "or Kids Connection" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEBRASKA.

DISPLAY "or Nevada Check Up" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEVADA.

DISPLAY "or Healthy Kids" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW HAMPSHIRE.

DISPLAY "or NJ FamilyCare" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW JERSEY.

DISPLAY "or State Children’s Health Insurance Program (SCHIP)" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW MEXICO.

DISPLAY "or Child Health Plus (CHPlus)" FOR "STATE CHIP NAME" IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW YORK.
DISPLAY ‘or NC Health Choice for Children’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NORTH CAROLINA.

DISPLAY ‘or Healthy Steps Program’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NORTH DAKOTA.

DISPLAY ‘or Healthy Start’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS OHIO.

DISPLAY ‘or Pennsylvania’s Children’s Health Insurance Program’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS PENNSYLVANIA.

DISPLAY ‘or Rite Care’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS RHODE ISLAND.

DISPLAY ‘or Partners for Healthy Children’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS SOUTH CAROLINA.

DISPLAY ‘or Children’s Health Insurance Program (CHIP)’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS SOUTH DAKOTA.

DISPLAY ‘or Children’s Health Insurance Program (CHIP)’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS TEXAS.

DISPLAY ‘or Children’s Health Insurance Program (CHIP)’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS UTAH.

DISPLAY ‘or Dr. Dynasaur’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS VERMONT.

DISPLAY ‘or Family Access to Medical Insurance Security (FAMIS) Plan’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS VIRGINIA.

DISPLAY ‘or Children’s Health Insurance Program’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WASHINGTON.
| DISPLAY 'or West Virginia Children’s Health Insurance Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WEST VIRGINIA. |
| DISPLAY 'or BadgerCare' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WISCONSIN. |
| DISPLAY 'or KidCare CHIP' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WYOMING. |
| OTHERWISE, DISPLAY 'or State Children’s Health Insurance Program (CHIP)’ FOR ‘STATE CHIP NAME.’ |

IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT PERSON AUTOMATICALLY BY CAPI AT HX07 AND GO TO LOOP_04

IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH HX07

IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW) AND ONE OR MORE RU MEMBER = > 65 YEARS OLD, GO TO LOOP_04

IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW) AND NO RU MEMBER = > 65 YEARS OLD, GO TO BOX_12

NOTE: HX06 IS ASKED ONLY IN ROUND 1.
Who is covered by Medicare?

PROBE: Who else is covered by Medicare?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
LOOP_04
=======

---
| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |
| BOX_09-END_LP04                              |
---

LOOP DEFINITION: LOOP_04 determines if reason for Medicare is condition/disability for persons < 65 who receive Medicare and collects Social Security status for persons = > 65 who are not covered by Medicare. This loop cycles on persons who meet any of the following conditions:
- If Round 1: all current RU members
- If not Round 1: all current RU members who meet one of the following conditions:
  - Person is a new RU member this round,
  or
  - Person turned 65 years old this round and not flagged as covered by Medicare during any round,
  or
  - Person => 65 years old (or in age category 9) last round and not flagged as covered by Medicare during any round.

BOX_09
=======

---
| IF ROUND 1, GO TO BOX_11                     |
---

---
| OTHERWISE, CONTINUE WITH BOX_10              |
---
BOX_10

<table>
<thead>
<tr>
<th>IF PERSON ADDED THIS ROUND, CONTINUE WITH BOX_11</th>
</tr>
</thead>
</table>

<p>| IF HX05 IS CODED '2' (NO), '-7' (REFUSED), OR |
| '-8' (DON'T KNOW) AND RU MEMBER TURNED 65 THIS |</p>
<table>
<thead>
<tr>
<th>ROUND, GO TO HX09</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP04</th>
</tr>
</thead>
</table>

<p>| NOTE:  HX09 IS NOT RE-ASKED OF PERSONS WHO WERE |
| OVER 65 DURING THE PREVIOUS ROUND AND DID NOT  |
| RECEIVE MEDICARE AND WHO CONTINUE NOT RECEIVING |</p>
<table>
<thead>
<tr>
<th>MEDICARE DURING THE CURRENT ROUND.</th>
</tr>
</thead>
</table>
BOX_11

| IF PERSON IS SELECTED AT HX07 AND IS < 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), CONTINUE WITH HX08 |
| IF PERSON IS SELECTED AT HX07 AND IS = > 65 YEARS OLD (OR IN AGE CATEGORY 9), GO TO END_LP04 |
| IF PERSON IS NOT SELECTED AT HX07 AND IS < 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), GO TO END_LP04 |
| IF PERSON IS NOT SELECTED AT HX07 AND IS = > 65 YEARS OLD (OR IN AGE CATEGORY 9), GO TO HX09 |
| IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)) AND PERSON IS < 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), GO TO END_LP04 |
| IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)) AND PERSON IS = > 65 YEARS OLD (OR IN AGE CATEGORY 9), GO TO HX09 |
HX08
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) receive Medicare because of a medical condition or a disability?

YES ........................................ 1 {END_LP04}
NO ........................................... 2 {END_LP04}
REF ......................................... -7 {END_LP04}
DK ........................................... -8 {END_LP04}

PRESS F1 FOR DEFINITION OF CONDITION/DISABILITY.

HX09
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

People with Social Security usually get Medicare. (Do/Does) (PERSON) receive Social Security?

YES ........................................ 1
NO ........................................... 2
REF ......................................... -7
DK ........................................... -8

PRESS F1 FOR DEFINITION OF SOCIAL SECURITY.

END_LP04
=======

-----------------------------
| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER WHO | |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION| |
-----------------------------

-----------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_04 AND CONTINUE WITH BOX_12 |
-----------------------------
BOX_12
=======

---------------------------------------------------------------------
| IF MEDICAID/SCHIP PROVIDED TO ANY RU MEMBER                        |
| DURING THE PREVIOUS ROUND, GO TO BOX_14                            |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_12A                                  |
---------------------------------------------------------------------

BOX_12A
=======

---------------------------------------------------------------------
| IF GOVT-HOSPITAL/PHYSICIAN IS A SOURCE OF                         |
| INSURANCE FOR ANY RU MEMBER DURING THE CURRENT ROUND, GO TO BOX_14|
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH HX10                                    |
---------------------------------------------------------------------
Some people are covered by programs called {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}. These are state programs for low income families and individuals or children who do not have private health insurance. They sometimes cover persons with very large medical bills or those in nursing homes.

{SHOW CARD HX-3.}

People covered by {Medicaid/{STATE NAME FOR MEDICAID}} usually have a (piece of paper/card) that looks something like this.

(During the last interview, we recorded that no one in the family was covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}).

Has anyone in the family been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} at any time {since (START DATE)/between (START DATE) and (END DATE)}?

YES .................................... 1
NO ..................................... 2 {BOX_14}
REF ................................... -7 {BOX_14}
DK .................................... -8 {BOX_14}

PRESS F1 FOR DEFINITION OF MEDICAID/SCHIP.
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ONHX06.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS SUBSTITUTING THE REAL NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ONHX06.

DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT PERSON AUTOMATICALLY BY CAPI AT HX11 AND GO TO LOOP_05

IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH HX11
Who is covered by \{Medicaid/\{STATE NAME FOR MEDICAID\}\} or \{STATE CHIP NAME\}?

PROBE: Who else is covered by \{Medicaid/\{STATE NAME FOR MEDICAID\}\} or \{STATE CHIP NAME\}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

---
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS | BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY | 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL | STATE NAME FOR PROGRAM) IF THE STATE IN WHICH | INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME | 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY | STATE, SEE BOX ON HX06. |
---

---
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS | SUBSTITUTING THE REAL NAME FOR PROGRAM. FOR THE | SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06. |
---

---
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE | RU-MEMBERS-ROSTER. |
LOOP_05
=======

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_13 - END_LP05 |
-----------------------------------------------------

-----------------------------------------------------

| LOOP DEFINITION: LOOP_05 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY MEDICAID/SCHIP. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS MEDICAID/SCHIP |
| AND |
| - PERSON IS FLAGGED AS COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND (I.E., SELECTED IN HX11) |
-----------------------------------------------------

BOX_13
======

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON. |
-----------------------------------------------------

-----------------------------------------------------

| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP05 |
-----------------------------------------------------

END_LP05
=======

| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
-----------------------------------------------------

-----------------------------------------------------

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_14 |
-----------------------------------------------------
(During the last interview, we recorded that no one in the family was covered by TRICARE or CHAMPVA.)

At any time {since (START DATE)/between (START DATE) and (END DATE)}, has anyone in the family been covered by TRICARE or CHAMPVA?

YES .................................... 1
NO ..................................... 2 {BOX_16}
REF ................................... -7 {BOX_16}
DK .................................... -8 {BOX_16}

PRESS F1 FOR DEFINITION OF TRICARE/CHAMPVA.

DISPLAY FIRST PARAGRAPH ('During .... TRICARE or CHAMPVA.') IF NOT ROUND 1. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.

DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.
Which plan is it? Is it...

INTERVIEWER:
CODE MORE THAN ONE PLAN ONLY IF DIFFERENT RU MEMBERS HAVE DIFFERENT PLANS.

| TRICARE Standard; ...................... 1 |
| TRICARE Prime; ......................... 2 |
| TRICARE Extra; ......................... 3 |
| TRICARE for Life; or ................... 4 |
| CHAMPVA? ............................... 5 |

[Code All That Apply]

<p>| IF HX12 IS CODED '1' (YES) AND SINGLE-PERSON RU, |
| SELECT PERSON AT HX13 AUTOMATICALLY BY CAPI AND |</p>
<table>
<thead>
<tr>
<th>GO TO LOOP_06</th>
</tr>
</thead>
</table>

<p>| IF HX12 IS CODED '1' (YES) AND MULTI-PERSON RU, |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH HX13</th>
</tr>
</thead>
</table>
Who is covered by TRICARE or CHAMPVA

PROBE: Who else is covered by TRICARE or CHAMPVA?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

LOOP_06

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_15-END_LP06
BOX_15

----------------------------------------------------
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION |
| FOR THIS PERSON.                                |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH   |
| END_LP06                                       |
----------------------------------------------------

END_LP06

----------------------------------------------------
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON-   |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED    |
| IN THE LOOP DEFINITION.                          |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS,     |
| END LOOP_06 AND CONTINUE WITH BOX_16             |
----------------------------------------------------

BOX_16

----------------------------------------------------
| IF MEDICAID/SCHIP IS A SOURCE OF INSURANCE FOR    |
| ANY RU MEMBER DURING CURRENT ROUND, GO TO BOX_19 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_17                   |
----------------------------------------------------
During the last interview, we recorded that no one in the family was covered by any other state sponsored program which provided hospital and physician benefits.

At any time (since (START DATE)/between (START DATE) and (END DATE)), has anyone in the family had any type of health insurance obtained through any state or local government agency which provided hospital and physician benefits?

YES ........................................ 1
NO .......................................... 2 {BOX_19}
REF ......................................... -7 {BOX_19}
DK ......................................... -8 {BOX_19}

PRESS F1 FOR DESCRIPTION OF INSURANCE TYPES TO INCLUDE.
What is the name of the plan?

[Enter text] ...........................

---

| IF HX14 IS CODED '1' (YES) AND SINGLE-PERSON RU, |
| SELECT PERSON AT HX15 AUTOMATICALLY BY CAPI AND |
| GO TO LOOP_07 |

---

| IF HX14 IS CODED '1' (YES) AND MULTI-PERSON RU, |
| CONTINUE WITH HX15 |

---

| NOTE: 'GOVT-HOSPITAL/PHYSICIAN' SHOULD BE USED |
| FOR THE ESTABLISHMENT NAME IN THE CONTEXT HEADER |
| (WHERE APPROPRIATE). |
Who is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?

PROBE: Who else is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

-----------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-MEMBERS-ROSTER.                     |
-----------------------------

-----------------------------
| LOOP DEFINITION: LOOP_07 COLLECTS TIME PERIOD |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT- |
| HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN |
| AND |
| - PERSON IS FLAGGED AS BEING COVERED BY GOVT- |
| HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND |
| (I.E., SELECTED AT HX15) |
-----------------------------
BOX_18
=======

---------------------------------------------
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION |
| FOR THIS PERSON.                                |
---------------------------------------------

---------------------------------------------
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |
| END_LP07                                       |
---------------------------------------------

END_LP07
=======

---------------------------------------------
| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-   |
| PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS  |
| STATED IN THE LOOP DEFINITION.                |
---------------------------------------------

---------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |
| END LOOP_07 AND CONTINUE WITH BOX_19         |
---------------------------------------------

BOX_19
=======

---------------------------------------------
| IF ANY TYPE OF OTHER PUBLIC INSURANCE PROVIDED |
| ANY RU MEMBER AT ANY TIME DURING THE PREVIOUS |
| ROUND, GO TO HX21                             |
---------------------------------------------

---------------------------------------------
| OTHERWISE, CONTINUE WITH HX16                |
---------------------------------------------
During the last interview, we recorded that no one in the family\{Some people\} receive\{d\} health benefits from other state programs such as (READ PROGRAM NAMES BELOW) or other public programs that provide coverage for health care services.

{STATE NAME FOR PROGRAM #1..................}
{STATE NAME FOR PROGRAM #2..................}
{STATE NAME FOR PROGRAM #3..................}
{STATE NAME FOR PROGRAM #4..................}

At any time since (START DATE), has anyone in the family been covered by any program like this?

YES .................................... 1
NO ..................................... 2 {HX21}
REF ................................... -7 {HX21}
DK .................................... -8 {HX21}

PRESS F1 FOR A LIST OF OTHER STATE PROGRAMS.
<table>
<thead>
<tr>
<th>STATE</th>
<th>OTHER PUBLIC PROGRAM(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALASKA</td>
<td>Chronic and Acute Medical Assistance (CAMA)</td>
</tr>
<tr>
<td></td>
<td>Alaska Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td>Senior Care</td>
</tr>
<tr>
<td>ALABAMA</td>
<td>Alabama Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>Arizona Breast and Cervical Cancer Early Detection Program</td>
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<tr>
<td>ARKANSAS</td>
<td>Arkansas Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td>Arkansas Health Care Access Foundation</td>
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<tr>
<td>CALIFORNIA</td>
<td>AIDS Drug Assistance Program (ADAP)</td>
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<tr>
<td></td>
<td>CA Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td>Assistance to Infants and Mothers</td>
</tr>
<tr>
<td></td>
<td>General Relief or General Aid</td>
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<td>COLORADO</td>
<td>Colorado Breast and Cervical Cancer Early Detection Program</td>
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<tr>
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<td>Colorado Indigent Care Program (CICP)</td>
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<td>CONNECTICUT</td>
<td>ConnPACE</td>
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<td>CT AIDS Drug Assistance Program (CADAP)</td>
</tr>
<tr>
<td></td>
<td>CT Pharmaceutical Assist. Contract</td>
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<tr>
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<td>CT Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>DELAWARE</td>
<td>Delaware Pharmacy Assistance Program</td>
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<td></td>
<td>Chronic Renal Disease Program</td>
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<td>DE Breast and Cervical Cancer Early Detection Program</td>
</tr>
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<td>DC Healthcare Alliance</td>
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<td>COLUMBIA</td>
<td>DC Breast and Cervical Cancer Early Detection Program</td>
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<td>FL Breast and Cervical Cancer Early Detection Program</td>
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<td>AIDS Disease Management Program</td>
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<td>GA Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>HAWAII</td>
<td>Hawaii Rx Plus</td>
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<tr>
<td></td>
<td>Breast and Cervical Cancer Control Program</td>
</tr>
<tr>
<td>STATE</td>
<td>OTHER PUBLIC PROGRAM(S)</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>IDAHO</td>
<td>ID Breast and Cervical Cancer Early Detection Program</td>
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<td></td>
<td>Rx Idaho</td>
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<td>Illinois Breast and Cervical Cancer Early Detection Program</td>
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<td>Children’s Special Health Care Services</td>
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<td>IN Breast and Cervical Cancer Early Detection Program</td>
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<td>IN Comprehensive Health Insurance Association</td>
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<td>IOWA</td>
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<td>State Employee KY Children’s Health Insurance Program</td>
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<tr>
<td>LOUISIANA</td>
<td>LA Breast and Cervical Cancer Early Detection Program</td>
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<td>MAINE</td>
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<tr>
<td></td>
<td>Drugs for the Elderly</td>
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<tr>
<td>MARYLAND</td>
<td>Kidney Disease Program</td>
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<td>Maryland Breast and Cervical Cancer Early Detection Program</td>
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<td>MASSACHUSETTS</td>
<td>Prescription Advantage Plan</td>
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<td>MA HIV Drug Assistance Program</td>
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<td>MA Breast and Cervical Cancer Early Detection Program</td>
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<td>MICHIGAN</td>
<td>Michigan AIDS Drug Assistance Program (ADAP)</td>
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<td>Adult Medical Program</td>
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<td>EPIC (Elderly Prescription Insurance Coverage)</td>
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<td>MI Rx Prescription Savings Program</td>
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<tr>
<td>MINNESOTA</td>
<td>The Prescription Drug Program</td>
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<td></td>
<td>MN AIDS Drug Assistance Program (ADAP)</td>
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<td>MinnesotaCare</td>
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<td>MISSISSIPPI</td>
<td>Mississippi Breast and Cervical Cancer Early Detection Program</td>
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<td>Missouri Senior Rx Program</td>
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<td>End-Stage Renal Disease Program</td>
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<td>NEBRASKA</td>
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<td>NEW HAMPSHIRE</td>
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<td>Care Program</td>
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<td>NEVADA</td>
<td>Senior Rx Insurance Subsidy for Prescription Drugs</td>
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<td>NEW JERSEY</td>
<td>Pharmaceutical Assistance for the Aged and Disabled (PAAD)</td>
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<tr>
<td></td>
<td>NJ AIDS Drug Assistance Program (ADAP)</td>
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<td>General Assistance Prescription Drug Plan</td>
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<td>NEW YORK</td>
<td>Elderly Pharmaceutical Insure Program (EPIC)</td>
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<td>NY AIDS Drug Assistance Program (ADAP)</td>
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<td>OTHER PUBLIC PROGRAM(S)</td>
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<td>Ohio Disability Assistance Medical Program</td>
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<td>OKLAHOMA</td>
<td>AIDS Drug Assistance Programs (ADAP)</td>
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<td>End Stage Renal Disease Program Part B</td>
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<td>Senior Prescription Drug Assistance Program—discounts</td>
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<td>Oregon Breast and Cervical Cancer Program</td>
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<td>PENNSYLVANIA</td>
<td>AdultBasic</td>
</tr>
<tr>
<td></td>
<td>Chronic Renal Disease Program</td>
</tr>
<tr>
<td>RHODE ISLAND</td>
<td>General Public Assistance Medical Program</td>
</tr>
<tr>
<td></td>
<td>Rhode Island Pharmacy Assistance for Elderly (RIPAE)</td>
</tr>
<tr>
<td></td>
<td>Rhode Island Women’s Cancer Screening Program</td>
</tr>
<tr>
<td></td>
<td>RI AIDS Drug Assistance Program</td>
</tr>
<tr>
<td>SOUTH</td>
<td>SC Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>CAROLINA</td>
<td>Gap Assistance Pharmacy Program for Service</td>
</tr>
<tr>
<td></td>
<td>Medically Indigent Assistance Program</td>
</tr>
<tr>
<td>SOUTH DAKOTA</td>
<td>SD Chronic Renal Disease Program Prescription Access</td>
</tr>
<tr>
<td></td>
<td>SD Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>TENNESSEE</td>
<td>Tennessee Renal Disease Program</td>
</tr>
<tr>
<td></td>
<td>Tennessee Breast and Cervical Cancer Screening Program</td>
</tr>
<tr>
<td></td>
<td>Prescription Outreach</td>
</tr>
<tr>
<td></td>
<td>Express Access Drug Discount Card</td>
</tr>
<tr>
<td>STATE</td>
<td>OTHER PUBLIC PROGRAM(S)</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>TEXAS</td>
<td>Division of Kidney Health Care Program</td>
</tr>
<tr>
<td></td>
<td>Texas HIV Medication Program (THMP)</td>
</tr>
<tr>
<td></td>
<td>Breast and Cervical Cancer Control</td>
</tr>
<tr>
<td></td>
<td>Children with Special Health Care Needs</td>
</tr>
<tr>
<td>UTAH</td>
<td>Utah Children with Special Health Care Needs (CSHCN)</td>
</tr>
<tr>
<td></td>
<td>Utah Breast and Cervical Cancer</td>
</tr>
<tr>
<td></td>
<td>Early Detection Program</td>
</tr>
<tr>
<td></td>
<td>Primary Care Network of Utah</td>
</tr>
<tr>
<td>VIRGINIA</td>
<td>State and Local Hospitalization Program</td>
</tr>
<tr>
<td></td>
<td>Virginia Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>VERMONT</td>
<td>Vermont End Stage Renal Disease Program</td>
</tr>
<tr>
<td></td>
<td>VT Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td>Vpharm</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td>WA State Kidney Disease Program</td>
</tr>
<tr>
<td></td>
<td>WA HIV Drug Assistance Program</td>
</tr>
<tr>
<td></td>
<td>General Assistance</td>
</tr>
<tr>
<td></td>
<td>WA Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>WEST VIRGINIA</td>
<td>Children with Special Health Care Needs</td>
</tr>
<tr>
<td></td>
<td>Prenatal Care Program</td>
</tr>
<tr>
<td></td>
<td>WV Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>WISCONSIN</td>
<td>WI AIDS Drug Reimbursement Program</td>
</tr>
<tr>
<td></td>
<td>Wisconsin Chronic Renal Disease Program</td>
</tr>
<tr>
<td></td>
<td>Well-Woman Program</td>
</tr>
<tr>
<td></td>
<td>Health Insurance Risk Sharing Program</td>
</tr>
<tr>
<td>WYOMING</td>
<td>Prescription Drug Assistance Program</td>
</tr>
<tr>
<td></td>
<td>WY HIV/AIDS/Hepatitis Program</td>
</tr>
<tr>
<td></td>
<td>WY End Stage Renal Disease Program</td>
</tr>
<tr>
<td></td>
<td>WY Breast and Cervical Cancer Early Detection Program</td>
</tr>
</tbody>
</table>
LOOP_08
=======

<table>
<thead>
<tr>
<th>FOR EACH OF THE FOLLOWING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP 1</td>
</tr>
<tr>
<td>GROUP 2</td>
</tr>
<tr>
<td>ASK BOX_20-END_LP08</td>
</tr>
</tbody>
</table>

LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION ON OTHER STATE OR PUBLIC PROGRAMS. THE FIRST CYCLE OF THIS LOOP COLLECTS GROUP 1 OTHER PUBLIC INSURANCE PROGRAMS OR, IF NO GROUP 1, GROUP 2 OTHER PUBLIC INSURANCE PROGRAMS.

THIS LOOP CAN CYCLE A MAXIMUM OF TWICE. THE SUBSEQUENT CYCLE OF THE LOOP IS DETERMINED BY THE RESPONSE AT HX20. IF HX20 IS CODED ‘1’ (YES), THE LOOP CYCLES AGAIN TO COLLECT GROUP 2 PUBLIC INSURANCE INFORMATION. IF HX20 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), ‘-8’ (DON’T KNOW), OR IS NOT ASKED, THE LOOP ENDS.

BOX_20
======

IF FIRST CYCLE OF LOOP_08, CONTINUE WITH HX17

OTHERWISE (I.E., IF SECOND CYCLE OF LOOP_08), GO TO HX18

27-45
HX17
=====

(STR-DT)
(END-DT)

What is the name of the program?

PROBE: Any other state program?

NOTE: IF ONLY TANF, SSI, WIC, IHS, PUBLIC HEALTH CLINIC, OR VA IS MENTIONED, CODE 95.

<table>
<thead>
<tr>
<th>STATE SPECIFIC PLAN 1</th>
<th>................</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE SPECIFIC PLAN 2</td>
<td>................</td>
<td>2</td>
</tr>
<tr>
<td>STATE SPECIFIC PLAN 3</td>
<td>................</td>
<td>3</td>
</tr>
<tr>
<td>STATE SPECIFIC PLAN 4</td>
<td>................</td>
<td>4</td>
</tr>
<tr>
<td>OTHER</td>
<td>................</td>
<td>91</td>
</tr>
<tr>
<td>NONE OF THESE</td>
<td>................</td>
<td>95</td>
</tr>
<tr>
<td>REF</td>
<td>................</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>................</td>
<td>-8</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

------------------------------------------------------------------
| FOR 'STATE SPECIFIC PLAN N', DISPLAY AN ACTUAL NAME OF A STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A STATE THAT HAS OTHER STATE PROGRAMS. FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE, SEE BOX ON HX16. |
------------------------------------------------------------------

------------------------------------------------------------------
| ANY PROGRAM SELECTED IN HX17 IS CONSIDERED A GROUP 1 PROGRAM AND WILL BE GROUPED TOGETHER WHEN ASKED ABOUT IN HX19. |
------------------------------------------------------------------

27-46

| EDIT: CODE ‘95’ (NONE OF THESE) CANNOT BE ENTERED WITH ANY OTHER CODES. IF CODED ‘95’ (NONE OF THESE) WITH ANY OTHER CODES, DISPLAY THE FOLLOWING MESSAGE: ‘95 CANNOT BE CODED WITH ANY OTHER RESPONSES. VERIFY AND RE-ENTER. PRESS ENTER TO CONTINUE.’ |

| IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX17OV |

| IF CODED ‘95’ (NONE OF THESE), GO TO HX18 |

| OTHERWISE, GO TO BOX_21 |

HX17OV
======

ENTER OTHER:

[Enter Other Specify] .................. {BOX_21}
REF ................................... -7 {BOX_21}
DK .................................... -8 {BOX_21}
What is the name of the program?

PROBE: Any other state program?

TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES) ..................... 7
SSI (SUPPLEMENTAL SECURITY INCOME) ...... 8
WIC (WOMEN, INFANTS AND CHILDREN) ...... 9
IHS (INDIAN HEALTH SERVICE) ........... 10
PUBLIC HEALTH CLINIC ................. 11
VA (VETERANS ADMINISTRATION) ........... 12
REF .................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

---------------------------------------------
| ANY PROGRAM SELECTED IN HX18 IS CONSIDERED A |
| GROUP 2 PROGRAM AND WILL BE GROUPED TOGETHER WHEN |
| ASKED ABOUT IN HX19 |
---------------------------------------------

---------------------------------------------
| IF: |
| NO CURRENT RU MEMBER COVERED BY MEDICAID OR GOVT- |
| HOSPITAL/PHYSICIAN DURING CURRENT ROUND |
| AND |
| HX18 IS CODED ‘7’ (TANF), ‘8’ (SSI), OR ‘9’ |
| (WIC), ALONE OR WITH ANY OTHER COMBINATION OF |
| CODES, CONTINUE WITH BOX_21 |
---------------------------------------------

---------------------------------------------
| OTHERWISE, GO TO END_LP08 |
---------------------------------------------
BOX_21

| IF SINGLE-PERSON RU, SELECT PERSON AT HX19 | AUTOMATICALLY BY CAPI AND GO TO LOOP_09 |

| IF MULTI-PERSON RU, CONTINUE WITH HX19 |

HX19

{STR-DT}
{END-DT}

PROGRAM:
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}

Who is covered by (READ PROGRAMS ABOVE)?

PROBE:  Who else is covered by (READ PROGRAMS ABOVE)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

| IF COMING FROM HX17, DISPLAY ALL PROGRAMS SELECTED AT HX17. IF COMING FROM HX18, DISPLAY ALL PROGRAMS SELECTED AT HX18. |

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU- MEMBERS-ROSTER. |
FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER, ASK BOX_22-END LP09

LOOP DEFINITION: LOOP_09 COLLECTS TIME PERIOD DETAIL FOR RU MEMBERS COVERED BY OTHER PUBLIC PROGRAMS. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER PUBLIC PROGRAM
- AND
- PERSON IS FLAGGED AS BEING COVERED BY GROUP 1 OR GROUP 2 OTHER PUBLIC PROGRAM DURING THE CURRENT ROUND (I.E., SELECTED IN HX19)

IF FIRST TIME THROUGH LOOP_08 AND HX17 IS NOT CODED ‘95’ (NONE OF THESE), THIS LOOP CYCLES ON A ESTABLISHMENT-PERSON-PAIR WHERE ESTABLISHMENT IS A GROUP 1 OTHER PUBLIC PROGRAM.

IF HX17 IS CODED ‘95’ (NONE OF THESE) OR IF SECOND CYCLE OF LOOP_08, THEN THE ESTABLISHMENT IS A GROUP 2 OTHER PUBLIC PROGRAM.

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END LP09
END_LP09

--------------
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT- |
| PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION. |
--------------

--------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |
| END LOOP_09 AND CONTINUE WITH BOX_23 |
--------------

BOX_23

--------------
| IF HX17 IS CODED '95' (NONE OF THESE) OR IF ON |
| SECOND CYCLE OF LOOP_08, GO TO END_LP08 |
--------------

--------------
| OTHERWISE, CONTINUE WITH HX20 |
--------------

HX20

(STR-DT)
(END-DT)

Are there any other state programs that provide coverage for health care services to anyone else in the family?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
Next, I have some questions about other sources of health insurance anyone in the family may have had {since (START DATE)/between (START DATE) and (END DATE)} to help pay hospital and doctor bills and other health expenses such as nursing home care or prescribed medicines. {This includes Medigap or Medicare Supplements, plans through a private insurance carrier, which some people who are eligible for Medicare have as additional coverage.}

PRESS ENTER TO CONTINUE.

| DISPLAY 'This includes...coverage.' IF ANYONE IN RU HAS MEDICARE AS A SOURCE OF INSURANCE DURING THE CURRENT ROUND. |
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. |
SHOW CARD HX-4.

Please look at this card. It lists various ways people can obtain insurance.

(Not counting insurance you already told me about, at/At) any time (since (START DATE)/between (START DATE) and (END DATE)), was anyone in the family covered by health insurance from any (other) source, such as those listed on the card?

YES .................................... 1
NO ..................................... 2 {BOX_25}
REF ................................... -7 {BOX_25}
DK .................................... -8 {BOX_25}

PRESS F1 FOR DEFINITIONS OF ITEMS ON SHOW CARD.
LOOP_10
========

FOR EACH OF THE FOLLOWING:

PRIVATELY PURCHASED INSURANCE CATEGORY 1
PRIVATELY PURCHASED INSURANCE CATEGORY 2
PRIVATELY PURCHASED INSURANCE CATEGORY 3
PRIVATELY PURCHASED INSURANCE CATEGORY 4
PRIVATELY PURCHASED INSURANCE CATEGORY 5
PRIVATELY PURCHASED INSURANCE CATEGORY 6

ASK HX23 - END_LP10

LOOP DEFINITION: LOOP_10 COLLECTS INFORMATION ABOUT PRIVATELY PURCHASED HEALTH INSURANCE NOT OBTAINED THROUGH AN EMPLOYER. THIS LOOP CYCLES ON SOURCES OF PRIVATELY PURCHASED INSURANCE LISTED AT HX23. THE FIRST CYCLE OF THIS LOOP COLLECTS THE FIRST SOURCE OF PRIVATELY PURCHASED INSURANCE. SUBSEQUENT CYCLES OF THE LOOP ARE DETERMINED BY THE RESPONSE AT HX24. IF HX24 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT SOURCE OF PRIVATELY PURCHASED INSURANCE. IF HX24 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.
SHOW CARD HX-4.

From which of the sources on this card did anyone in the family purchase health insurance?

FROM A GROUP OR ASSOCIATION ..............  1 {BOX_24}
FROM A HEALTH INSURANCE PURCHASING
    ALLIANCE ..................................  2 {BOX_24}
    DIRECTLY THROUGH A SCHOOL ..........  3 {BOX_24}
    DIRECTLY FROM AN INSURANCE AGENT ....  4 {BOX_24}
    DIRECTLY FROM INSURANCE COMPANY ......  5 {BOX_24}
    DIRECTLY FROM AN HMO .................  6 {BOX_24}
    FROM A UNION ................................  7 {BOX_24}
    FROM ANYONE’S PREVIOUS EMPLOYER (COBRA) ..  8 {BOX_24}
    FROM ANYONE’S PREVIOUS EMPLOYER
        (NOT COBRA) ............................  9 {BOX_24}
    FROM SOME OTHER EMPLOYER ..........  10 {BOX_24}
    UNDER PLAN OF SOMEONE NOT LIVING HERE ...  12 {BOX_24}
    OTHER SOURCE ............................  91
REF ..................................... -7 {BOX_24}
DK ...................................... -8 {BOX_24}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

[Enter Other Specify]  ....................
REF ........................................ -7
DK ........................................ -8
SHOW CARD HX-4.

Aside from what you already told me about, at any time (since (START DATE)/between (START DATE) and (END DATE)), was anyone in the family covered by health insurance from any other source listed on this card?

PROBE: Please include any type of health insurance anyone in the family is covered by which has not been discussed yet. This includes health insurance that was obtained from a source not listed on this card.

YES ................................. 1
NO ................................. 2
REF ................................. -7
DK ................................. -8

PRESS F1 FOR DEFINITIONS OF ITEMS ON SHOW CARD.
END_LP10
==========
<p>| IF HX24 IS CODED '1' (YES), CYCLE TO COLLECT THE | |
| NEXT INSURANCE CATEGORY. | |</p>
<table>
<thead>
<tr>
<th>----------------------------------------------------</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE END LOOP_10, AND CONTINUE WITH BOX_25</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

BOX_25
=====

----------------------------------------------------
<p>| IF NO PUBLIC OR PRIVATE INSURANCE RECORDED FOR ANY |</p>
<table>
<thead>
<tr>
<th>CURRENT RU MEMBER, GO TO BOX_45</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, CONTINUE WITH BOX_26</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

BOX_26
=====

----------------------------------------------------
<p>| IF ANY RU MEMBER HAS MEDICARE AS A SOURCE OF       |
| INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH  |</p>
<table>
<thead>
<tr>
<th>BOX_27</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_29</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>
BOX_27
======

---------------------------------------------
| IF ROUND 1, GO TO LOOP_11                   |
---------------------------------------------

---------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_28             |
---------------------------------------------

BOX_28
======

---------------------------------------------
| IF NOT ROUND 1, CONTINUE WITH LOOP_11 ONLY FOR RU |
| MEMBERS WHERE MEDICARE WAS RECEIVED THIS ROUND. | |
| CONTINUE WITH LOOP_11 ONLY IF THERE IS AT LEAST ONE |
| ESTABLISHMENT-PERSON-PAIR WHERE THE ESTABLISHMENT | |
| IS MEDICARE AND THE PAIR WAS CREATED THIS ROUND. | |
---------------------------------------------

---------------------------------------------
| OTHERWISE, GO TO BOX_29                     |
---------------------------------------------
LOOP_11
========

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK HX25-END_LP11</th>
</tr>
</thead>
</table>

LOOP DEFINITION: LOOP_11 COLLECTS MEDICARE CARD AND MANAGED CARE INFORMATION FOR RU MEMBERS COVERED BY MEDICARE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

IF ROUND 1:
- ESTABLISHMENT IS MEDICARE
  AND
- PERSON IS AN RU MEMBER FLAGGED AS COVERED BY MEDICARE DURING THE ROUND

IF NOT ROUND 1:
- ESTABLISHMENT IS MEDICARE
  AND
- PERSON IS AN RU MEMBER
  AND
- ESTABLISHMENT-PERSON-PAIR WAS CREATED THIS ROUND
In this study, we are asking the participants for their Medicare numbers, so that their Medicare records can be easily and accurately located and identified for statistical research purposes. Under Section 903(c) of the Public Health Service Act, providing us with the number is a voluntary decision and the benefits (PERSON) may be receiving under this program will not be affected by your decision. This study is being conducted under the authority of Section 902(a) of the Public Health Service Act.

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see (PERSON)’s Medicare card?

 CARD AVAILABLE ......................... 1
 CARD NOT AVAILABLE ..................... 2 {HX29}
 REF ................................... -7 {HX29}
 DK .................................... -8 {HX29}
HX26
=====

(PERSON’S FIRST MIDDLE AND LAST NAME)

INTERVIEWER:
CODE MEDICARE CARD(S) SHOWN/AVALIABLE.

- MEDICARE CARD (RED, WHITE AND BLUE) .... 1
- RAILROAD RETIREMENT BOARD CARD (RED, WHITE AND BLUE) ..................... 2
- SOME OTHER CARD ......................... 3

[Code All That Apply]

----------------------------------------------------
| NOTE: INTERVIEWERS WILL BE TRAINED TO CODE ANY   |
| TYPE OF MANAGED CARE CARD COLLECTED HERE AS SOME  |
| OTHER CARD. THE NAME OF THE MANAGED CARE ORGANIZATION WILL BE COLLECTED AT HX28. |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘1’ (MEDICARE CARD) OR ‘2’ (RAILROAD RETIREMENT BOARD CARD), CONTINUE WITH HX27 |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘3’ (SOME OTHER CARD) ONLY, GO TO HX28 |
----------------------------------------------------
HX27
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

INTERVIEWER:

RECORD THE FOLLOWING INFORMATION FROM THE CARD:

{MEDICARE} CLAIM NUMBER:

[Enter Large Number] ........................
REF ........................................ -7
DK ........................................... -8

EFFECTIVE DATE:

[Enter Month, Day, Year-4]

TYPE OF COVERAGE (IS ENTITLED TO):

HOSPITAL ONLY .......................... 1
MEDICAL AND HOSPITAL ................... 2
MEDICAL ONLY ........................... 3

[Code One]

| DISPLAY ‘MEDICARE’ IF HX26 IS CODED ‘1’ (MEDICARE |
| CARD).

| CHECK EFFECTIVE DATE. DATE MUST BE ON OR BEFORE |
| (I.E., < OR =) THE END DATE. IF EFFECTIVE DATE |
| IS ON OR BEFORE JANUARY 1, 2005, FLAG RU MEMBER AS |
| ‘WITH HEALTH INSURANCE COVERAGE ON JAN 1, 2005’. |

| SOFT RANGE CHECK: MEDICARE EFFECTIVE DATE MUST |
| BE = OR > BIRTH DATE OF PERSON. |

| IF HX26 IS CODED ‘3’ (SOME OTHER CARD), CONTINUE |
| WITH HX28 |

| OTHERWISE, GO TO HX30A |

27-62
HX28
====

(PERSON’S FIRST MIDDLE AND LAST NAME)

INTERVIEWER:

RECORD THE INFORMATION FROM THE {OTHER} CARD:

[Enter Text]

-------------------------------------------------------------------------------------
| DISPLAY ‘OTHER’ IF HX26 IS CODED ‘1’ (MEDICARE CARD) OR ‘2’ (RAILROAD RETIREMENT BOARD CARD). |
-------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------
| IF HX26 IS CODED ‘3’ (SOME OTHER CARD) ONLY, CONTINUE WITH HX29 |
-------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------
| IF HX26 IS CODED ‘1’ (MEDICARE CARD) OR ‘2’ (RAILROAD RETIREMENT BOARD CARD) (IN ADDITION TO ‘3’ (SOME OTHER CARD)), GO TO HX30A |
-------------------------------------------------------------------------------------
When did (PERSON)’s Medicare coverage start?

[Enter Month, Year-4] .................  {HX30}
REF ................................... -7
DK .................................... -8

---

DATE MUST BE ON OR BEFORE (I.E., < OR =) INTERVIEW
DATE OR 12/31/2005 IF ROUND 5. ‘-7’ (REFUSED) AND
‘-8’ (DON’T KNOW) ARE ALLOWED ON THE MONTH AND
YEAR FIELDS.

---

IF EFFECTIVE DATE IS:
A VALID DATE (I.E., NOT ‘7’ (REFUSED) OR ‘-8’
(DON’T KNOW) IN THE MONTH OR YEAR FIELD) AND
ON OR BEFORE JANUARY 1, 2005.
THEN FLAG RU MEMBER AS ‘WITH HEALTH INSURANCE
COVERAGE ON JANUARY 1, 2005.

---

SOFT RANGE CHECK: MEDICARE EFFECTIVE DATE MUST
BE = OR > BIRTH DATE OF PERSON.
HX29OV

Did (PERSON) have Medicare coverage on January 1, 2005?

YES .............................................. 1 {HX30}
NO .................................................. 2 {HX30}
REF .................................................. -7 {HX30}
DK .................................................. -8 {HX30}

---------------------------------------------------------------------
| IF HX29OV CODED ‘1’ (YES), FLAG PERSON AS ‘WITH HEALTH INSURANCE | | COVERAGE ON JAN 1, 2005’.                                  |
---------------------------------------------------------------------

HX29OV2

OMITTED.

HX30

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD HX-2.

(Do/Does) (PERSON) have a Medicare card that looks like this?

YES .............................................. 1
NO .................................................. 2
REF .................................................. -7
DK .................................................. -8
HX30A
=====

(PERSON’S FIRST MIDDLE AND LAST NAME) (STR-DT)
(END-DT)

(At any time since (START DATE)/{Between (START DATE) and (END DATE)}, {(have/has)/(were/was)}) (PERSON) (been) covered by the new Medicare prescribed drug coverage (also called Part D)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF MEDICARE PART D.

----------------------------------------------------------------------------------
| DISPLAY ‘At any time since (START DATE)’ AND ‘(have/has)’ IF NOT ROUND 5. DISPLAY ‘Between (START DATE) and (END DATE)’ AND ‘(were/was)’ IF ROUND 5. |
| DISPLAY ‘been’ IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
NOTE: CURRENTLY ALL STATES OFFER MEDICARE MANAGED CARE PLANS

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE HX31 OR HX32 ‘2’ (NO) AUTOMATICALLY BY CAI AND GO TO END_LP11.

OTHERWISE, CONTINUE WITH HX31
As you may know, Medicare allows beneficiaries in certain parts of the country to enroll in managed care plans, such as HMOs (health maintenance organizations) or PPOs (preferred provider organizations) to receive their Medicare-funded health care. These plans have names like those listed on this card.

Is the name of (PERSON)’s insurance through Medicare{, between (START DATE) and (END DATE),} listed on this card?

YES .................................... 1
NO ..................................... 2 {HX32}
REF .................................... -7 {HX32}
DK .................................... -8 {HX32}

PRESS F1 FOR DEFINITION OF MEDICARE MANAGED CARE.

Which insurance plan is (PERSON)’s Medicare managed care plan?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ..........

WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED}.’ WHEN INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

FOR ‘DISPLAY PLAN NAME SELECTED’, DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.
Even though (PERSON)’s Medicare plan was not listed on the card, (are/is) (PERSON) currently/between (START DATE) and (END DATE), (were/was) (PERSON) enrolled in a Medicare managed care plan such as an HMO (health maintenance organization) or PPO (preferred provider organization)? (When answering this question, please include only insurance from Medicare, not any privately purchased insurance.)

YES .................................... 1 {HX33}
NO ..................................... 2 {END_LP11}
REF ........................................ -7 {END_LP11}
DK ........................................ -8 {END_LP11}

PRESS F1 FOR DEFINITION OF MEDICARE MANAGED CARE.
What is the name of the (PERSON)’s Medicare managed care plan?

[Enter Plan Name] ....................
REF ................................... -7
DK ..................................... -8

| FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S |
| MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON- |
| PAIR.                                       |

| IF ROUND 1, CONTINUE WITH HX34               |

| OTHERWISE, GO TO END_LP11                   |
{PERSON’S FIRST MIDDLE AND LAST NAME}

PLAN NAME: {{PLAN NAME ENTERED AT HX31OV}/{NAME OF PLAN FROM HX33}}

Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, (do/does) (PERSON) (or anyone in the family) pay anything directly to (PLAN NAME) for this coverage?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES .................................... 1
NO ..................................... 2 {END_LP11}
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

| DISPLAY '{PLAN NAME ENTERED AT HX31OV}' IF A PLAN LETTER WAS ENTERED AT HX31OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX31OV FOR THIS STATE. |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR ‘NAME OF PLAN FROM HX33’ IF A PLAN NAME WAS ENTERED. |
HX35
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

PLAN NAME: { (PLAN NAME ENTERED AT HX31OV)/(NAME OF PLAN FROM HX33) }

How much (do/does) (PERSON) pay for the (PLAN NAME) coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF ..................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

----------------------------------------------------
| DISPLAY '{PLAN NAME ENTERED AT HX31OV}' IF A PLAN |
| LETTER WAS ENTERED AT HX31OV. DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
| AT HX31OV FOR THIS STATE.                        |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |
| ‘NAME OF PLAN FROM HX33’ IF A PLAN NAME WAS      |
| ENTERED.                                          |
----------------------------------------------------

HX35OV1
======

ENTER UNIT OF COVERAGE:

PER YEAR .............................. 1 {END_LP11}
QUARTERLY/EVERY 3 MONTHS .......... 2 {END_LP11}
BIMONTHLY/EVERY 2 MONTHS .......... 3 {END_LP11}
PER MONTH ............................ 4 {END_LP11}
PER WEEK ............................. 5 {END_LP11}
BIWEEKLY/EVERY 2 WEEKS .......... 6 {END_LP11}
SEMI-ANNUALLY/2 TIMES PER YEAR  7 {END_LP11}
SEMI-MONTHLY/2 TIMES PER MONTH  8 {END_LP11}
OTHER ............................... 91
REF ..................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

[Code One]
HX35OV2

ENTER OTHER:

[Enter Other Specify] .................
REF .................................... -7
DK ..................................... -8

END_LP11

----------------------------------------------------
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
| THE LOOP DEFINITION.                             |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS,     |
| END LOOP_11 AND CONTINUE WITH BOX_29            |
----------------------------------------------------

BOX_29

----------------------------------------------------
| IF ANY RU MEMBER HAS MEDICAID/SCHIP OR GOVT-     |
| HOSPITAL/PHYSICIAN AS A SOURCE OF INSURANCE      |
| DURING THE CURRENT ROUND, CONTINUE WITH BOX_30   |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_32                          |
----------------------------------------------------
BOX_30
======

----------------------------------------------------
| IF NO ONE IN THE RU WAS COVERED BY MEDICAID/SCHIP | OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS ROUND AND AT LEAST ONE RU MEMBER IS COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND |
| OR IF NO ONE IN THE RU WAS COVERED BY MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS ROUND AND AT LEAST ONE RU MEMBER IS COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND, |
| GO TO BOX_31AA |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_32 |
----------------------------------------------------

----------------------------------------------------
| NOTE: SINCE AN RU CANNOT HAVE BOTH MEDICAID/SCHIP AND GOVT-HOSPITAL/PHYSICIAN, HX41-HX47OV WILL BE ASKED ONLY ONCE; EITHER FOR A ‘YES’ TO HX10 (MEDICAID/SCHIP) OR A ‘YES’ TO HX14 (GOVT-HOSPITAL/PHYSICIAN). |
----------------------------------------------------

HX36
====
OMITTED.

BOX_31
======
OMITTED.

HX37
====
OMITTED.

HX38
====
OMITTED.

HX38OV1
======
OMITTED.
NOTE: STATES THAT DO NOT OFFER MEDICAID MANAGED CARE PLANS INCLUDE THE FOLLOWING:

- ALASKA
- NEW HAMPSHIRE
- ARKANSAS
- WYOMING
- MISSISSIPPI

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, CODE HX41 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO HX42.

OTHERWISE, CONTINUE WITH HX41.
Some people on {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} can enroll in plans called HMOs. These plans have names like those listed on this card.

Is the name of the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits}{, between (START DATE) and (END DATE),} listed on this card?

YES .................................... 1
NO ..................................... 2 {HX42}
REF ................................... -7 {HX42}
DK .................................... -8 {HX42}
Which plan is the health insurance through {(Medicaid/{STATE NAME FOR MEDICAID} or (STATE CHIP NAME)}/that program)?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ........

DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}’ IF ASKING ABOUT MEDICAID/SCHIP.
DISPLAY ‘that program’ IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ‘or STATE CHIP NAME’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S INSURER FOR MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN’.
WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED}.’ WHEN INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

FOR ‘DISPLAY PLAN NAME SELECTED’, DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.

IF ASKING ABOUT MEDICAID/SCHIP, GO TO BOX_32

OTHERWISE, GO TOHX45
Under {{Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP NAME}}/ the program sponsored by a state or local government agency which provides hospital and physician benefits} {(are/is)/(were/was)} (READ NAME(S) FROM BELOW) signed up with an HMO, that is a Health Maintenance Organization (between (START DATE) and (END DATE))? 

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES, ALL ARE ........................... 1 {HX44}
YES, SOME ARE .......................... 2 {HX44}
NO, NONE ARE ........................... 3
REF ................................. -7
DK ................................. -8

[Code One]

PRESS F1 FOR DEFINITION OF HMO.
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

ROSTER DEFINITION: THIS ROSTER DISPLAYS ITEMS IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN AND
- PERSON IS AN RU MEMBER FLAGGED AS COVERED BY MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND
{STR-DT}
{END-DT}

{Does/Between (START DATE) and (END DATE), did} {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits} require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES, ALL REQUIRED ...................... 1
YES, SOME REQUIRED ..................... 2
NO, NONE REQUIRED ...................... 3
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

------------------------------------------------------------------------
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/SCHIP. |
| DISPLAY 'the program....benefits' IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN. |
------------------------------------------------------------------------

------------------------------------------------------------------------
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5. |
------------------------------------------------------------------------

27-81
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

ROSTER DEFINITION: THIS ROSTER DISPLAYS ITEMS IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN
- AND
- PERSON IS AN RU MEMBER FLAGGED AS COVERED BY MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND

IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), OR '-8' (DON'T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT ROUND FOR MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN.

IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND IF ASKING ABOUT MEDICAID/SCHIP, GO TO BOX_32

IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, GO TO HX45

OTHERWISE, (I.E., IF CODED '1' (YES, ALL REQUIRED) OR '2' (YES, SOME REQUIRED)), CONTINUE WITH HX44
What is the name of the {{Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP NAME}}} {HMO/health insurance} {from the program sponsored by a state or local government agency which provides hospital and physician benefits}?

[Enter Plan Name] ....................
REF ................................... -7
DK .................................... -8
HX45
====
{(PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}/{{NAME OF PLAN FROM HX44}}})}

Does anyone in the family pay anything for the coverage through {{(PLAN NAME)/the program sponsored by a state or local government agency which provides hospital and physician benefits}}?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES .................................... 1
NO ..................................... 2 {HX47}
REF ................................... -7 {BOX_32}
DK .................................... -8 {BOX_32}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
How much does anyone in the family pay for the (PLAN NAME)/that coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............

REF ................................... -7 {HX47}

DK .................................... -8 {HX47}
### HX46OV1

ENTER UNIT OF COVERAGE:

<table>
<thead>
<tr>
<th>Coverage Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER YEAR</td>
<td>1</td>
</tr>
<tr>
<td>QUARTERLY/EVERY 3 MONTHS</td>
<td>2</td>
</tr>
<tr>
<td>BIMONTHLY/EVERY 2 MONTHS</td>
<td>3</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>4</td>
</tr>
<tr>
<td>PER WEEK</td>
<td>5</td>
</tr>
<tr>
<td>BIWEEKLY/EVERY 2 WEEKS</td>
<td>6</td>
</tr>
<tr>
<td>SEMI-ANNUALLY/2 TIMES PER YEAR</td>
<td>7</td>
</tr>
<tr>
<td>SEMI-MONTHLY/2 TIMES PER MONTH</td>
<td>8</td>
</tr>
<tr>
<td>OTHER</td>
<td>91</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

### HX46OV2

ENTER OTHER:

<table>
<thead>
<tr>
<th>Other Specification</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Other Specify]</td>
<td>-7</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

### BOX_31A

OMITTED.
Who {else} pays {some of/for} the premium or cost of this insurance?

FEDERAL GOVERNMENT ....................... 1
STATE GOVERNMENT .......................... 2
LOCAL GOVERNMENT .......................... 3
SOME GOVERNMENT .......................... 4
OTHER ......................................... 91
REF ............................................. -7
DK .............................................. -8

[Code All That Apply]

| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX41OV FOR THIS STATE. |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS ENTERED. |
| DISPLAY 'else' IF HX45 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY 'some of' IF HX45 IS CODED '1' (YES). DISPLAY 'for' IF HX45 IS CODED '2' (NO). |

-----------------------------------------------

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX470V |

-----------------------------------------------
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| OTHERWISE, GO TO BOX_32 |

HX47OV

ENTER OTHER:

[Enter Other Specify] .................
REF .................................. -7
DK .................................... -8

BOX_32

| IF ANY ESTABLISHMENT RECORDED AS PROVIDING PRIVATE |
| INSURANCE (THAT WAS CREATED DURING THE CURRENT |
| ROUND) TO A CURRENT RU MEMBER, CONTINUE WITH |
| LOOP_12 |

LOOP DEFINITION: LOOP_12 COLLECTS PRIVATE HEALTH INSURANCE INFORMATION. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH INSURANCE TO A CURRENT RU MEMBER AND
- THE INSURANCE COVERAGE PROVIDED BY THE ESTABLISHMENT IS CREATED DURING THE CURRENT ROUND
(POLICYHOLDER FIRST MIDDLE LAST NAME)  {NAME OF
ESTABLISHMENT........} {STR-DT}
(END-DT)

SHOW CARD HX-7.

Now I’d like to ask a few questions about (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT). What type of health insurance
{(do/does)/did} (POLICYHOLDER) get through (ESTABLISHMENT) {on
(END DATE)}?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS,
INCLUDING COVERAGE THROUGH AN HMO ...... 1
DENTAL ........................................ 2
PRESCRIPTION DRUGS ......................... 3
VISION ......................................... 4
MEDICARE SUPPLEMENT/MEDIGAP ............ 5
LONG TERM CARE IN A NURSING HOME ...... 6
EXTRA CASH FOR HOSPITAL STAYS .......... 7
SERIOUS DISEASE OR DREAD DISEASE ...... 8
DISABILITY ................................. 9
WORKER’S COMPENSATION ................. 10
ACCIDENT ................................. 11
OTHER ...................................... 91
REF ..................................... -7
DK ...................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

-----------------------------------------------
| DISPLAY ‘(do/does)’ IF INSURANCE BEING ASKED |
| ABOUT IS CURRENT (I.E., HQ02 IS CODED ‘1’ (YES, |
| COVERED NOW) FOR THE POLICYHOLDER AND THE CURRENT |
| ROUND IS NOT ROUND 5. OTHERWISE, DISPLAY ‘did’. |
| |
| DISPLAY ‘on (END DATE)’ IF ROUND 5. OTHERWISE, |
| USE A NULL DISPLAY. |
-----------------------------------------------
| IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION |
| WITH ANY OTHER CODE, CONTINUE WITH HX48OV |

| OTHERWISE, GO TO BOX_33 |

| NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE |
| SHOW CARD. |

HX48OV

ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK .................................... -8

BOX_33

| IF ESTABLISHMENT TYPE IS NOT INSURANCE CO. OR HMO |
| AND HX48 IS CODED ‘5’ (MEDICARE SUPPLEMENT OR |
| MEDIGAP) ONLY OR ‘5’ AND ANY OTHER CODES, CONTINUE|
| WITH HX49 |

| IF ESTABLISHMENT TYPE IS INSURANCE CO. OR HMO AND |
| HX48 IS CODED ‘5’ (MEDICARE SUPPLEMENT OR MEDIGAP) |
| ONLY OR ‘5’ AND ANY OTHER CODES, AUTOMATICALLY |
| CODE HX49 WITH APPROPRIATE RESPONSES BY CAPI AND |
| THEN GO TO LOOP_13 |

| OTHERWISE (I.E., HX48 IS NOT CODED ‘5’ (MEDICARE |
| SUPPLEMENT OR MEDIGAP)), GO TO BOX_35 |
What is the name of the insurance company or HMO from which (POLICYHOLDER) receives the Medicare Supplement or Medigap benefits?

IF MORE THAN ONE NAME, PROBE: What is the main insurance company or HMO from which (POLICYHOLDER) receives the Medicare Supplement or Medigap benefits?

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

NAME OF INSURER: [Enter Insurer] TYPE: 1 = INSURANCE COMPANY
2 = HMO
3 = SELF-INSURED COMPANY

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.
LOOP_13

----------------------------------------------------
| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON- |  |
| INSURER-TRIPLES-ROSTER, ASK HX50-END_LP13     |  |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_13 COLLECTS OTHER POLICY   |  |
| NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOs |  |
| PROVIDING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS   |  |
| (THAT IS, INSURERS ENUMERATED AT HX49).         |  |
| THIS LOOP CYCLES ON TRIPLES THAT MEET THE       |  |
| FOLLOWING CONDITIONS:                           |  |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE|  |
|   WHICH PROVIDES MEDICARE SUPPLEMENT/MEDIGAP    |  |
|   BENEFITS                                     |  |
| AND                                           |  |
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE |  |
|   PROVIDED THROUGH THIS ESTABLISHMENT          |  |
| AND                                           |  |
| - INSURER IS THE SOURCE OF THE BENEFITS PROVIDED|  |
|   TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE|  |
|   INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY) |  |
HX50
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF
ESTABLISHMENT.........} {STR-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO
NAME.} policy, such as Option A, $100 Deductible Plan, 90/80
Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME ......................... 1
NO OTHER NAMES ............................ 2 {END_LP13}
REF ......................................... -7 {END_LP13}
DK .......................................... -8 {END_LP13}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

----------------------------------------------------
| DISPLAY THE NAME OF THE INSURANCE CO/HMO          |
| RECORDED IN HX49_01 WHICH IS BEING LOOPED ON FOR   |
| ‘INSURANCE...NAME.’                                |
----------------------------------------------------

HX50OV
=====

ENTER OTHER NAME:

[Enter Insurance Company or HMO] .......
REF ......................................... -7
DK .......................................... -8

END_LP13
=====

----------------------------------------------------
| CYCLE ON NEXT TRIPLE ON THE RU-ESTABLISHMENT-      |
| PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE      |
| CONDITIONS STATED IN THE LOOP DEFINITION           |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS,     |
| END LOOP_13 AND CONTINUE WITH BOX_35              |
----------------------------------------------------

27-93
BOX_35
======

| IF ESTABLISHMENT TYPE IS INSURANCE COMPANY, |
| INSURANCE COMPANY - FROM AGENT, OR HMO,    |
| AND HX48 IS CODED ‘1’ (HOSPITAL AND       |
| PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN |
| HMO) (BUT NOT ‘5’ (MEDIGAP)), FLAG INSURANCE |
| COMPANY/HMO AS ‘SUPPLYING HOSPITAL AND PHYSICIAN |
| BENEFITS’ AND AUTOMATICALLY CODE HX51 WITH   |
| APPROPRIATE RESPONSES BY CAPI AND GO TO LOOP_14 |

----------------------------------------------------

| IF ESTABLISHMENT TYPE IS NOT INSURANCE COMPANY, |
| INSURANCE COMPANY - FROM AGENT, OR HMO,        |
| AND HX48 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN |
| BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) AND |
| NOT ALSO CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), |
| CONTINUE WITH HX51                             |

----------------------------------------------------

| IF HX48 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN |
| BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) AND |
| ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) (IN COMBINATION |
| WITH ANY OTHER CODES), GO TO BOX_38             |

----------------------------------------------------

| IF HX48 IS NOT CODED ‘1’ (HOSPITAL AND PHYSICIAN |
| BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) BUT |
| IS CODED ‘2’ (DENTAL), ‘3’ (PRESCRIPTION DRUGS), |
| ‘4’ (VISION), ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), |
| ‘6’ (LONG TERM CARE IN A NURSING HOME), ‘7’ (EXTRA |
| CASH FOR HOSPITAL STAYS), ‘8’ (SERIOUS DISEASE OR |
| DREAD DISEASE), OR ‘91’ (OTHER), GO TO BOX_38    |

----------------------------------------------------

| IF HX48 IS CODED ANY COMBINATION OF ONLY CODES ‘9’ |
| (DISABILITY), ‘10’ (WORKER’S COMPENSATION) OR ‘11’ |
| (ACCIDENT), GO TO END_LP12                         |

----------------------------------------------------

| IF HX48 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T |
| KNOW), GO TO BOX_38                              |

----------------------------------------------------
What is the name of the insurance company or HMO from which (POLICYHOLDER) receives hospital and physician benefits?

IF MORE THAN ONE NAME, PROBE: What is the main insurance company or HMO from which (POLICYHOLDER) receives hospital and physician benefits?

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

NAME OF INSURER: [Enter Insurer] TYPE: 1 = INSURANCE COMPANY
2 = HMO
3 = SELF-INSURED COMPANY

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.
LOOP_14

-----------------------------------------------
| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON- |
| INSURER-TRIPLES-ROSTER, ASK HX52-END_LP14   |
-----------------------------------------------

-----------------------------------------------
| LOOP DEFINITION: LOOP_14 COLLECTS OTHER POLICY |
| NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOS |
| PROVIDING HOSPITAL/PHYSICIAN BENEFITS BUT NOT   |
| MEDICARE SUPPLEMENT OR MEDIGAP. THIS LOOP CYCLES |
| ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE |
|   WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS BUT |
|   NOT MEDICARE SUPPLEMENT OR MEDIGAP            |
| AND                                            |
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE |
|   PROVIDED THROUGH THIS ESTABLISHMENT          |
| AND                                            |
| - INSURER IS THE SOURCE OF THE BENEFITS PROVIDED |
|   TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE |
|   INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY) |
-----------------------------------------------
HX52
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT ..........} {STR-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO NAME.} policy, such as Option A, $100 Deductible Plan, 90/80 Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME ....................... 1
NO OTHER NAMES .......................... 2 {END_LP14}
REF .................................. -7 {END_LP14}
DK .................................. -8 {END_LP14}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

----------------------------------------------------
| DISPLAY THE NAME OF THE INSURANCE CO/HMO          |
| RECORDED IN HX51_01 WHICH IS BEING LOOPED ON FOR  |
| ‘INSURANCE...NAME.’                               |
----------------------------------------------------

HX520V
=====

ENTER OTHER NAME:

[Enter Insurance Company or HMO] .......
REF .................................. -7
DK .................................. -8

END_LP14
=====

----------------------------------------------------
| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION                     |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS,    |
| END LOOP_14 AND CONTINUE WITH BOX_38             |
----------------------------------------------------
BOX_37
======
OMITTED.

HX53
====
OMITTED.

HX54
====
OMITTED.

LOOP_15
=======
OMITTED.

HX55
====
OMITTED.

HX55OV
======
OMITTED.

END_LP15
=======
OMITTED.

BOX_38
======

----------------------------------------------------
| IF ROUND 1, CONTINUE WITH BOX_39                  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_40                           |
----------------------------------------------------
HX56
====
Omitted.

LOOP_16
=======
Omitted.

HX57
====
Omitted.

HX57OV
======
Omitted.

HX58
====
Omitted.

END_LP16
=======
Omitted.

BOX_39
=====

-----------------------------------------------
| IF ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT |
| IS FLAGGED AS THROUGH THE FEDERAL GOVERNMENT   |
| (EM96 IS CODED ’2’ (THE FEDERAL GOVERNMENT) OR |
| HP13 IS CODED ’1’ (YES)),                       |
| CONTINUE WITH HX59                              |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO BOX_40                        |
-----------------------------------------------
HX59
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME)  {NAME OF ESTABLISHMENT.........}  {STR-DT}

SHOW CARD HX-8.

Is the name of (POLICYHOLDER)’s insurance plan through (ESTABLISHMENT) listed on this card?

YES .................................... 1
NO ..................................... 2 {BOX_40}
REF ................................... -7 {BOX_40}
DK .................................... -8 {BOX_40}

HX59OV
=====

Which insurance plan is (POLICYHOLDER)’s (ESTABLISHMENT) insurance?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ........

----------------------------------------------------
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY |
| THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN ENTERED.’ WHEN INTERVIEWER PRESSES ENTER TO CLEAR |
| THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN. |
----------------------------------------------------
BOX_40

---

| IF THIS ESTABLISHMENT-PERSON-PAIR HAS AT LEAST ONE | INSURER THAT PROVIDES HOSPITAL AND PHYSICIAN |
| BENEFITS OR THAT PROVIDES MEDICARE SUPPLEMENT/ |
| MEDIGAP COVERAGE AND THE POLICYHOLDER IS NOT |
| LISTED AS A COVERED PERSON WITH MEDICAID OR GOVT- |
| HOSPITAL/PHYSICIAN FOR THE CURRENT ROUND, |
| CONTINUE WITH LOOP_17 |

---

| OTHERWISE, GO TO BOX_42 |

---

LOOP_17

---

| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON- |
| INSURER-TRIPLES-ROSTER, ASK BOX_41 - END_LP17 |

---

| LOOP DEFINITION: LOOP_17 COLLECTS INFORMATION ON |
| PLANS THAT PROVIDE HOSPITAL/PHYSICIAN BENEFITS OR |
| MEDICARE SUPPLEMENT/MEDIGAP COVERAGE TO EACH |
| POLICYHOLDER NOT ALSO COVERED BY MEDICAID OR GOVT- |
| HOSPITAL/PHYSICIAN TO DETERMINE IF THAT PLAN IS AN |
| HMO. THIS LOOP CYCLES ON TRIPLES THAT MEET THE |
| FOLLOWING CONDITIONS:
| - ESTABLISHMENT IS PROVIDER OF HOSPITAL/PHYSICIAN |
| BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP COVERAGE |
| AND |
| - PERSON IS NOT LISTED AS A COVERED PERSON WITH |
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN |
| AND |
| - INSURER IS THE SOURCE OF THE HOSPITAL AND |
| PHYSICIAN BENEFITS PROVIDED TO PERSON THROUGH |
| THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY |
| OR SELF-INSURED COMPANY) |

---

27-101
BOX_40A
=======
----------------------------------------------------
| IF INSURER IS AN HMO, CONTINUE WITH HX60A         |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE (I.E., IF INSURER IS NOT AN HMO), GO     |
| TO BOX_41                                          |
----------------------------------------------------

HX60A
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME) {NAME OF
ESTABLISHMENT........} {STR-DT}
(END-DT)

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)’s plan pay for any of the costs of
visits to doctors who are not part of (POLICYHOLDER)’s
HMO, even if (POLICYHOLDER) (do/does) not have a referral?

YES .................................... 1 {END_LP17}
NO ..................................... 2 {END_LP17}
REF ................................... -7 {END_LP17}
DK .................................... -8 {END_LP17}

BOX_41
=====

----------------------------------------------------
| PRESENT MANAGED CARE (MC) SECTION FOR THIS INSURER|
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF THE MC SECTION, CONTINUE WITH     |
| END_LP17                                          |
----------------------------------------------------
END_LP17

----------------------------------------------------
<p>| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS  |</p>
<table>
<thead>
<tr>
<th>STATED IN THE LOOP DEFINITION.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF NO MORE TRIPLES MEET THE STATED CONDITIONS,    |</p>
<table>
<thead>
<tr>
<th>END LOOP_17 AND CONTINUE WITH BOX_42</th>
</tr>
</thead>
</table>

BOX_42

----------------------------------------------------
<p>| IF ROUND 1 OR ROUND 3 AND IF HX48 IS CODED `5’    |</p>
<table>
<thead>
<tr>
<th>(MEDICARE SUPPLEMENT/MEDIGAP), CONTINUE WITH HX60</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_43</th>
</tr>
</thead>
</table>

HX60

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF
ESTABLISHMENT...........) (STR-DT)

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

Many Medicare Supplemental or Medigap Plans are referred to by
a Plan Letter. Do you know the Plan Letter for (PERSON)’s
plan?

PROBE:  What is it?

[Enter Plan Letter] .................
REF ................................ -7
DK .................................. -8

PRESS F1 FOR DEFINITION OF PLAN LETTER.
BOX_43
======

-----------------------------------------------
| IF ROUND 1 OR ROUND 3, CONTINUE WITH HX61 |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, (I.E., IF ROUNDS 2, 4, OR 5), GO TO |
| END_LP12                                      |
-----------------------------------------------

BOX_44
======

OMITTED.
For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a paycheck.]

YES, PAY ALL OF PREMIUM/COST ........... 1
YES, PAY SOME OF PREMIUM/COST ........... 2
YES, BUT DON’T KNOW IF PAY ALL OR SOME OF PREMIUM/COST ........................ 3
NO, DO NOT PAY ................................ 4 {HX63}
REF ................................. -7 {END_LP12}
DK ................................. -8 {END_LP12}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
HX62
====

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF
ESTABLISHMENT............) (STR-DT)

How much {(do/does)/did} (POLICYHOLDER) pay for the
(ESTABLISHMENT) coverage?

PROBE: (Is/Was) that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF ..................................... -7 {BOX_44A}
DK ..................................... -8 {BOX_44A}

----------------------------------------------------
| DISPLAY '(do/does)' AND 'Is' IF INSURANCE BEING | |
| ASKED ABOUT IS CURRENT (I.E., HQ02 IS CODED '1'  | |
| (YES, COVERED NOW)) FOR THE POLICYHOLDER.      | |
| OTHERWISE, DISPLAY 'did' AND 'Was'.             | |
----------------------------------------------------

----------------------------------------------------
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE     | |
| DISPLAYED HERE FOR THE INSURANCE FROM A          | |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM    | |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF| |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR      | |
| DIRECTLY PURCHASED CATEGORY.                     | |
----------------------------------------------------

HX62OV1
=======

ENTER UNIT OF COVERAGE:

PER YEAR .............................. 1 {BOX_44A}
QUARTERLY/EVERY 3 MONTHS .......... 2 {BOX_44A}
BIMONTHLY/EVERY 2 MONTHS ........ 3 {BOX_44A}
PER MONTH ................................ 4 {BOX_44A}
PER WEEK ................................ 5 {BOX_44A}
BIWEEKLY/EVERY 2 WEEKS ........... 6 {BOX_44A}
SEMI-ANNUALLY/2 TIMES PER YEAR ... 7 {BOX_44A}
SEMI-MONTHLY/2 TIMES PER MONTH ... 8 {BOX_44A}
OTHER ................................... 91
REF ..................................... -7 {BOX_44A}
DK ..................................... -8 {BOX_44A}

[Code One]
HX62OV2
 ======

ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK ..................................... -8

BOX_44A
 ======

----------------------------------------
| IF HX61 IS CODED '1' (YES, PAY ALL OF PREMIUM/  |
| COST), GO TO END_LP12                     |
----------------------------------------

----------------------------------------
| OTHERWISE, CONTINUE WITH HX63          |
----------------------------------------
Who {else} pays {some of/for} the premium or cost of this insurance?

FEDERAL GOVERNMENT ................. 1
STATE GOVERNMENT ................ 2
LOCAL GOVERNMENT .................. 3
SOME GOVERNMENT ................... 4
EMPLOYER ............................ 5
UNION .................................. 6
OTHER .................................. 91
REF ................................... -7
DK ..................................... -8

[Code All That Apply]

| DISPLAY ‘else’ IF HX61 IS CODED ‘2’ (YES, PAY SOME OF PREMIUM/COST) OR ‘3’ (YES, BUT DON’T KNOW IF PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, USE A NULL DISPLAY |
| DISPLAY ‘some of’ IF HX61 IS CODED ‘2’ (YES, PAY SOME OF PREMIUM/COST) OR ‘3’ (YES, BUT DON’T KNOW IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY ‘for’ |
| IF HX61 IS CODED ‘4’ (NO, DO NOT PAY). |

| IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX630V |

| OTHERWISE, GO TO END_LP12 |
HX63OV
=====

ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK ..................................... -8

END_LP12
=====

------------------------------------------------------
| CYCLE ON NEXT PAIR IN RU-ESTABLISHMENT-PERSON-   |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN   |
| THE LOOP DEFINITION.                              |
------------------------------------------------------

------------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS,      |
| END LOOP_12 AND CONTINUE WITH BOX_45              |
------------------------------------------------------

BOX_45
=====

------------------------------------------------------
| IF ROUND 1, CONTINUE WITH BOX_46                   |
------------------------------------------------------

------------------------------------------------------
| OTHERWISE, GO TO BOX_50                           |
------------------------------------------------------
IF ALL PERSONS IN RU HAVE HEALTH INSURANCE (I.E., FLAGGED AS HAVING MEDICARE, MEDICAID, GOVT-HOSPITAL/PHYSICIAN, TRICARE, OTHER PUBLIC OR PRIVATE INSURANCE) COVERAGE ON JANUARY 1, 2005, GO TO BOX_48

OTHERWISE (AT LEAST ONE RU MEMBER BORN BEFORE 12/31/2004 IS WITHOUT HEALTH INSURANCE ON JANUARY 1, 2005), CONTINUE WITH LOOP_18

LOOP DEFINITION: LOOP_18 COLLECTS INFORMATION ABOUT RU MEMBERS WITH NO HEALTH INSURANCE ON JANUARY 1, 2005. THIS LOOP CYCLES ON RU MEMBERS WHO ARE NOT A COVERED PERSON IN ANY ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-TRIPLE THAT MEETS THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICARE, MEDICAID, GOVT-HOSPITAL/PHYSICIAN, OTHER PUBLIC, TRICARE, OR PRIVATE INSURANCE
AND
- PERSON IS A CURRENT RU MEMBER (PART OF THE RU ON 1/1/2005) WITH A BIRTH DATE PRIOR TO DECEMBER 31, 2004 (OR AGE CATEGORY > 1)
AND
- PERIOD OF COVERAGE INCLUDES JANUARY 1, 2005
HX64
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}

I have recorded that (PERSON) (were/was) without insurance on January 1, 2005. (Were/Was) (PERSON) covered by a health insurance plan or program at any time in the years 2003 or 2004?

YES ........................................ 1
NO ........................................... 2 {END_LP18}
REF ......................................... -7 {END_LP18}
DK ............................................ -8 {END_LP18}

HX65
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}

When (were/was) (PERSON) most recently covered by health insurance? That is, in what month and year did that health insurance end for the last time in 2003 or 2004?

[Enter Month,Year-4] ......................
REF ......................................... -7
DK ............................................ -8

----------------------------------------------------
| ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ARE ALLOWED |
| ON THE MONTH AND YEAR FIELDS.                   |
----------------------------------------------------
Was (PERSON)’s health insurance that ended in {MONTH AND YEAR FROM HX65/in 2003 or 2004} obtained through an employer or a union, was it a government program such as Medicaid or a State Children’s Health Insurance Program, or what?

CODE ALL THAT APPLY.

- OBTAINED THROUGH UNION, PRIVATE EMPLOYER OR PUBLIC EMPLOYER (FEDERAL, STATE, OR LOCAL GOVT.) ................. 1
- MEDICARE ..................................... 2
- MEDICAID/SCHIP ........................... 3
- TRICARE/CHAMPVA .......................... 4
- VA OR MILITARY HEALTH CARE ............. 5
- PURCHASED DIRECTLY FROM GROUP, ASSOC., OR INS. AGENT, INS. CO. OR HMO ........ 6
- OTHER TYPE OF GOVERNMENT SPONSORED PROGRAM .................................. 7
- OTHER PUBLIC PROGRAM:
  - TANF ........................................ 8
  - SSI .......................................... 9
  - {STATE PROGRAM 1} ..................... 10
  - {STATE PROGRAM 2} ..................... 11
  - {STATE PROGRAM 3} ..................... 12
  - {STATE PROGRAM 4} ..................... 13
- OTHER ........................................ 91
- REF ......................................... -7
- DK .......................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.
FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF STATE PLAN. FOR THE SPECIFIC NAMES OF PROGRAMS BY STATE, SEE BOX ON HX16.

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX66OV

OTHERWISE, GO TO END_LP18

HX66OV

ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK ..................................... -8

HX67

OMITTED.

HX68

OMITTED.

HX68OV

OMITTED.

BOX 47

OMITTED.

HX69

OMITTED.
END_LP18

| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_18 AND CONTINUE WITH BOX_48 |

BOX_48

| IF NO CURRENT RU MEMBERS WHO WERE BORN BEFORE |
| DECEMBER 31, 2004 HAVE ANY TYPE OF COMPREHENSIVE |
| PUBLIC INSURANCE (I.E., MEDICARE, MEDICAID, |
| GOVT-HOSPITAL/PHYSICIAN, OR TRICARE) |
| AND |
| NO CURRENT RU MEMBERS WHO WERE BORN BEFORE |
| DECEMBER 31, 2004 HAVE ANY PRIVATE INSURANCE THAT |
| INCLUDED HOSPITAL AND PHYSICIAN BENEFITS OR |
| MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON 1/1/2005, |
| GO TO BOX_49 |

| OTHERWISE, CONTINUE WITH LOOP_19 |

......
LOOP_19
=======

| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |
| HX70-END_LP19 |

-------------------------------------------

| LOOP DEFINITION: LOOP_19 COLLECTS INFORMATION ON |
| ALL RU MEMBERS WITH PUBLIC AND PRIVATE HEALTH |
| INSURANCE PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR |
| MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON JANUARY 1, |
| 2005 TO DETERMINE PERIODS OF COVERAGE IN 2004 AND |
| POLICY LIMITATIONS DUE TO SPECIFIC PHYSICAL/MENTAL |
| HEALTH CONDITIONS. THIS LOOP CYCLES ON PERSONS |
| THAT MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS A CURRENT RU MEMBER |
| AND |
| - PERSON WAS PART OF RU ON 1/1/2005 |
| AND |
| - PERSON’S DATE OF BIRTH IS BEFORE 12/31/2004 OR |
| IN AGE CATEGORIES 2-9 |
| AND |
| - PERSON HAD COMPREHENSIVE HEALTH INSURANCE |
| COVERAGE ON 1/1/2005. COMPREHENSIVE HEALTH |
| INSURANCE REFERS TO THE PERSON BEING A COVERED |
| PERSON ON AT LEAST ONE OF THE FOLLOWING |
| ESTABLISHMENT-POLICYHOLDER-COVERED PERSON- |
| TRIPLES ON 1/1/2005: |
| - ESTABLISHMENT IS MEDICARE |
| - ESTABLISHMENT IS MEDICAID/SCHIP |
| - ESTABLISHMENT IS TRICARE |
| - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN |
| - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND |
| PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR |
| MEDIGAP (I.E., HX48 = 1 OR 5) |

-------------------------------------------
HX70
====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {STR-DT}

I have recorded that (PERSON) had health insurance coverage on January 1, 2005. (Were/Was) (PERSON) ever without health insurance coverage at any time in 2004?

YES ........................................ 1
NO .......................................... 2 {END_LP19}
REF .......................................... -7 {END_LP19}
DK ........................................... -8 {END_LP19}

HX71
====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {STR-DT}

Altogether, how many weeks or months (were/was) (PERSON) without health insurance coverage in the year 2004?

[Enter Small Number] ....................
REF .......................................... -7 {END_LP19}
DK ........................................... -8 {END_LP19}

HX71OV
=====

ENTER UNIT:

WEEKS ..................................... 1
MONTHS ..................................... 2
REF .......................................... -7
DK ........................................... -8

[Code One]

27-116
HX72
====
OMITTED.

HX73
====
OMITTED.

HX73OV
======
OMITTED.

HX75
====
OMITTED.

HX75OV
======
OMITTED.

END_LP19
======

<p>| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |</p>
<table>
<thead>
<tr>
<th>MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION</th>
</tr>
</thead>
</table>

<p>| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |</p>
<table>
<thead>
<tr>
<th>END LOOP_19 AND CONTINUE WITH BOX_49</th>
</tr>
</thead>
</table>
BOX_49

---
| IF ALL CURRENT RU MEMBERS WHO WERE BORN BEFORE DECEMBER 31, 2004 HAVE ONLY PRIVATE INSURANCE THAT INCLUDES HOSPITAL AND PHYSICIAN BENEFITS AND/OR ALL CURRENT RU MEMBERS HAVE ONLY COMPREHENSIVE PUBLIC INSURANCE ON JANUARY 1, 2005, THEN GO TO BOX_50 |
---

---
| OTHERWISE, CONTINUE WITH LOOP_20 |
---
LOOP_20

FOR EACH ELEMENT IN RU-MEMBERS-ROSTER,
ASK HX76-END_LP20

LOOP DEFINITION: LOOP_20 COLLECTS INFORMATION FOR EACH RU MEMBER WHOSE DATE OF BIRTH IS PRIOR TO 12/31/2004 (OR AGE CATEGORY > 1), AND WHO IS COVERED BY PRIVATE INSURANCE THAT DOES NOT INCLUDE EITHER HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON JANUARY 1, 2005. THIS LOOP DETERMINES IF THESE PERSONS WERE EVER COVERED BY A MORE COMPREHENSIVE PLAN THAT PROVIDED HOSPITAL/PHYSICIAN COVERAGE DURING 2003 OR 2004. THE LOOP CYCLES ON PERSONS THAT MEET THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT RU MEMBER
- PERSON WAS PART OF RU ON 1/1/2005
- PERSON'S DATE OF BIRTH IS BEFORE 12/31/2004 OR IN AGE CATEGORIES 2-9
- PERSON DID NOT HAVE COMPREHENSIVE HEALTH INSURANCE COVERAGE ON 1/1/2005. COMPREHENSIVE HEALTH INSURANCE REFERS TO THE PERSON BEING A COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING ESTABLISHMENT-POLICY HOLDER-COVERED PERSON-TRIPLES ON 1/1/2005:
  - ESTABLISHMENT IS MEDICARE
  - ESTABLISHMENT IS MEDICAID/SCHIP
  - ESTABLISHMENT IS TRICARE
  - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN
  - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP (I.E., HX48 = 1 OR 5)
- PERSON IS COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-TRIPLES ON 1/1/2005
  - ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER PUBLIC
  - ESTABLISHMENT IS PRIVATE WITHOUT HOSPITAL AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP (I.E., HX48 ≠ 1 OR 5)
HX76
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

I have recorded that (PERSON) {had health insurance coverage for
(READ TYPES OF INSURANCE BELOW) coverage} {and} {was covered by a
public program} on January 1, 2005.  (Were/Was) (PERSON) ever covered
by a more comprehensive health insurance plan or program that
paid for medical and doctor’s bills at any time in the years
2003 or 2004?

{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}
{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}
{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}

YES .................................... 1
NO ..................................... 2 {END_LP20}
REF ................................... -7 {END_LP20}
DK .................................... -8 {END_LP20}

----------------------------------------------------
| DISPLAY ‘had health...(BELOW)’ IF PERSON CONFIRMED AS POLICYHOLDER (HP09 IS CODED ‘1’ (YES)) OR SELECTED AS POLICYHOLDER (SELECTED AT HP11) OR SELECTED AS A DEPENDENT (SELECTED AT HP16) FOR ANY PRIVATE ESTABLISHMENT-POLICYHOLDER PAIR WHERE HX48 IS NOT CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS) AND NOT CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) EITHER ALONE OR WITH ANY COMBINATION OF CODES FOR ALL OF THOSE PRIVATE ESTABLISHMENT-POLICYHOLDER PARIS. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ‘was....program’ IF PERSON SELECTED AT HX19 (FOR EITHER GROUP 1 OR GROUP 2 PROGRAM). OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ‘and’ IF PERSON CONFIRMED AS POLICYHOLDER (HP09 IS CODED ‘1’ (YES)) OR SELECTED AS POLICYHOLDER (SELECTED AT HP11) OR SELECTED AS A DEPENDENT (SELECTED AT HP16) FOR ANY PRIVATE ESTABLISHMENT-POLICYHOLDER PAIR WHERE HX48 IS NOT CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS) AND NOT CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) EITHER ALONE OR WITH ANY COMBINATION OF CODES FOR ALL OF THOSE PRIVATE ESTABLISHMENT-POLICYHOLDER PARIS AND PERSON SELECTED AT HX19 (FOR EITHER GROUP 1 OR GROUP 2 PROGRAM). |
----------------------------------------------------
HX77
====

(PERSON’S FIRST MIDDLE AND LAST NAME)

When (were/was) (PERSON) most recently covered by this kind of health insurance? That is, in what month and year did the health insurance that paid for medical and doctor’s bills end for the last time in 2003 or 2004?

[Enter Month,Year-4] ....................
REF ................................. -7
DK ....................................... -8

------------------------------------------------------------------------------------------------------------------
| ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ARE ALLOWED |
| ON THE MONTH AND YEAR FIELDS.                     |
------------------------------------------------------------------------------------------------------------------
Was (PERSON)’s health insurance that ended in (DATE FROM HX77/2003 or 2004) obtained through an employer or union, was it a government program such as Medicare or Medicaid or a State Children’s Health Insurance Program, or what?

CODE ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE EMPLOYER OR PUBLIC EMPLOYER (FEDERAL, STATE, OR LOCAL GOVERNMENT) ............ 1
MEDICARE ..................................... 2
MEDICAID/SCHIP ............................. 3
TRICARE/CHAMPVA ............................ 4
VA OR MILITARY HEALTH CARE .............. 5
PURCHASED DIRECTLY FROM GROUP,
ASSOCIATION, OR INSURANCE AGENT,
INSURANCE COMPANY OR HMO ............... 6
OTHER TYPE OF GOVERNMENT SPONSORED
PROGRAM ...................................... 7
OTHER PUBLIC PROGRAM:
  TANF ........................................ 8
  SSI .......................................... 9
  {STATE PROGRAM 1} ....................... 10
  {STATE PROGRAM 2} ....................... 11
  {STATE PROGRAM 3} ....................... 12
  {STATE PROGRAM 4} ....................... 13
OTHER ......................................... 91
REF .......................................... 97
DK ............................................ 98

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

| IF HX77 IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY THE DATE ENTERED AT HX77 FOR ‘MONTH AND YEAR FROM HX77’. DISPLAY ’2003 or 2004’ IF HX77 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW). |
| FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF |
| STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A |
| STATE THAT HAS OTHER STATE PROGRAMS. FOR THE |
| SPECIFIC NAMES OF PROGRAMS BY STATE, SEE BOX ON |
| HX16. |

----------------------------------------------------

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH HX78OV |

----------------------------------------------------

| OTHERWISE, GO TO END_LP20 |

----------------------------------------------------

HX78OV

ENTER OTHER:

[Enter Other Specify] .................
REF .................................. -7
DK .................................. -8

HX79

OMITTED.

HX80

OMITTED.

HX80OV

OMITTED.
END_LP20

-----------
| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
-----------

-----------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_20 AND CONTINUE WITH BOX_50 |
-----------

BOX_50

-----------
| IF ROUND 3, CONTINUE WITH LOOP_21 |
-----------

-----------
| OTHERWISE, GO TO NEXT QUESTIONNAIRE SECTION. |
-----------

LOOP_21

-----------
| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |
| HX81_END_LP21 |
-----------

-----------
| LOOP DEFINITION: LOOP_21 COLLECTS INFORMATION |
| FOR EACH RU MEMBER TO DETERMINE IF THESE PERSONS |
| HAD ANY COMPREHENSIVE COVERAGE ON DECEMBER 31, |
| 2005. |
-----------
HX81
=====

(PERSON’S FIRST MIDDLE AND LAST NAME)

(Were/Was) (PERSON) covered by a health insurance plan or program that paid for medical and doctor’s bills on December 31, 2005?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK ................................. -8

END_LP21
========

----------------------------------------------------
| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
----------------------------------------------------

----------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_21 AND CONTINUE WITH BOX_51          |
----------------------------------------------------

BOX_51
======

----------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION                   |
----------------------------------------------------
Income (IN) Section

For the next questions, it might be useful to have out some of the family’s financial records, such as a copy of the family’s tax forms or materials used to complete the tax form, such as year end bank statements, financial summaries, pay stubs, W-2 forms, and the like.

------------------------------------------------------------------------------------------------------------------------
| NOTE: FOR ALL DOLLAR AMOUNT RANGE CHECKS, ALLOW THE ENTRY OF DOLLARS AND CENTS. |
------------------------------------------------------------------------------------------------------------------------

LOOP_01

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX_00 - END_LP01 |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_01 DETERMINES WHICH RU MEMBERS HAVE OR WILL FILE A 2006 FEDERAL INCOME TAX FORM. IF A JOINT RETURN WAS OR WILL BE FILED, IT DETERMINES WHO IS THE SECONDARY FILER. THIS LOOP CYCLES ON PERSONS WHO MEET THE FOLLOWING CONDITION: |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS) |
----------------------------------------------------
BOX_00
======

| IF PERSON BEING LOOPED ON IS FLAGGED AS | 'SECONDARY FILER ON JOINT FEDERAL TAX RETURN', GO |
| TO END_LP01                            |
----------------------------------------------------

| OTHERWISE, CONTINUE WITH IN02            |
----------------------------------------------------

IN02
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Has (PERSON) filed a 2006 Federal income tax return?

YES .................................... 1 {IN04}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF TAX RETURN.

IN03
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Will (PERSON) file a 2006 Federal income tax return?

YES .................................... 1
NO ..................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF TAX RETURN.
What {was/will be} (PERSON)’s filing status ...

single; ................................ 1 {IN06}
married filing joint return; ........... 2
married filing separately; .......... 3 {IN06}
head of household with qualifying
person; or ........................... 4 {IN06}
qualifying widow(er) with dependent
children? ............................ 5 {IN06}
REF ................................. -7 {IN06}
DK ................................. -8 {IN06}

[Code One]

PRESS F1 FOR DEFINITION OF RESPONSE CATEGORIES.

| DISPLAY 'was' IF IN02 IS CODED '1' (YES). DISPLAY |
| 'will be' IF IN03 IS CODED '1' (YES). |
| |
| FLAG PERSON BEING LOOPED ON AS 'PRIMARY FILER ON |
| FEDERAL TAX RETURN'. |
{PERSON'S FIRST MIDDLE AND LAST NAME}

Who is the other taxpayer that (PERSON) is filing jointly with?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code One]

PRESS F1 FOR DEFINITION OF 'FILING JOINTLY'.
IN06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) claim any dependents on (PERSON)’s Federal tax return?

YES ........................................ 1
NO .......................................... 2 {IN09}
REF .......................................... -7 {IN09}
DK .......................................... -8 {IN09}

PRESS F1 FOR DEFINITION OF DEPENDENTS.

-------------------------------------------------------------------
| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY |
| 'Will' IF IN03 IS CODED '1' (YES).                    |
-------------------------------------------------------------------
IN07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Who {is/will be} listed as (PERSON)'s dependents?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

----------------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM USES THE            |
| RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET |
| THE FOLLOWING CONDITIONS:                         |
|                                                    |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |
|  DECEASED AND INSTITUTIONALIZED RU MEMBERS)       |</p>
<table>
<thead>
<tr>
<th>- PERSON IS NOT CURRENTLY BEING LOOPED ON</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY 'PERSON(S) NOT IN RU' AS THE LAST ENTRY   |</p>
<table>
<thead>
<tr>
<th>ON THE ROSTER.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY 'is' IF IN02 IS CODED '1' (YES). DISPLAY  |</p>
<table>
<thead>
<tr>
<th>'will be' IF IN03 IS CODED '1' (YES).</th>
</tr>
</thead>
</table>

BOX_IN07
=======

----------------------------------------------------
<p>| IF 'PERSON(S) NOT IN RU' SELECTED AT IN07,        |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH IN08</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO IN09</th>
</tr>
</thead>
</table>
IN08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How many of the dependents that are being claimed on (PERSON)’s Federal income tax return live outside of this household?

[Enter Number of Dependents] ...........

REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF HOUSEHOLD.

----------------------------------------------------
|  SOFT RANGE CHECK:  1-10                           |
----------------------------------------------------

IN09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) file on the long form (1040), the short form 1040A, or the short form 1040EZ?

LONG FORM 1040  .......................  1 {IN17}
SHORT FORM 1040A  ......................  2 {IN17}
SHORT FORM 1040EZ  .....................  3 {END_LP01}
OTHER  .........................  91

REF .................................... -7 {END_LP01}
DK ..................................... -8 {END_LP01}

[Code One]

-----------------------------------------------
| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY|
| 'Will' IF IN03 IS CODED '1' (YES).               |
-----------------------------------------------
IN10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) itemize deductions or take the standard deduction?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 28 (ITEMIZED DEDUCTIONS) OR LINE 39 (SCHEDULE A IS NOT COMPLETED) (STANDARD DEDUCTION) TO DETERMINE THE TYPE OF DEDUCTION.

ITEMIZED DEDUCTIONS ....................  1
STANDARD DEDUCTION .....................  2 {END_LP01}
REF .................................... -7 {END_LP01}
DK ..................................... -8 {END_LP01}

[Code One]

PRESS F1 FOR DEFINITION OF ITEMIZED AND STANDARD DEDUCTIONS.

IN11
====

OMITTED.

IN12
====

OMITTED.

IN13
====

OMITTED.
IN14

(Person's First Middle and Last Name)

About how much (was/will be) the total of all the itemized deduction expenses?

If tax form is available, have respondent refer to Form 1040, Schedule A, Line 28 for amount.

[Enter $ Amount] ....................
REF ................................... -7
DK .................................... -8

----------------------------------------------------
|  Soft range check: 0-200,000                      |
----------------------------------------------------

IN15

(Person's First Middle and Last Name)

(Did/Will) (Person) claim a deduction for health insurance premiums?

If tax form is available, have respondent refer to Form 1040, Line 31

YES ................................. 1
NO .................................. 2
NOT APPLICABLE ..................... 3
REF .................................. -7
DK .................................. -8

[Code One]

Press F1 for definition of Health Insurance Deduction.
IN16
====

OMITTED.

IN17
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) receive earned income credits?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 65a
FORM 1040A, LINE 41a

YES .................................... 1
NO ..................................... 2
NOT APPLICABLE ........................ 3
REF ...................................... -7
DK ..................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF EARNED INCOME CREDITS.

------------------------------------------------------------------
| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY| |
| 'Will' IF IN03 IS CODED '1' (YES). | |
------------------------------------------------------------------

END_LP01
=======

------------------------------------------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO | |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION| |
------------------------------------------------------------------

------------------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, | |
| END LOOP_01 AND CONTINUE WITH LOOP_02 | |
------------------------------------------------------------------

29-10
BOX_01
=======
OMITTED.

LOOP_02
=======

-----------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,   |
| ASK BOX_01A - END_LP02                      |
|-----------------------------------------------

-----------------------------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION |
| ON TAXABLE INCOME FOR EACH RU MEMBER WHO IS 16|
| YEARS OF AGE OR OLDER OR HAS OR WILL FILE A 2006|
| FEDERAL TAX RETURN. THIS LOOP CYCLES ON EACH   |
| PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE |
| FOLLOWING CONDITION:                           |
| - PERSON IS A CURRENT ROUND 5 RU MEMBER (INCLUDES|
| DECEASED AND INSTITUTIONALIZED RU MEMBERS)       |
|-----------------------------------------------

IN17A
=====
OMITTED.
IF PERSON BEING LOOPED ON IS FLAGGED AS A 'PRIMARY FILER ON FEDERAL TAX RETURN', GO TO IN18

IF PERSON BEING LOOPED ON IS FLAGGED AS A 'SECONDARY FILER ON A JOINT FEDERAL TAX RETURN', GO TO END_LP02

OTHERWISE (I.E., PERSON IS NOT FLAGGED AS EITHER 'PRIMARY FILER ON FEDERAL TAX RETURN' OR A 'SECONDARY FILER ON A JOINT FEDERAL TAX RETURN', THAT IS, IN03 IS CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T KNOW)), CONTINUE WITH BOX_01B

IF PERSON BEING LOOPED ON IS 16 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH IN18

OTHERWISE (I.E., PERSON IS LESS THAN 16 YEARS OF AGE (OR IN AGE CATEGORIES 1-3) AND IN03 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH END_LP02
NOTE: THE PURPOSE OF BOX_01A AND BOX_01B IS TO SKIP OUT PERSONS ALREADY FLAGGED AS SECONDARY FILERS AND PERSONS YOUNGER THAN 16 YEARS OF AGE WHO HAVE NOT ALREADY REPORTED THAT HE/SHE HAS OR WILL FILE A FEDERAL INCOME TAX RETURN.

NOTE: PERSONS REPORTING THAT HE/SHE HAS/WILL FILE A 1040A SHORT FORM (IN09=2) OR A 1040EZ FORM (IN09=3) RECEIVE THE WAGES, INTEREST, DIVIDENDS, IRA, PENSIONS, UNEMPLOYMENT, AND SOCIAL SECURITY TAXABLE INCOME ITEMS.

PERSONS REPORTING THAT HE/SHE HAS/WILL FILE A 1040 LONG FORM, OTHER TYPE OF FORM, OR REFUSED OR DON’T KNOW THE TYPE OF FORM (IN09=1, 91, -7, -8) RECEIVE ALL THE TAXABLE INCOME QUESTIONS. THIS IS A CHANGE FROM PREVIOUS ROUNDS IN THAT THOSE PERSONS REPORTING REFUSED AND DON’T KNOW TO TYPE OF FORM DID NOT RECEIVE ANY QUESTIONS.

PERSONS REPORTING THAT THEY HAVE NOT AND WILL NOT FILE ANY FEDERAL TAX RETURN (IN03=2, -7, -8) AND IS 16 YEARS OF AGE OR OLDER ALSO RECEIVE ALL THE TAXABLE INCOME QUESTIONS. THIS IS ALSO A CHANGE FROM PREVIOUS ROUNDS IN THAT THOSE PERSONS REPORTING THAT THEY WERE NOT FILING DID NOT RECEIVE ANY QUESTIONS.
(People get money from many different sources, such as wages and salaries, social security, and interest on savings. The next few questions ask about different sources of income that (READ NAME(S) ABOVE) received in 2006. It would be useful to have out any tax materials that you may have.)

(Now let’s talk about (READ NAME(S) ABOVE).)

During 2006, how much money did (READ NAME(S) ABOVE) receive from wages or salary, tips, commissions, or bonuses?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 7
FORM 1040A, LINE 7
FORM 1040EZ, LINE 1

[Enter $ Amount] ....................... REF .................................... -7 (IN19)
DK ..................................... -8 (IN18A)

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.
FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

SOFT RANGE CHECK: 0-300,000

BOX_IN18

IF AMOUNT OTHER THAN ZERO ENTERED AT IN18 AND IN04 IS CODED '2' (MARRIED FILING JOINT RETURN), CONTINUE WITH IN18OV

OTHERWISE, GO TO IN19

IN18OV

What percentage of this amount was received by (PRIMARY FILER)?

[Enter Percent] ....................... {IN19}
REF ................................. -7 {IN19}
DK ................................. -8 {IN19}

RANGE CHECK: 0-100
SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from wages or salary, tips, commissions, or bonuses in 2006]?

1 - 2,500 ........................................ 1
2,501 - 5,000 ................................... 2
5,001 - 10,000 .................................. 3
10,001 - 20,000 ................................. 4
20,001 - 30,000 .................................. 5
30,001 - 40,000 .................................. 6
40,001 - 50,000 .................................. 7
50,001 - 75,000 .................................. 8
75,001 - 100,000 ................................. 9
100,001 OR MORE ............................... 10
REF ............................................. -7
DK ............................................... -8

[Code One]

-----------------------------
| FOR 'NAME OF SECONDARY FILER', DISPLAY THE |
| PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |
| A NULL DISPLAY. |
During 2006, how much did {READ NAME(S) ABOVE} receive in taxable interest from savings accounts, bonds, NOW accounts, money market accounts, or similar types of investments?

{IF NECESSARY, SAY: If any interest from a joint account, include only the amount that would be {READ NAME(S) ABOVE}’s portion.}

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 8a
FORM 1040A, LINE 8a
FORM 1040EZ, LINE 2

[Enter $ Amount] ....................... {IN20}
REF .................................. -7 {IN20}
DK ..................................... -8 {IN20}

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

------------------------------------------------------------------------------------------------------------------
| DISPLAY ’IF NECESSARY, SAY ... ABOVE).’ IF IN04 IS NOT CODED ‘2’ (MARRIED, FILING JOINT RETURN) OR IF IN04 WAS NOT ASKED. IF IN04 IS CODED ‘2’ (MARRIED, FILING JOINT RETURN), USE A NULL DISPLAY. |
------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------
| FOR ’NAME OF SECONDARY FILER’, DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY. |
------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------
| SOFT RANGE CHECK: 0-100,000 |
------------------------------------------------------------------------------------------------------------------

OMITTED.
SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [in interest from savings accounts, bonds, NOW accounts, money market accounts, or similar types of investments in 2006]?

1 - 2,500 ...................................... 1
2,501 - 5,000 ................................. 2
5,001 - 10,000 ............................... 3
10,001 - 20,000 ............................. 4
20,001 - 30,000 ............................. 5
30,001 - 40,000 ............................. 6
40,001 - 50,000 ............................. 7
50,001 - 75,000 ............................. 8
75,001 - 100,000 ........................... 9
100,001 OR MORE ........................... 10
REF ........................................ -7
DK ........................................... -8

[Code One]
During 2006, how much money did (READ NAME(S) ABOVE) receive from dividends?

(IF NECESSARY, SAY: If any dividends from a joint source, include only the amount that would be (READ NAME(S) ABOVE)'s portion.)

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 9 FORM 1040A, LINE 9

[Enter $ Amount] ........................ {BOX_02A}
REF .................................... -7 {BOX_02A}
DK ..................................... -8

PRESS F1 FOR DEFINITION OF DIVIDENDS.

DISPLAY 'IF NECESSARY, SAY ... PORTION.' IF IN04 IS NOT CODED '2' (MARRIED, FILING JOINT RETURN) OR IF IN04 WAS NOT ASKED. IF IN04 IS CODED '2' (MARRIED, FILING JOINT RETURN), USE A NULL DISPLAY.

FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

SOFT RANGE CHECK: 0-100,000
Looking at this card, which range best estimates how much money was received [from dividends in 2006]?  

1 - 2,500 ......................... 1  
2,501 - 5,000 ...................... 2  
5,001 - 10,000 ..................... 3  
10,001 - 20,000 .................... 4  
20,001 - 30,000 .................... 5  
30,001 - 40,000 .................... 6  
40,001 - 50,000 .................... 7  
50,001 - 75,000 .................... 8  
75,001 - 100,000 ................. 9  
100,001 OR MORE .................. 10  
REF .................................. -7  
DK .................................... -8  

[Code One]

| FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY. |

| IF IN09 IS CODED ‘2’ (SHORT FORM 1040A), OR ‘3’ (SHORT FORM 1040EZ) GO TO IN25 |

| OTHERWISE, CONTINUE WITH IN21 |

29-20
During 2006, how much money did (READ NAME(S) ABOVE) receive from refunds of state or local income taxes?

{IF NECESSARY, SAY: If any money from a joint return, include only the amount that would be (READ NAME(S) ABOVE)’s portion.}

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 10

[Enter $ Amount] .......................    {IN22}
REF .................................... -7 {IN22}
DK ..................................... -8

PRESS F1 FOR DEFINITION OF INCOME TAX REFUNDS.

DISPLAY ‘IF NECESSARY, SAY ... ABOVE).’ IF IN04 IS NOT CODED ‘2’ (MARRIED, FILING JOINT RETURN OR IF IN04 WAS NOT ASKED. IF IN04 IS CODED ‘2’ (MARRIED, FILING JOINT RETURN), USE A NULL DISPLAY.

FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

SOFT RANGE CHECK: 0-100,000
SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from refunds of state or local taxes in 2006]?

<table>
<thead>
<tr>
<th>Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 2,500</td>
<td>1</td>
</tr>
<tr>
<td>2,501 - 5,000</td>
<td>2</td>
</tr>
<tr>
<td>5,001 - 10,000</td>
<td>3</td>
</tr>
<tr>
<td>10,001 - 20,000</td>
<td>4</td>
</tr>
<tr>
<td>20,001 - 30,000</td>
<td>5</td>
</tr>
<tr>
<td>30,001 - 40,000</td>
<td>6</td>
</tr>
<tr>
<td>40,001 - 50,000</td>
<td>7</td>
</tr>
<tr>
<td>50,001 - 75,000</td>
<td>8</td>
</tr>
<tr>
<td>75,001 - 100,000</td>
<td>9</td>
</tr>
<tr>
<td>100,001 OR MORE</td>
<td>10</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]
(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF SECONDARY FILER)

During 2006, how much money did (READ NAME(S) ABOVE) receive from alimony?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 11

[Enter $ Amount] .......................    {IN23}
REF .................................... -7 {IN23}
DK ..................................... -8

PRESS F1 FOR DEFINITION OF ALIMONY.

| SOFT RANGE CHECK:  0-100,000          |
IN22A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from alimony in 2006]?

1 - 2,500 .................................. 1
2,501 - 5,000 ............................ 2
5,001 - 10,000 ........................... 3
10,001 - 20,000 .......................... 4
20,001 - 30,000 .......................... 5
30,001 - 40,000 .......................... 6
40,001 - 50,000 .......................... 7
50,001 - 75,000 .......................... 8
75,001 - 100,000 ........................ 9
100,001 OR MORE ........................ 10
REF .................................... -7
DK ..................................... -8

[Code One]

----------------------------------------
| FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE |
| PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |
| A NULL DISPLAY.                           |

----------------------------------------
During 2006, how much money did (READ NAME(S) ABOVE) earn or lose from (his/her/their) own farm or non-farm business or practice?

(IF NECESSARY, SAY: If any money from a shared business, include only the amount that would be (READ NAME(S) ABOVE)’s portion.)

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINES 12 AND 18

[Enter $ Amount] .......................
REF .............................. -7 {IN24}
DK .................................. -8 {IN23A}

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.
BOX_IN23

| IF AMOUNT OTHER THAN ZERO ENTERED AT IN23, | CONTINUE WITH IN23OV1 |
| | |

| OTHERWISE, GO TO IN24 |
| |

IN23OV1

INTERVIEWER: WAS THE AMOUNT ENTERED EARNINGS OR LOSS?

EARNINGS ............................... 1
LOSS ................................. 2

[Code One]
BOX_IN23OV1

-----------
| IF IN04 IS CODED '2' (MARRIED FILING JOINT RETURN), CONTINUE WITH IN23OV2 |
-----------

-----------
| OTHERWISE, GO TO IN24 |
-----------

IN23OV2

=====

What percentage of this amount was {received/lost} by (PRIMARY FILER)?

[Enter Percent] .........................  {IN24}
REF .................................... -7  {IN24}
DK ..................................... -8  {IN24}

-----------
| IF IN23OV1 IS CODED '1' (EARNINGS), DISPLAY 'received'. IF IN23OV1 IS CODED '2' (LOSS), DISPLAY 'lost'. |
-----------

-----------
| RANGE CHECK:  0-100 |
-----------
IN23A

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was earned or lost [from (his/her/their) own \textit{farm or non-farm} business or practice in 2006]?

\begin{itemize}
  \item 1 - 2,500 ................................ 1
  \item 2,501 - 5,000 .......................... 2
  \item 5,001 - 10,000 ........................ 3
  \item 10,001 - 20,000 ....................... 4
  \item 20,001 - 30,000 ...................... 5
  \item 30,001 - 40,000 ...................... 6
  \item 40,001 - 50,000 ...................... 7
  \item 50,001 - 75,000 ...................... 8
  \item 75,001 - 100,000 ..................... 9
  \item 100,001 OR MORE .................... 10
  \item REF .................................. -7 (IN24)
  \item DK .................................. -8 (IN24)
\end{itemize}

[Code One]

---

INTERVIEWER: DOES THE RANGE SELECTED REPRESENT EARNINGS OR LOSS?

\begin{itemize}
  \item EARNINGS .............................. 1
  \item LOSS ................................... 2
\end{itemize}

[Code One]
During 2006, how much money was (READ NAME(S) ABOVE)’s net gain or net loss from the sale of property or other assets, including the sale of (his/her/their) home, if it was taxable?

{IF NECESSARY, SAY: If any money from a shared property or other asset, include only the amount that would be (READ NAME(S) ABOVE)’s portion.}

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINES 13 & 14

[Enter $ Amount] .......................
REF ................................... -7 {IN25}
DK ..................................... -8 {IN24A}

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.
BOX_IN24
======

| IF AMOUNT OTHER THAN ZERO ENTERED AT IN24, CONTINUE WITH IN24OV |
| OTHERWISE, GO TO IN25 |

IN24OV
======

INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN ............................... 1 {IN25}
NET LOSS ............................... 2 {IN25}

[Code One]
IN24A

{PERSON'S FIRST MIDDLE AND LAST NAME}     {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was earned or lost [from the sale of property or other assets, including the sale of (his/her/their) home, if it was taxable, in 2006]?

1 - 2,500 ............................... 1
2,501 - 5,000 ............................ 2
5,001 - 10,000 ............................ 3
10,001 - 20,000 ........................... 4
20,001 - 30,000 ........................... 5
30,001 - 40,000 ........................... 6
40,001 - 50,000 ........................... 7
50,001 - 75,000 ........................... 8
75,001 - 100,000 ......................... 9
100,001 OR MORE ........................ 10
REF .................................... -7 {IN25}
DK ..................................... -8 {IN25}

[Code One]
INTERVIEWER: DOES THE RANGE SELECTED REPRESENT NET GAIN OR NET LOSS?

NET GAIN .................................................. 1
NET LOSS .................................................. 2

[Code One]

(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF SECONDARY FILER)

During 2006, how much money did (READ NAME(S) ABOVE) receive from payments from Individual Retirement Accounts, that is, IRA, Keogh, or 401K accounts?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 15a
FORM 1040A, LINE 11a

[Enter $ Amount] ....................... (IN26)
REF .................................... -7 (IN26)
DK ..................................... -8 (IN25A)

PRESS F1 FOR DEFINITION OF IRA, KEOGH, AND 401K.

FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

SOFT RANGE CHECK: 0-100,000
SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from payments from IRA, Keogh, and 401K accounts in 2006]? 

1 - 2,500 ........................................ 1  
2,501 - 5,000 .................................. 2  
5,001 - 10,000 ................................ 3  
10,001 - 20,000 ................................ 4  
20,001 - 30,000 ................................ 5  
30,001 - 40,000 ................................ 6  
40,001 - 50,000 ................................ 7  
50,001 - 75,000 ................................ 8  
75,001 - 100,000 ............................. 9  
100,001 OR MORE ............................ 10  
REF ......................................... -7  
DK ........................................... -8  

[Code One]
During 2006, how much money did (READ NAME(S) ABOVE) receive from private pensions, military retirement, other Federal government employee pensions, state or local government employee pensions, or annuities?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 16a
FORM 1040A, LINE 12a

[Enter $ Amount] .......................    {BOX_02B}
REF .................................... -7 {BOX_02B}
DK ..................................... -8

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

----------------------------------------------------
| FOR 'NAME OF SECONDARY FILER', DISPLAY THE     |
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |
| A NULL DISPLAY.                                 |
----------------------------------------------------

----------------------------------------------------
| SOFT RANGE CHECK:  0-300,000                     |
----------------------------------------------------
Looking at this card, which range best estimates how much money was received [from private pensions, military retirement, other Federal government employee pensions, state or local government employee pensions, or annuities in 2006]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ....................... 9
100,001 OR MORE ........................ 10
REF .................................... -7
DK ..................................... -8
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

During 2006, how much money did (READ NAME(S) ABOVE) receive as a net gain or loss from estates or trusts, partnerships, S corporations, royalties, or from rental income?

{IF NECESSARY, SAY: If any money from a joint venture, include only the amount that would be (READ NAME(S) ABOVE)’s portion.}

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 17

[Enter $ Amount] .......................
REF .................................... -7 {IN30}
DK ..................................... -8 {IN28A}

PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

| DISPLAY 'IF NECESSARY, SAY ... ABOVE).’ IF IN04 IS NOT CODED '2' (MARRIED, FILING JOINT RETURN) OR IF IN04 WAS NOT ASKED. IF IN04 IS CODED '2' (MARRIED, FILING JOINT RETURN), USE A NULL DISPLAY. |

| FOR 'NAME OF SECONDARY FILER’, DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY. |

| SOFT RANGE CHECK: 0-300,000 |

29-36
BOX_IN28
-------

*************************************************************************
| IF AMOUNT OTHER THAN ZERO ENTERED AT IN28, CONTINUE WITH IN28OV       |
*************************************************************************

*************************************************************************
| OTHERWISE, GO TO IN30                                                |
*************************************************************************

IN28OV
------

INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN ............................... 1 {IN30}
NET LOSS ............................... 2 {IN30}

[Code One]
IN28A

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was earned or lost [from estates or trusts, partnerships, S corporations, royalties, or from rental income in 2006]?

1 - 2,500 .................................. 1
2,501 - 5,000 .............................. 2
5,001 - 10,000 ............................ 3
10,001 - 20,000 ........................... 4
20,001 - 30,000 ........................... 5
30,001 - 40,000 ........................... 6
40,001 - 50,000 ............................ 7
50,001 - 75,000 ............................ 8
75,001 - 100,000 ........................... 9
100,001 OR MORE .......................... 10

REF .................................... -7 {IN30}
DK ..................................... -8 {IN30}

[Code One]
IN29
====
OMITTED.

BOX_IN29
========
OMITTED.

IN29OV1
=======
OMITTED.

BOX_IN29OV1
==========
OMITTED.

IN29OV2
=======
OMITTED.

IN29A
=====
OMITTED.

IN29AOV
=======
OMITTED.
During 2006, how much money did (READ NAME(S) ABOVE) receive from unemployment compensation?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO
FORM 1040, LINE 19
FORM 1040A, LINE 13
FORM 1040EZ, LINE 3

**[Enter $ Amount] .......................** {IN31}
**REF .................................... -7** {IN31}
**DK ..................................... -8** {IN30A}

PRESS F1 FOR DEFINITION OF UNEMPLOYMENT COMPENSATION.

<table>
<thead>
<tr>
<th>FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOFT RANGE CHECK: 0-100,000</td>
</tr>
</tbody>
</table>

**OMITTED.**
Looking at this card, which range best estimates how much money was received [from unemployment compensation in 2006]?

<table>
<thead>
<tr>
<th>Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 2,500</td>
<td>1</td>
</tr>
<tr>
<td>2,501 - 5,000</td>
<td>2</td>
</tr>
<tr>
<td>5,001 - 10,000</td>
<td>3</td>
</tr>
<tr>
<td>10,001 - 20,000</td>
<td>4</td>
</tr>
<tr>
<td>20,001 - 30,000</td>
<td>5</td>
</tr>
<tr>
<td>30,001 - 40,000</td>
<td>6</td>
</tr>
<tr>
<td>40,001 - 50,000</td>
<td>7</td>
</tr>
<tr>
<td>50,001 - 75,000</td>
<td>8</td>
</tr>
<tr>
<td>75,001 - 100,000</td>
<td>9</td>
</tr>
<tr>
<td>100,001 OR MORE</td>
<td>10</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]
During 2006, how much money did (READ NAME(S) ABOVE) receive from Social Security and equivalent tier 1 Railroad Retirement benefits?

IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 20a
FORM 1040A, LINE 14a

[Enter $ Amount] .......................    {END_LP02}
REF .................................... -7 {END_LP02}
DK ..................................... -8 {IN32}

PRESS F1 FOR DEFINITION OF SOCIAL SECURITY.

| SOFT RANGE CHECK: 0-100,000 |

BOX_IN31
========
OMITTED.

IN31OV
=====
OMITTED.
Looking at this card, which range best estimates how much money was received [from Social Security and equivalent tier 1 Railroad Retirement benefits in 2006]?

<table>
<thead>
<tr>
<th>Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 2,500</td>
<td>1</td>
</tr>
<tr>
<td>2,501 - 5,000</td>
<td>2</td>
</tr>
<tr>
<td>5,001 - 10,000</td>
<td>3</td>
</tr>
<tr>
<td>10,001 - 20,000</td>
<td>4</td>
</tr>
<tr>
<td>20,001 - 30,000</td>
<td>5</td>
</tr>
<tr>
<td>30,001 - 40,000</td>
<td>6</td>
</tr>
<tr>
<td>40,001 - 50,000</td>
<td>7</td>
</tr>
<tr>
<td>50,001 - 75,000</td>
<td>8</td>
</tr>
<tr>
<td>75,001 - 100,000</td>
<td>9</td>
</tr>
<tr>
<td>100,001 OR MORE</td>
<td>10</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

----

IN33

OMITTED.

BOX_IN33

OMITTED.

IN33OV

OMITTED.
During 2006, did anyone in the family receive Worker’s Compensation?

YES .................................... 1
NO ..................................... 2 {IN37}
REF ................................... -7 {IN37}
DK .................................... -8 {IN37}

PRESS F1 FOR DEFINITION OF WORKER’S COMPENSATION.

| IF CODED ‘1’ (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS ‘RECEIVED WORKER’S |
| COMPENSATION’ AT IN35 AND GO TO LOOP_03 |

END_LP02

--------

| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION. |

--------

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH IN34 |

IN34

----
Who received Worker’s Compensation in 2006?

PROBE: Anyone else receive Worker’s Compensation in 2006?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE            |
| RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET |
| THE FOLLOWING CONDITION:                         |
|                                                |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |
|    DECEASED AND INSTITUTIONALIZED RU MEMBERS)    |
----------------------------------------------------

LOOP_03

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
ASK IN36 - END_LP03

LOOP DEFINITION: LOOP_03 DETERMINES HOW MUCH
MONEY WAS RECEIVED FROM WORKER’S COMPENSATION FOR
RU MEMBERS WHO RECEIVED WORKER’S COMPENSATION IN
2006. THIS LOOP CYCLES ON EACH PERSON ON THE
RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING
CONDITIONS:

- PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES
  DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON RECEIVED WORKER’S COMPENSATION IN 2006
  (SELECTED AT IN35)
IN36
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How much money did (PERSON) receive from Worker’s Compensation [in 2006]?

[Enter $ Amount] ....................... {END_LP03}
REF .................................... -7 {END_LP03}
DK ..................................... -8

------------------------------------------------------------------------
|  SOFT RANGE CHECK:  0-50,000                       |
------------------------------------------------------------------------

IN36A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from Worker’s Compensation in 2006]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ........................ 9
100,001 OR MORE ........................ 10
REF .................................... -7
DK ..................................... -8

[Code One]
During 2006, did anyone in the family receive Supplemental Security Income, also known as S.S.I.?

YES ................................. 1
NO ................................. 2 (IN41)
REF ................................ -7 (IN41)
DK ..................................... -8 (IN41)

PRESS F1 FOR DEFINITION OF S.S.I.

| IF CODED '1' (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'RECEIVED S.S.I.' AT |
| IN38 AND GO TO LOOP_04 |
Who received Supplemental Security Income in 2006?

PROBE: Anyone else receive S.S.I. in 2006?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE |
| RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET |
| THE FOLLOWING CONDITION: |
| |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |
|  DECEASED AND INSTITUTIONALIZED RU MEMBERS) |
---------------------------------------------------------------------

LOOP_04


---------------------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
| ASK BOX_03A - END_LP04 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| LOOP DEFINITION: LOOP_04 DETERMINES HOW MUCH |
| MONEY WAS RECEIVED FROM SUPPLEMENTAL SECURITY |
| INCOME (S.S.I) FOR RU MEMBERS WHO RECEIVED S.S.I. |
| IN 2006. THIS LOOP CYCLES ON EACH PERSON ON THE |
| RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING |
| CONDITIONS: |
| |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |
|  DECEASED AND INSTITUTIONALIZED RU MEMBERS) |
| - PERSON RECEIVED SUPPLEMENTAL SECURITY INCOME IN |
|  2006 (SELECTED AT IN38) |
---------------------------------------------------------------------
IN39
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did (PERSON) receive money from Supplemental Security Income because of (PERSON)'s own disability or for some other reason?

- DISABILITY ......................... 1
- SOME OTHER REASON .................. 2
- REF ................................ -7
- DK ................................ -8

[Code One]

IN40A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

For how many months in 2006 did (PERSON) receive money from Supplemental Security Income?

- [Enter Number of Months] ..............
- REF ................................ -7
- DK ................................ -8

| RANGE CHECK:  1-12 |
{PERSON'S FIRST MIDDLE AND LAST NAME}

On average, how much money did (PERSON) get per month [from Supplemental Security Income in 2006]?

[Enter $ Amount] ........................   {END_LP04}
REF .................................... -7   {END_LP04}
DK ..................................... -8

-------------------------------------------------------------------------
|  SOFT RANGE CHECK:  0-50,000                           |
-------------------------------------------------------------------------

IN40C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-2.

Looking at this card, which range best estimates how much money was received per month [from Supplemental Security Income in 2006]?

1 - 250 ................................. 1
251 - 500 ............................... 2
501 - 750 ............................... 3
751 - 1,000 ............................. 4
1,001 OR MORE ........................... 5
REF .................................... -7
DK ..................................... -8

[Code One]
During 2006, did anyone in the family receive any money from public assistance, such as Temporary Assistance for Needy Families, also known as TANF (or the program(s) listed on this card) or general assistance)?

YES .............................. 1
NO .................................. 2 {IN46}
REF .................................. -7 {IN46}
DK ................................. -8 {IN46}

PRESS F1 FOR DEFINITION OF PUBLIC ASSISTANCE.

DISPLAY 'SHOW CARD IN-2A.' AND 'or the program(s) listed on this card' IF INTERVIEW STATE IS NOT DC, IL, IN, IA, KS, MS, NE, NV, PA, OK, OR, OR VA.

IF CODED ‘1’ (YES) AND A SINGLE PERSON RU, AUTOMATICALLY CODE PERSON AS ‘RECEIVED PUBLIC ASSISTANCE’ AT IN42 AND GO TO LOOP_05
Whose name was on the checks?

PROBE: Does anyone else receive a check from public assistance in their name?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]
Sometimes checks from public assistance cover more than one person in the family, even though only one person’s name is on the check.

Who is covered by (PERSON)’s checks from public assistance?

PROBE: Did (PERSON)’s checks cover anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]
IN44
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-2A.

Did any of (PERSON)’s checks include money from Temporary Assistance for Needy Families, also known as TANF {or the program(s) listed on this card}?

YES ........................................ 1
NO ......................................... 2
REF ........................................... -7
DK ............................................ -8

PRESS F1 FOR DEFINITION OF TANF.

----------------------------------------------------------------------------
| DISPLAY 'SHOW CARD IN-2A.' AND 'or the program(s) listed on this card' IF INTERVIEW STATE IS NOT DC, IL, IN, IA, KS, MS, NE, NV, PA, OK, OR, OR VA. |
| OTHERWISE, USE A NULL DISPLAY.                                         |
----------------------------------------------------------------------------

IN45A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

For how many months in 2006 did (PERSON) receive checks from public assistance?

[Enter Number of Months] ...............  
REF ........................................... -7
DK ............................................ -8

---------------------------------------------------------------------
| RANGE CHECK: 1-12                                             |
---------------------------------------------------------------------
IN45B

{PERSON'S FIRST MIDDLE AND LAST NAME}

On average, how much money did (PERSON) get per month [from public assistance in 2006]?

[Enter $ Amount] ................. {END_LP05}
REF ................................... -7 {END_LP05}
DK .................................... -8

----------------------------------------------------
| SOFT RANGE CHECK: 0-50,000                      |
----------------------------------------------------

IN45C

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-2.

Looking at this card, which range best estimates how much money was received per month [from public assistance in 2006]?

1 - 250 .................................. 1
251 - 500 ................................ 2
501 - 750 ................................ 3
751 - 1,000 ............................. 4
1,001 OR MORE ........................... 5
REF ................................... -7
DK .................................... -8

[Code One]

END_LP05

-------------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION.                                    |

-------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_05 AND CONTINUE WITH IN46            |

29-55
During 2006, did anyone in the family receive any money from child support?

YES .............................................. 1
NO ............................................... 2 {IN49}
REF ........................................... -7 {IN49}
DK ............................................... -8 {IN49}

PRESS F1 FOR DEFINITION OF CHILD SUPPORT.

Who received child support in 2006?

PROBE: Anyone else receive child support in 2006?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]

PRESS F1 FOR DESCRIPTION OF WHO TO INCLUDE.

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE PERSON RU, | |
| AUTOMATICALLY CODE PERSON AS 'RECEIVED CHILD | |
| SUPPORT' AT IN47 AND GO TO LOOP_06 | |
----------------------------------------------------
LOOP_06
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
| ASK IN48A - END_LP06                          |

LOOP DEFINITION: LOOP_06 DETERMINES HOW MUCH MONEY WAS RECEIVED FROM CHILD SUPPORT FOR RU MEMBERS WHO RECEIVED CHILD SUPPORT IN 2006. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON RECEIVED CHILD SUPPORT IN 2006 (SELECTED AT IN47)

IN48A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

For how many months in 2006 did (PERSON) receive money from child support?

Enter Number of Months] ............... 
REF ....................................... -7
DK ........................................... -8

RANGE CHECK: 1-12
{PERSON'S FIRST MIDDLE AND LAST NAME}

On average, how much money did (PERSON) get per month [from child support in 2006]?

[Enter $ Amount] ................. {END_LP06}
REF .................................... -7 {END_LP06}
DK ..................................... -8

----------------------------------------------------
| SOFT RANGE CHECK: 0-100,000 |
----------------------------------------------------

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-2.

Looking at this card, which range best estimates how much money was received per month [from child support in 2006]?

1 - 250 ................................. 1
251 - 500 ............................... 2
501 - 750 ............................... 3
751 - 1,000 ............................. 4
1,001 OR MORE ........................... 5
REF .................................... -7
DK ..................................... -8

[Code One]
IN49
====

Not counting military retirement, during 2006, did anyone in the family receive any veteran’s payments such as education or disability benefits?

YES .................................... 1
NO ..................................... 2 {IN52}
REF ................................... -7 {IN52}
DK .................................... -8 {IN52}

PRESS F1 FOR DEFINITION OF VETERAN’S PAYMENTS.

| IF CODED ‘1’ (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS ‘RECEIVED VETERAN’S |
| PAYMENTS’ AT IN50 AND GO TO LOOP_07 |

November 20, 2006
IN50
====

Who received veteran’s payments such as education or disability benefits [in 2006]?

PROBE: Anyone else receive veteran’s payments in 2006?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]
IN51
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How much money did (PERSON) receive from veterans payments such as education or disability benefits in 2006? [Do not include military retirement.]

[Enter $ Amount] .......................    {END_LP07}
REF .................................... -7 {END_LP07}
DK ..................................... -8

----------------------------------------------------
| SOFT RANGE CHECK:  0-100,000                      |
----------------------------------------------------

IN51A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from veteran’s payments such as education or disability benefits in 2006]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 .......................... 4
20,001 - 30,000 .......................... 5
30,001 - 40,000 .......................... 6
40,001 - 50,000 .......................... 7
50,001 - 75,000 .......................... 8
75,001 - 100,000 ........................ 9
100,001 OR MORE ........................ 10
REF ................................. -7
DK ................................. -8

[Code One]
Besides what we have already talked about, during 2006, did any one in the family receive any money from regular cash contributions from people who do not live in this household?

YES .................................... 1
NO ..................................... 2 {IN55}
REF ................................... -7 {IN55}
DK .................................... -8 {IN55}

PRESS F1 FOR DESCRIPTION OF REGULAR CASH CONTRIBUTIONS AND HOUSEHOLD.
Who received regular cash contributions from people who do not live in this household [in 2006]?

PROBE: Anyone else receive regular cash contributions, in 2006, from people who do not live here?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]

[Code All That Apply]
LOOP_08
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,            |
| ASK IN54A - END_LP08                                  |

LOOP DEFINITION: LOOP_08 DETERMINES HOW MUCH
MONEY WAS RECEIVED FROM REGULAR CASH
CONTRIBUTIONS FROM OUTSIDE THE HOUSEHOLD FOR RU
MEMBERS WHO RECEIVED THESE TYPES OF CONTRIBUTIONS
IN 2006. THIS LOOP CYCLES ON EACH PERSON ON THE
RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING
CONDITIONS:

- PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES
  DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON RECEIVED REGULAR CASH CONTRIBUTIONS
  FROM SOMEONE OUTSIDE OF THE HOUSEHOLD IN 2006
  (SELECTED AT IN53)

IN54A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

For how many months in 2006 did (PERSON) receive money from
regular cash contributions from people who do not live in this
household?

[Enter Number of Months] ...............  
REF .................................... -7
DK ..................................... -8

RANGE CHECK: 1-12

29-64
In average, how much money did (PERSON) get per month [from regular cash contributions from people who do not live in this household, in 2006]?

[Enter $ Amount] ........................   {END_LP08}
REF .................................... -7 {END_LP08}
DK ..................................... -8

----------------------------------------------------
|  SOFT RANGE CHECK:  0-100,000                      |
----------------------------------------------------

In show card IN-2.

Looking at this card, which range best estimates how much money was received per month [from regular cash contributions from people who do not live in this household, in 2006]?

1 - 250 ................................. 1
251 - 500 ............................... 2
501 - 750 ............................... 3
751 - 1,000 ............................. 4
1,001 OR MORE ........................... 5
REF ..................................... -7
DK ..................................... -8

[Code One]
END_LP08

--------


------------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION.                                    |

------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_08 AND CONTINUE WITH IN55            |

IN55

====

During 2006, did anyone in the family receive food stamps?

YES ........................................... 1
NO ............................................. 2 {IN59}
REF ........................................... -7 {IN59}
DK ............................................. -8 {IN59}

PRESS F1 FOR DEFINITION OF FOOD STAMPS.
IN56
====
For how many months in 2006 were these food stamps received?

[Enter Months] .........................
REF ..................................... -7
DK ....................................... -8

-----------------------------------------------
| RANGE CHECK:  1-12                     |
-----------------------------------------------

IN57
====
OMITTED.

IN58
====
What was the approximate monthly value of the stamps?

[Enter $ Amount] ....................... 
REF ..................................... -7
DK ....................................... -8

-----------------------------------------------
| SOFT RANGE CHECK:  0-1,000             |
-----------------------------------------------
SHOW CARD IN-3.

This card lists some sources of income. Has anyone in the family received any income, other than income we have already talked about, such as income from sources listed on this card?

YES .................................... 1
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

PRESS F1 FOR DEFINITIONS OF SHOW CARD CATEGORIES.

-----------------------------------------------
| FOR EACH OF THE FOLLOWING:                      |
|                                              |
| OTHER INCOME SOURCE CATEGORY 1                |
| OTHER INCOME SOURCE CATEGORY 2                |
| OTHER INCOME SOURCE CATEGORY 3                |
| OTHER INCOME SOURCE CATEGORY 4                |
| OTHER INCOME SOURCE CATEGORY 5                |
|                                              |
| ASK IN60 - END_LP09                           |
-----------------------------------------------

LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION ABOUT OTHER SOURCES OF TAXABLE INCOME. THIS LOOP CYCLES ON SOURCES OF TAXABLE INCOME LISTED AT IN60. THE FIRST CYCLE OF THIS LOOP COLLECTS THE FIRST SOURCE OF TAXABLE INCOME. SUBSEQUENT CYCLES OF THE LOOP ARE DETERMINED BY THE RESPONSE AT IN63. IF IN63 IS CODED ‘1’ (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT SOURCE OF TAXABLE INCOME. IF IN63 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.
SHOW CARD IN-3.

From which of the sources on this card did anyone in the family receive income [that we have not yet talked about]?

WAGES AND SALARY ...................... 1 {BOX_03B}
FARM INCOME (OR LOSS) ................. 2 {BOX_03B}
BUSINESS INCOME (OR LOSS) ............. 3 {BOX_03B}
SOCIAL SECURITY/RAILROAD RETIREMENT ... 4 {BOX_03B}
PRIVATE, MILITARY, OR GOVERNMENT
   PENSIONS ............................. 5 {BOX_03B}
INTEREST ................................ 6 {BOX_03B}
DIVIDENDS ............................... 7 {BOX_03B}
RENTAL INCOME (OR LOSS) .............. 8 {BOX_03B}
OTHER SOURCE ........................... 91
REF ..................................... -7 {BOX_03B}
DK ...................................... -8 {BOX_03B}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

[Other Specify] ........................
REF ..................................... -7 {BOX_03B}
DK ...................................... -8 {BOX_03B}

-----------------------------------------------------
| IF SINGLE PERSON RU, AUTOMATICALLY CODE PERSON AS |
| 'RECEIVED INCOME FROM IN60 SOURCE' AT IN61 AND GO |
| TO IN62 OTHERWISE CONTINUE WITH IN61              |
-----------------------------------------------------
INCOME SOURCE:  {DISPLAY CATEGORY SELECTED AT IN60........}

Who received income from (INCOME SOURCE) in 2006?

PROBE: Anyone else receive income from (INCOME SOURCE) in 2006?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

1. First Name, [Middle Name], Last name-65
2. First Name, [Middle Name], Last name-65
3. First Name, [Middle Name], Last name-65

[Code All That Apply]
INCOME SOURCE: (DISPLAY CATEGORY SELECTED AT IN60........)

What is the total amount received from (INCOME SOURCE), in 2006, for all of the people just mentioned?

[Enter $ Amount] .......................  
REF .................................. -7 {IN63}  
DK ................................... -8 {IN62A}  

----------------------------------------------------  
| FOR 'DISPLAY CATEGORY SELECTED AT IN60.....’,     |  
| DISPLAY THE RESPONSE CATEGORY NAME SELECTED AT    |  
| IN60 DURING THE CURRENT LOOP.                     |  
----------------------------------------------------  

----------------------------------------------------  
| SOFT RANGE CHECK:  0-100,000                       |  
----------------------------------------------------  

BOX_IN62  

----------------------------------------------------  
| IF AMOUNT OTHER THAN ZERO ENTERED AT IN62 AND     |  
| IN60 IS CODED ‘2’ (FARM INCOME OR LOSS), ‘3’     |  
| (BUSINESS INCOME OR LOSS), ‘8’ (RENTAL INCOME OR |  
| LOSS), OR ‘91’ (OTHER SOURCE), CONTINUE WITH      |  
| IN62OV                                          |  
----------------------------------------------------  

----------------------------------------------------  
| OTHERWISE, GO TO IN63                            |  
----------------------------------------------------  

IN62OV  

INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN .................................. 1 {IN63}  
NET LOSS .................................. 2 {IN63}  

[Code One]
INCOME SOURCE: {DISPLAY CATEGORY SELECTED AT IN60.........}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from (INCOME SOURCE) in 2006]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ....................... 9
100,001 OR MORE ...................... 10
REF .................................... -7
DK ..................................... -8

[Code One]

BOX_IN62A

----------------------------------------------------
| IF ‘7’ (REFUSED) OR ‘-8’ (DON’T KNOW) IS NOT CODED |
| AT IN62A AND IN60 IS CODED ‘2’ (FARM INCOME OR |
| LOSS), ‘3’ (BUSINESS INCOME OR LOSS), ‘8’ (RENTAL |
| INCOME OR LOSS), OR ‘91’ (OTHER SOURCE), CONTINUE |
| WITH IN62AOV                                |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO IN63                         |
----------------------------------------------------
INTERVIEWER: DOES THE RANGE SELECTED REPRESENT NET GAIN OR NET LOSS?

NET GAIN ............................................. 1
NET LOSS ............................................. 2

[Code One]

SHOW CARD IN-3.

Aside from what you already told me about, has anyone in the family received any other income, such as income from another source listed on this card?

YES ............................................. 1
NO ................................................. 2
REF .................................................. -7
DK ................................................... -8

PRESS F1 FOR DEFINITIONS OF SHOW CARD CATEGORIES.

----------------------------------------------------
| IF IN63 IS CODED '1' (YES), CYCLE TO COLLECT THE |
| NEXT OTHER INCOME CATEGORY.                     |
----------------------------------------------------

| OTHERWISE END LOOP_09, AND CONTINUE WITH BOX_04 |
----------------------------------------------------
IN64
====

OMITTED.
Managed Care (MC) Section

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT........}  {STR-DT}  {END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Now I will ask you a few questions about how (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {works/worked} for non-emergency care {on (END DATE)}.

We are interested in knowing if (POLICYHOLDER)'s (ESTABLISHMENT) plan is an HMO, that is, a Health Maintenance Organization. With an HMO, you must generally receive care from HMO physicians. For other doctors, the expense is not covered unless you were referred by the HMO or there was a medical emergency.

{When answering this question, do not consider (POLICYHOLDER)'s insurance through Medicare.}

{Is/Was} (POLICYHOLDER)'s (INSURER NAME) an HMO {on (END DATE)}?

YES .................................... 1 {MC05}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HMO.

---------------------------------------------------------------------------------------------------
| DISPLAY 'works' AND 'Was' IF NOT ROUND 5. DISPLAY 'worked' AND 'Is' IF ROUND 5. |
| DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY 'When answering this question, do not consider (POLICYHOLDER)'s insurance through Medicare.' IF POLICYHOLDER BEING ASKED ABOUT IS ALSO COVERED BY MEDICARE. OTHERWISE, USE A NULL |
---------------------------------------------------------------------------------------------------
INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{{(Do/Does)/As of (END DATE), did} (POLICYHOLDER)’s insurance plan require (POLICYHOLDER) to sign up with a certain primary care doctor, group of doctors, or a certain clinic which (POLICYHOLDER) must go to for all of (POLICYHOLDER)’s routine care?

PROBE: Do not include emergency care or care from a specialist you were referred to.

YES .................................... 1 {MC04}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.
MC03
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT........}  {STR-DT}  {END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Is/As of (END DATE), was} there a book or list of doctors associated with the plan?

YES .................................... 1
NO ..................................... 2  {BOX_01}
REF ................................... -7  {BOX_01}
DK .................................... -8  {BOX_01}

----------------------------------------------------
| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'As of (END |  
| DATE), was' IF ROUND 5. |  
| |  
----------------------------------------------------

MC04
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT........}  {STR-DT}  {END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Will/As of (END DATE), would} (POLICYHOLDER)’s plan pay for any of the costs of visits to doctors who are not associated with (POLICYHOLDER)’s plan, even if (POLICYHOLDER) {(do/does)/did} not have a referral?

YES .................................... 1  {BOX_01}
NO ..................................... 2  {BOX_01}
REF ................................... -7  {BOX_01}
DK .................................... -8  {BOX_01}

----------------------------------------------------
| DISPLAY 'Will' AND '{(do/does)/did}' IF NOT ROUND 5.  |  
| DISPLAY 'As of (END DATE), would' AND 'did' IF ROUND 5.  |  
| |  
----------------------------------------------------
{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Will/As of (END DATE), would} (POLICYHOLDER)’s plan pay for any of the costs of visits to doctors who are not part of (POLICYHOLDER)'s HMO, even if (POLICYHOLDER) {(do/does)/did} not have a referral?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| DISPLAY ‘Will’ AND ‘(do/does)’ IF NOT ROUND 5.  |
| DISPLAY ‘As of (END DATE), would’ AND ‘did’ IF |
| ROUND 5.                                          |
----------------------------------------------------

BOX_01
=====

----------------------------------------------------
| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX OR |
| OE.                                               |
----------------------------------------------------
Medical Provider Visits (MV) Section

MV01
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVEN-DATE}

Did (PERSON) visit (PROVIDER) on (VISIT DATE) in person or was this a telephone call?

SAW PROVIDER ........................... 1
TELEPHONE CALL ........................ 2
REF ................................... -7
DK .................................... -8

[Code One]

----------------------------------------------------
| IF MV01 IS CODED ‘1’ (SAW PROVIDER), FLAG EVENT AS |
| ‘MV-IN-PERSON’ AND CONTINUE WITH MV02A           |
----------------------------------------------------

----------------------------------------------------
| IF MV01 IS CODED ‘2’ (TELEPHONE CALL), ‘-7’,       |
| (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG EVENT AS    |
| ‘MV-TELEPHONE’ AND GO TO MV03                    |
----------------------------------------------------

MV02
====

OMITTED.
What kind of place is that -- a managed care plan center or HMO, a clinic, a doctor’s office, or some other place?

DOCTOR’S OFFICE OR GROUP PRACTICE ..... 1
MEDICAL CLINIC ......................... 2
MANAGED CARE PLAN CENTER/HMO ....... 3
NEIGHBORHOOD/FAMILY HEALTH CENTER .... 4
LASER EYE SURGERY CENTER ............ 5
OTHER FREESTANDING SURGICAL CENTER .... 6
RURAL HEALTH CLINIC .................. 7
COMPANY CLINIC ........................ 8
SCHOOL CLINIC .......................... 9
OTHER CLINIC .......................... 10
WALK-IN URGENT CENTER ............... 11
VA FACILITY .......................... 12
COMMUNITY HEALTH CENTER ............ 13
LABORATORY/X-RAY FACILITY ............ 14
SOME OTHER PLACE ...................... 91

[Code One]
MV03
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

{Did (PERSON) see a medical doctor during this particular visit?/Was this telephone call about (PERSON)’s health with a medical doctor?}

YES .................................... 1
NO ..................................... 2 {MV04}
REF ................................... -7 {MV04}
DK .................................... -8 {MV04}

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

----------------------------------------------------
| DISPLAY ’Did (PERSON) see a medical doctor during |
| this particular visit?’ IF MV01 IS CODED ‘1’ (SAW |
| PROVIDER), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) |
| FOR THIS EVENT. |
|
| DISPLAY ’Was this telephone call about (PERSON)’s |
| health with a medical doctor?’ IF MV01 IS CODED |
| ’2’ (TELEPHONE CALL) FOR THIS EVENT. |
----------------------------------------------------
What was the doctor’s specialty?

IF TALKED TO MORE THAN ONE DOCTOR, PROBE FOR MAIN PROVIDER.

ALLERGY/IMMUNOLOGY ............ 1  ONCOLOGY (TUMORS, CANCER) ... 18
ANESTHESIOLOGY .................. 2  OPHTHALMOLOGY (EYES) ......... 19
CARDIOLOGY (HEART) ............. 3  ORTHOPEDICS ................... 20
DERMATOLOGY (SKIN) ............. 4  OSTEOPATHY (DO) ............. 21
ENDOCRINOLOGY/METABOLISM ....... 5  OTORHINOLARYNGOLOGY
  (DIABETES, THYROID) ........... 6  (EAR, NOSE, THROAT) ......... 22
FAMILY PRACTICE ................. 6  PATHOLOGY .................... 23
GASTROENTEROLOGY ............... 7  PEDIATRICIAN ................. 24
GENERAL PRACTICE ............... 8  PHYSICAL MEDICINE/REHAB .... 25
GENERAL SURGERY ...............  9  PLASTIC SURGERY ............. 26
GERIATRICS (ELDERLY) .......... 10  PROCTOLOGY .................. 27
GYNECOLOGY-OBSTETRICS ......... 11  PSYCHIATRY/PSYCHIATRIST ... 28
HEMATOLOGY (BLOOD) ............. 12  PULMONARY ................... 29
HOSPITAL RESIDENCE ............. 13  RADIOLOGY .................... 30
INTERNAL MEDICINE ............. 14  RHEUMATOLOGY (ARTHРИTIS) ... 31
  (INTERNIST) ................... 14  THORACIC SURGERY (CHEST) ... 32
NEPHROLOGY (KIDNEYS) .......... 15  UROLOGY ..................... 33
NEUROLOGY ..................... 16  OTHER DR SPECIALTY .......... 91
NUCLEAR MEDICINE ............. 17

[Code One]

<table>
<thead>
<tr>
<th>GO TO BOX_01</th>
</tr>
</thead>
</table>
What type of medical person did (PERSON) talk to on (VISIT DATE)?

IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN PROVIDER.

CHIROPRACTOR ......................... 1
DENTIST/DENTAL CARE PERSON .......... 2
MIDWIFE ................................. 3
NURSE/NURSE PRACTITIONER .......... 4
OPTOMETRIST ............................ 5
PODIATRIST .............................. 6
PHYSICIAN’S ASSISTANT ............... 7
PHYSICAL THERAPIST ................... 8
OCCUPATIONAL THERAPIST .......... 9
PSYCHOLOGIST ........................... 10
SOCIAL WORKER .......................... 11
TECHNICIAN .............................. 12
RECEPTIONIST, CLERK, SECRETARY .... 13
ACUPUNCTURIST ......................... 14
MASSAGE THERAPIST .................... 15
HOMEOPATHIC/NATUROPATHIC/HERBALIST .... 16
OTHER ALTERNATIVE/COMPLEMENTARY CARE PROVIDER .................. 17
OTHER .................................... 91
REF ..................................... -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
MV05
====

OMITTED.

BOX_01
=====

----------------------------------------------------
| IF MV01 IS CODED '1' (SAW PROVIDER) AND MV03 IS   |
| CODED '1' (YES), GO TO MV07                        |
----------------------------------------------------

----------------------------------------------------
| IF MV01 IS CODED '2' (TELEPHONE CALL), '-7'       |
| (REFUSED), OR '-8' (DON'T KNOW) AND MV03 IS CODED |
| '1' (YES), GO TO MV08                             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH MV06                      |
----------------------------------------------------
MV06
===

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

TYPE OF PERSON HAD CONTACT: {MEDICAL PERSON TYPE FROM MV04}

CODE WITHOUT ASKING IF OBVIOUS. OTHERWISE, ASK:

Do any medical doctors work at {the same location as (PROVIDER)/(PROVIDER)}?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

----------------------------------------------------
| DISPLAY ‘the same location as (PROVIDER)’ IF PROVIDER IS FLAGGED AS ‘PERSON-TYPE-PROVIDER’. |
| DISPLAY ‘(PROVIDER)’ IF PROVIDER IS FLAGGED AS ‘FACILITY-PROVIDER’. |
----------------------------------------------------
FOR ‘MEDICAL PERSON TYPE FROM MV04’, DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT MV04:

- CODE ‘1’ = CHIROPRACTOR
- CODE ‘2’ = DENTIST/DENTAL CARE PERSON
- CODE ‘3’ = MIDWIFE
- CODE ‘4’ = NURSE/NURSE PRACTITIONER
- CODE ‘5’ = OPTOMETRIST
- CODE ‘6’ = PODIATRIST
- CODE ‘7’ = PHYSICIAN’S ASSISTANT
- CODE ‘8’ = PHYSICAL THERAPIST
- CODE ‘9’ = OCCUPATIONAL THERAPIST
- CODE ‘10’ = PSYCHOLOGIST
- CODE ‘11’ = SOCIAL WORKER
- CODE ‘12’ = TECHNICIAN
- CODE ‘13’ = RECESSIONIST/CLERK/SECRETARY
- CODE ‘14’ = ACUPUNCTURIST
- CODE ‘15’ = MASSAGE THERAPIST
- CODE ‘16’ = HOMEOPATHIC/NATUROPATHIC/HERBALIST
- CODE ‘17’ = OTHER ALTERNATIVE/COMPLEMENTARY CARE PROVIDER
- CODE ‘91’ = OTHER
- CODE ‘-7’ = REFUSED PROVIDER TYPE
- CODE ‘-8’ = DON’T KNOW PROVIDER TYPE

IF MV01 IS CODED ‘2’ (TELEPHONE CALL), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO MV08

OTHERWISE, CONTINUE WITH MV07
MV07
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

SHOW CARD MV-1.

Please look at this card and tell me which category best describes the care (PERSON) received during the visit to (PROVIDER) on (VISIT DATE)?

GENERAL CHECKUP ......................... 1
DIAGNOSIS OR TREATMENT .................. 2
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 3
PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING ......................... 4
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5
IMMUNIZATIONS OR SHOTS .................... 6
VISION EXAM ............................... 7
MATERNITY CARE (PRE/POSTNATAL) ........... 8
WELL CHILD EXAM ........................... 9
LASER EYE SURGERY .......................... 10
OTHER .................................... 91
REF ..................................... -7
DK ..................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

------------------------------------------------------------------------
| EDITS: IF MV07 IS CODED ‘8’ (MATERNITY CARE (PRE/POSTNATAL)), CHECK THAT PERSON IS FEMALE. |
| IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER. |
| EDITS: IF MV07 IS CODED ‘9’ (WELL CHILD EXAM), CHECK THAT PERSON IS < 7 YEARS OLD (OR AGE CATEGORIES 1 THROUGH 3). IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE UNAVAILABLE FOR PERSONS 7 AND OLDER. VERIFY AND RE-ENTER. |
------------------------------------------------------------------------
MV08
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

Was this {visit/telephone call} related to any specific health condition or were any conditions discovered during this {visit/telephone call}?

YES .................................... 1
NO ..................................... 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK ..................................... -8 {BOX_02}

----------------------------------------------------
| DISPLAY ‘visit’ IF MV01 IS CODED ‘1’ (SAW PROVIDER), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) FOR THIS EVENT. DISPLAY ‘telephone call’ IF MV01 IS CODED ‘2’ (TELEPHONE CALL) FOR THIS EVENT. |
{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

What conditions were discovered or led (PERSON) to make this {visit/telephone call}?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]

-----------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- | |
| MEDICAL-CONDITIONS-ROSTER. | |
-----------------------------------------------------------------------

-----------------------------------------------------------------------
| DISPLAY ‘visit’ IF MV01 IS CODED ‘1’ (SAW PROVIDER), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) |
| FOR THIS EVENT. DISPLAY ‘telephone call’ IF MV01 IS CODED ‘2’ (TELEPHONE CALL) FOR THIS EVENT. |
-----------------------------------------------------------------------
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’
MEPS FAMES Panel 10 Round 5 Medical Provider Visits (MV) Section
November 20, 2006

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| IF MV04 IS CODED '2' (DENTIST/DENTAL CARE PERSON), |
| '3' (MIDWIFE), '5' (OPTOMETRIST), OR '13'         |
| (RECEPTIONIST, CLERK, SECRETARY), GO TO MV11      |
---------------

---------------

| OTHERWISE, CONTINUE WITH MV10                      |
---------------

MV10
====

(Person’s First Middle and Last Name)   (Name of Medical Care Provider.....)   (Evn-Dt)

Show Card MV-2.

Looking at this card, which of these treatments, if any, did (Person) receive during this visit?

Code ‘95’ if no treatments were received.
Code all that apply.

- Physical therapy ..................... 1
- Occupational therapy .................. 2
- Speech therapy ........................ 3
- Chemotherapy .......................... 4
- Radiation therapy ..................... 5
- Kidney dialysis ....................... 6
- IV therapy ............................ 7
- Drug or alcohol treatment ............. 8
- Allergy shot .......................... 9
- Psychotherapy/Counseling ............. 10
- Shots, other than allergy ............ 11
- No treatments received ............... 95
- Ref .................................... -7
- Dk ..................................... -8

[Code All That Apply]

Press F1 for definitions of answer categories.
ALLOW CODE '95' (NO TREATMENTS RECEIVED), '-7' (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.

EDIT: IF CODED '95' (NO TREATMENTS RECEIVED), NO OTHER TREATMENT CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.'

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

- CODE '1' = 'PHYS'
- CODE '2' = 'OCCPT'
- CODE '3' = 'SPCH'
- CODE '4' = 'CHEMO'
- CODE '5' = 'RADIA'
- CODE '6' = 'KIDNY'
- CODE '7' = 'IV'
- CODE '8' = 'DRUG'
- CODE '9' = 'ALRGY'
- CODE '10' = 'PSYCH'
- CODE '11' = 'SHOTS'
- CODE '95' = 'NONE'

NOTE: 'NO TREATMENT RECEIVED' IS NOT DISPLAYED ON SHOW CARD.
MV11
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER......}   {EVN-DT}

SHOW CARD MV-3.

Looking at this card, which of these services, if any, did (PERSON) have during this visit?

CODE ‘95’ IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.

LABORATORY TESTS ....................... 1
SONOGRAM OR ULTRASOUND ............... 2
X-RAYS .................................... 3
MAMMOGRAM .............................. 4
MRI OR CATSCAN .......................... 5
EKG OR ECG .............................. 6
EEG .................................... 7
VACCINATION ............................. 8
ANESTHESIA .............................. 9
OTHER DIAGNOSTIC TEST ................. 10
NO SERVICES RECEIVED .................. 95
REF ................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| ALLOW CODE ‘4’ (MAMMOGRAM) ONLY IF PERSON IS |
| FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4 |
| THROUGH 9).                                    |
----------------------------------------------------

----------------------------------------------------
| ALLOW CODE ‘95’ (NO SERVICES RECEIVED), ‘-7’ |
| (REFUSED), AND ‘-8’ (DON’T KNOW) AS ENTRIES IN |
| THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES |
| MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. |
| CODE ‘95’ WILL NOT APPEAR AS A RESPONSE CATEGORY |
| ON THE SCREEN.                                  |
----------------------------------------------------
Was a surgical procedure performed on (PERSON) during this visit?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.
OMITTED.

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

During this {visit/telephone call}, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES .................................... 1
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.
Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescribed medicines from this visit that were filled?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]
<table>
<thead>
<tr>
<th>IF MV01 IS CODED '1' (SAW PROVIDER), CONTINUE WITH BOX_05</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF MV01 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO THIS PROVIDER FOR THIS PERSON, GO TO BOX_07</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH BOX_06</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS PERSON HAVE NOT COMPLETED THE MEDICAL PROVIDER VISITS UTILIZATION MODULE AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, CONTINUE WITH MV16</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_07</td>
</tr>
</tbody>
</table>

15-19
Earlier I recorded that (PERSON) had some other visits to (PROVIDER). Were any of these visits related to any condition associated with (PERSON)’s visit on (VISIT DATE)? That is, were any of the other visits for the (READ CONDITIONS BELOW) and did (PERSON) receive ((READ SERVICES BELOW)/the same services)?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PERSON’S MV MEDICAL CONDITION.)</td>
<td>(SERVICES RECEIVED..)</td>
</tr>
<tr>
<td>(PERSON’S MV MEDICAL CONDITION.)</td>
<td>(SERVICES RECEIVED..)</td>
</tr>
<tr>
<td>(PERSON’S MV MEDICAL CONDITION.)</td>
<td>(SERVICES RECEIVED..)</td>
</tr>
</tbody>
</table>

YES .................................... 1  
NO ..................................... 2 (BOX_07)  
REF ................................... -7 (BOX_07)  
DK .................................... -8 (BOX_07)  

PRESS F1 FOR DEFINITION OF REPEAT VISITS.
FOR ‘PERSON’S MV MEDICAL CONDITION.’, DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON’S-MEDICAL-CONDITIONS-ROSTER AT MV09.

FOR ‘SERVICES RECEIVED..’, DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT MV11:

- CODE ‘1’ = LABORATORY TESTS
- CODE ‘2’ = SONOGRAM/ULTRASOUND
- CODE ‘3’ = X-RAYS
- CODE ‘4’ = MAMMOGRAM
- CODE ‘5’ = MRI/CATSCAN
- CODE ‘6’ = EKG/ECG
- CODE ‘7’ = EEG
- CODE ‘8’ = VACCINATION
- CODE ‘9’ = ANESTHESIA
- CODE ‘10’ = OTHER SERVICES
MV17
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

Did any of these visits or calls cost the same amount as (PERSON)’s visit on (VISIT DATE)?

YES .................................... 1
NO ..................................... 2 {BOX_07}
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

PRESS F1 FOR DEFINITION OF COST THE SAME AMOUNT.

----------------------------------------------------
| NOTE: THE ISSUES OF COST WHEN THE PERSON HAS A |
| COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE |
| HANDLED IN THE F1 DEFINITION.                     |
----------------------------------------------------

MV18
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

Which of the following visits were related to the (READ CONDITIONS BELOW) and {(READ SERVICES BELOW)/the same services} and cost the same amount as the (VISIT DATE) visit we’ve just talked about?

PROBE: Any other visits related to this condition and cost the same amount?

CONDITIONS          SERVICES
{PERSON’S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON’S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON’S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. Month,Day,Year-4]
[2. Month,Day,Year-4]
[3. Month,Day,Year-4]
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EVENTS (DATES) IN PERSON’S-MEDICAL-EVENTS-ROSTER THAT WERE CREATED THIS ROUND, ARE NOT YET PROCESSED IN UTILIZATION, HAVE EVENT TYPE ‘MV’, AND ARE ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT BEING ASKED ABOUT.

DISPLAY '(READ SERVICES BELOW)' IF MV11 IS NOT CODED ‘95’ (NO SERVICES), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW). IF MV11 IS CODED ‘95’ (NO SERVICES), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), DISPLAY ‘the same services’.

FOR ‘PERSON’S MV MEDICAL CONDITION.’, DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON’S-MEDICAL-CONDITIONS-ROSTER AT MV09.

FOR ‘SERVICES RECEIVED..’, DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT MV11:

CODE ‘1’ = LABORATORY TESTS
CODE ‘2’ = SONOGRAM/ULTRASOUND
CODE ‘3’ = X-RAYS
CODE ‘4’ = MAMMOGRAM
CODE ‘5’ = MRI/CATSCAN
CODE ‘6’ = EKG/ECG
CODE ‘7’ = EEG
CODE ‘8’ = VACCINATION
CODE ‘9’ = ANESTHESIA
CODE ‘10’ = OTHER SERVICES

FLAG EACH VISIT SELECTED AT MV18 AS A REPEAT VISIT RELATED TO THE EVENT BEING ASKED ABOUT.

FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT VISIT AS ‘PROCESSED’.

LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH THE EVENT BEING ASKED ABOUT WITH EACH REPEAT VISIT.

THE EVENT DRIVER WILL NOT SERVE THESE REPEAT VISITS FOR THE MV SECTION.
MV19
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

INTERVIEWER: RECORD ‘NAME OF REPEAT VISIT GROUP’ FOR EVENTS SELECTED IN PREVIOUS QUESTION:

[Enter Repeat Visit Group]

BOX_07
====

----------------------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS MEDICAL PROVIDER VISIT (MV) |
| EVENT, GO TO THE CHARGE/PAYMENT (CP) SECTION |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION |
----------------------------------------------------

15-24
IF ONE OR MORE RU MEMBERS STILL HOLD A ‘CURRENT MAIN’ OR ‘CURRENT MISCELLANEOUS’ JOB THIS ROUND THAT WAS REPORTED DURING THE PREVIOUS ROUND AS PROVIDING HEALTH INSURANCE ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW, THAT IS:

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE RU MEET THE FOLLOWING CONDITIONS:
- RJ01 OR RJ06 WAS CODED ‘1’ (YES) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS ‘PROVIDES HEALTH INSURANCE’ AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ01 WAS CODED ‘1’ (WHOLE TIME) OR HQ02 WAS CODED ‘1’ (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE-1,

CONTINUE WITH LOOP_01

OTHERWISE, GO TO BOX_10

NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND’S INTERVIEW DATE, THE FIFTH CONDITION IN THE ABOVE BOX CAN BE MET IF AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER’S INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE. THE LOOP WILL CYCLE ON THE POLICYHOLDER’S NAME.
NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE
POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED,
INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT
ROUND’S INTERVIEW DATE, BUT WHERE THE
ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO
ARE STILL RU MEMBERS MAY STILL QUALIFY FOR LOOP_01.

LOOP_01
=======

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-
PAIRS-ROSTER, ASK OE01 - END_LP01.

LOOP DEFINITION:

LOOP_01 COLLECTS INFORMATION ABOUT THE
CONTINUATION OF INSURANCE COVERAGE THROUGH A
‘CURRENT MAIN’ OR ‘CURRENT MISCELLANEOUS’ JOB THAT
WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED ‘1’ (YES) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS ‘PROVIDES HEALTH INSURANCE’ AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ01 WAS CODED ‘1’ (WHOLE TIME) OR HQ02 WAS CODED ‘1’ (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE-1
OE01
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT.........}    {STR-DT}
{END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health insurance. {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES ...................................  1 {BOX_02}
NO ....................................  2
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

| DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY |
| '(Was/Were)' IF ROUND 5. |
| |
| DISPLAY 'today,' IF NOT ROUND 5. OTHERWISE, USE A |
| NULL DISPLAY. |
On what date did (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8

--- EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED ---

--- IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE02OV ---

--- OTHERWISE, GO TO BOX_02 ---

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ......................... 1
PART OF THE MONTH .................... 2
REF ................................... -7
DK .................................... -8

[Code One]
BOX_02
======

-----------------------------------------------
| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT |
| THE PREVIOUS ROUND’S INTERVIEW DATE BY THE       |
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,   |
| AUTOMATICALLY CODE OE03 AS ‘1’ (YES) AND GO TO   |
| BOX_03                                           |

-----------------------------------------------
| OTHERWISE, CONTINUE WITH OE03                   |
-----------------------------------------------
OE03
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT...........)    (STR-DT)
(END-DT)

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT).

{Are/Were} they all covered by this health insurance {until
{{OE02 DATE}/it ended}/on (END-DT)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

| YES ...................................  1 |
| NO ....................................  2 |
| REF ................................... -7 |
| DK .................................... -8 |

------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB- |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S |
| INTERVIEW DATE BY THE INSURANCE FROM THIS |
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |
| POLICYHOLDER |
| - PERSON IS AN RU MEMBER |
------------------------------------------------------------------------

------------------------------------------------------------------------
| DISPLAY ‘Are’ IF OE01 IS CODED ‘1’ (YES). |
| DISPLAY ‘Were’ IF OE01 IS CODED ‘2’ (NO) OR IF |
| CURRENT ROUND IS ROUND 5. |
| DISPLAY ‘until {OE02 DATE}’ IF OE01 IS CODED ‘2’ |
| (NO). |
| DISPLAY ‘on (END-DT)’ IF OE01 IS CODED ‘1’ (YES). |
| DISPLAY THE DATE RECORDED AT OE02 FOR ‘OE02 DATE’. |
| IF THE MONTH AND DAY FIELD AT OE02 IS CODED ‘-7’ |
| (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ |
| FOR ‘OE02 DATE’. |
------------------------------------------------------------------------

27-170
BOX_03

----------------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO THE END DATE OF THE CURRENT ROUND, THAT IS: |
| IF OE01 IS CODED '1' (YES) AND OE03 IS CODED '1' |
| (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |
| THE REFERENCE PERIOD END DATE AND |
| GO TO BOX_05 |
----------------------------------------------------

----------------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO PART OF THE CURRENT ROUND, THAT IS:            |
| IF OE01 IS CODED '2' (NO) AND OE03 IS CODED '1'   |
| (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |
| THE DATE RECORDED AT OE02 AND |
| GO TO BOX_05 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (I.E., OE03 CODED '2' (NO), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW)), |
| CONTINUE WITH OE04 |
----------------------------------------------------
OE04
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT...........}    {STR-DT}
{END-DT}

Who {is/was} no longer covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {until {{OE02 DATE}/it ended}/on
(END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S
| INTERVIEW DATE BY THE INSURANCE FROM THIS
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE
| POLICYHOLDER
| - PERSON IS AN RU MEMBER
|----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘is’ IF OE01 IS CODED ‘1’ (YES).
| DISPLAY ‘was’ IF OE01 IS CODED ‘2’ (NO) OR IF
| CURRENT ROUND IS ROUND 5.
| DISPLAY ‘until {OE02 DATE}’ IF OE01 IS CODED ‘2’
| (NO).
| DISPLAY ‘on (END-DT)’ IF OE01 IS CODED ‘1’ (YES).
| DISPLAY THE DATE RECORDED AT OE02 FOR ‘OE02 DATE’.
| IF THE MONTH AND DAY FIELD AT OE02 IS CODED ‘-7’
| (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’
| FOR ‘OE02 DATE’.

27-172
IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED ‘1’) (YES)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE04 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED ‘2’) (NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE04 AS ‘CONTINUOUS COVERAGE’ FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE02.

LOOP_02
======

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE05 - END_LP02.

LOOP DEFINITION: LOOP_02 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE02. THIS LOOP CYCLES ON PERSONS SELECTED AT OE04.
OE05
=====

(Person’s First Middle and Last Name)   (Name of Establishment.........)   (STR-DT)   (END-DT)

On what date did the health insurance through (Establishment) end for (Person)?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8

--------------------------------------------------------------------
| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE05OV |
--------------------------------------------------------------------

--------------------------------------------------------------------
| OTHERWISE, GO TO BOX_04 |
--------------------------------------------------------------------

OE05OV
=====

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ........................ 2
REF ................................... -7
DK .................................... -8

[Code One]

BOX_04
=====

--------------------------------------------------------------------
| FLAG INSURANCE FOR PERSON AS ‘CONTINUOUS COVERAGE’ THROUGH THE COMPLETE DATE RECORDED AT OE05 AND OE05OV. |
--------------------------------------------------------------------
END_LP02

--------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION.                  |
--------------

--------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH BOX_05            |
--------------

BOX_05

--------------
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY |
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,|
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE     |
| PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU |
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE04),|
| CONTINUE WITH OE06                               |
--------------

-------------
| OTHERWISE, GO TO OE08A                           |
-------------
OE06
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT.........}    {STR-DT}
{END-DT}

(Since (START DATE)/Between (START DATE) and (END DATE)), have
any persons living here, we have not yet mentioned, been covered
by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ...................................  1
NO ....................................  2 {OE08A}
REF .................................... -7 {OE08A}
DK .................................... -8 {OE08A}

PRESS F1 FOR DEFINITION OF DEPENDENT.

-------------------------------------------------------------------------------------------------------------------
<p>| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. | DISPLAY ‘Between (START DATE) and (END DATE)’ IF |</p>
<table>
<thead>
<tr>
<th>ROUND 5.</th>
</tr>
</thead>
</table>
OE07
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT............)   {STR-DT}
(STR-DT)

Who {has been/was} covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)
and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {since (START DATE)/between
(START DATE) and (END DATE)} that we have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
| PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.      |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON |
| THIS ROSTER.                                      |
----------------------------------------------------

----------------------------------------------------
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER.                         |
----------------------------------------------------

----------------------------------------------------
| IF ‘PERSON NOT LISTED IN RU’ IS SELECTED, FLAG    |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| AS ‘COVERING PERSON NOT LISTED IN RU’.            |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘has been’ AND ‘since (START DATE)’ IF NOT |
| ROUND 5. DISPLAY ‘was’ AND ‘between (START DATE) |
| and (END DATE)’ IF ROUND 5.                        |
----------------------------------------------------

27-177
MEPS FAMES Panel 10 Round 5 Old Employment and Private Related Insurance (OE) Section
November 20, 2006

LOOP_03
======

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-   |
| PERS-TRPLS-ROSTER, ASK OE08 - END_LP03.           |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_03 COLLECTS THE COVERAGE     |
| START DATE FOR ALL PERSONS NEWLY COVERED DURING    |
| THE CURRENT ROUND BY THE INSURANCE THROUGH THIS    |
| ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON     |
| PERSONS SELECTED AT OE07.                          |
----------------------------------------------------

OE08
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF
ESTABLISHMENT.........}    {STR-DT}
{END-DT}

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T|
| KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) |
| OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE08OV        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_06                          |
----------------------------------------------------
Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH .....................  2
REF ................................... -7
DK .................................... -8

[Code One]

EDIT: COMPLETE DATE AT OE08 MUST BE < THAN COMPLETE DATE AT OE02 IF A DATE IS RECORDED AT OE02 OR < THAN REFERENCE PERIOD END DATE IF NO DATE IS RECORDED AT OE02.

---

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED ‘1’ (YES)), FLAG INSURANCE FOR THIS PERSON AS ‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE08 UNTIL THE REFERENCE PERIOD END DATE.

---

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED ‘2’ (NO)), FLAG INSURANCE FOR THIS PERSON AS ‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE08 UNTIL DATE RECORDED AT OE02.
END_LP03

-------------------------------------
| CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD- |
| PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED |
| IN THE LOOP DEFINITION. |
-------------------------------------

-------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_03 AND GO TO BOX_07 |
-------------------------------------

OE08A

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT........}  {STR-DT}
{END-DT}

(Does/Between (START DATE) and (END DATE), did) {POLICYHOLDER)'s
health coverage through (ESTABLISHMENT) cover as dependents any
persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

-------------------------------------
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |
| (START DATE) and (END DATE), did' IF ROUND 5. |
-------------------------------------

-------------------------------------
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
| LISTED IN RU' IN OE07 |
-------------------------------------

27-180
BOX_07
=======

<p>| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE |
| INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR   |
| ON THE CURRENT ROUND’S INTERVIEW DATE, THAT IS,   |</p>
<table>
<thead>
<tr>
<th>OE01 IS CODED ‘1’ (YES), CONTINUE WITH BOX_07A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP01</th>
</tr>
</thead>
</table>

BOX_07A
=======

<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH OE09A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO OE09</th>
</tr>
</thead>
</table>
For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a paycheck.]

YES, PAY ALL OF PREMIUM/COST ............ 1
YES, PAY SOME OF PREMIUM/COST ........... 2
YES, BUT DON’T KNOW IF PAY ALL OR SOME OF PREMIUM/COST ........................... 3
NO, DO NOT PAY .................................. 4 {OE09AAA}
REF ........................................... -7 {OE09}
DK ............................................. -8 {OE09}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
OE09AA
======

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.........} {STR-DT}

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT) coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF ................................... -7 {BOX_08A}
DK .................................... -8 {BOX_08A}

----------------------------------------------------
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |
| DISPLAYED HERE FOR THE INSURANCE FROM A |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |
| DIRECTLY PURCHASED CATEGORY. |
----------------------------------------------------

OE09AAOV1
=======

ENTER UNIT OF COVERAGE:

PER YEAR ............................... 1 {BOX_08A}
QUARTERLY/EVERY 3 MONTHS ............... 2 {BOX_08A}
BIMONTHLY/EVERY 2 MONTHS ............... 3 {BOX_08A}
PER MONTH .............................. 4 {BOX_08A}
PER WEEK ............................... 5 {BOX_08A}
BIWEEKLY/EVERY 2 WEEKS ................. 6 {BOX_08A}
SEMI-ANNUALLY/2 TIMES PER YEAR ......... 7 {BOX_08A}
SEMI-MONTHLY/2 TIMES PER MONTH ........ 8 {BOX_08A}
OTHER ................................. 91
REF ................................... -7 {BOX_08A}
DK .................................... -8 {BOX_08A}

[Code One]

27-183
ENTER OTHER:

[Enter Other Specify] ..................
REF ..................................  -7
DK ....................................  -8

-----------

<p>| IF OE09A IS CODED '1' (YES, PAY ALL OF PREMIUM/ |</p>
<table>
<thead>
<tr>
<th>COST), GO TO OE09</th>
</tr>
</thead>
</table>

-----------

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH OE09AAA</th>
</tr>
</thead>
</table>
OE09AAA
========

Who (else) pays (some of/for) the premium or cost of this insurance?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Government</td>
<td>1</td>
</tr>
<tr>
<td>State Government</td>
<td>2</td>
</tr>
<tr>
<td>Local Government</td>
<td>3</td>
</tr>
<tr>
<td>Some Government</td>
<td>4</td>
</tr>
<tr>
<td>Employer</td>
<td>5</td>
</tr>
<tr>
<td>Union</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>91</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code All That Apply]

---

<table>
<thead>
<tr>
<th>Code All That Apply</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DISPLAY 'else' IF OE09A IS CODED '2' (YES, PAY</td>
</tr>
<tr>
<td></td>
<td>SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW</td>
</tr>
<tr>
<td></td>
<td>IF PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE,</td>
</tr>
<tr>
<td></td>
<td>USE A NULL DISPLAY</td>
</tr>
<tr>
<td></td>
<td>DISPLAY 'some of' IF OE09A IS CODED '2' (YES, PAY</td>
</tr>
<tr>
<td></td>
<td>SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW</td>
</tr>
<tr>
<td></td>
<td>IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for'</td>
</tr>
<tr>
<td></td>
<td>IF OE09A IS CODED '4' (NO, DO NOT PAY).</td>
</tr>
<tr>
<td></td>
<td>IF CODED '91' (OTHER), ALONE OR IN COMBINATION</td>
</tr>
<tr>
<td></td>
<td>WITH ANY OTHER CODE, CONTINUE WITH OE09AAAOV</td>
</tr>
<tr>
<td></td>
<td>OTHERWISE, GO TO OE09</td>
</tr>
</tbody>
</table>

OE09AAAOV
=========

ENTER OTHER:

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Other Specify]</td>
<td></td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>
(POLICYHOLDER’S FIRST MIDDLE LAST NAME)    {NAME OF ESTABLISHMENT.........}    (STR-DT)    (END-DT)

{Last time we recorded that (POLICYHOLDER) (were/was) covered by (READ INSURER NAME(S) BELOW).} 

{Since (START DATE), has there been/Between (START DATE) and (END DATE), was there} any change in the plan name of the health insurance (POLICYHOLDER) {has/had} through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ...................................  1
NO ....................................  2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

-------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-|
| ROSTER THAT ARE FLAGGED AS ‘SUPPLYING HOSPITAL AND PHYSICIAN BENEFITS’ AND/OR ‘SUPPLYING MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS’ AND ARE ASSOCIATED WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. |
-------------------------------------------------------------------------------

-------------------------------------------------------------------------------
| DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME DURING THE PREVIOUS ROUND. |
-------------------------------------------------------------------------------

-------------------------------------------------------------------------------
| DISPLAY ‘Since (START DATE), has there been’ AND ‘has’ IF NOT ROUND 5. DISPLAY ‘Between (START DATE) and (END DATE), was there’ AND ‘had’ IF ROUND 5. |
-------------------------------------------------------------------------------
IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT ROUND’S INSURER FOR THIS ESTABLISHMENT-PERSON-PAIR.

----------------------------------------------------

<table>
<thead>
<tr>
<th>27-187</th>
</tr>
</thead>
</table>
SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER) {now} have through (ESTABLISHMENT)’s new plan {on (END DATE)}?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS,
   INCLUDING COVERAGE THROUGH AN HMO ... 1
DENTAL ....................................... 2
PRESCRIPTION DRUGS ..................... 3
VISION ....................................... 4
MEDICARE SUPPLEMENT/MEDIGAP .......... 5
LONG TERM CARE IN A NURSING HOME ...... 6
EXTRA CASH FOR HOSPITAL STAYS ........ 7
SERIOUS DISEASE OR DREAD DISEASE ...... 8
DISABILITY ................................. 9
WORKER’S COMPENSATION ............... 10
ACCIDENT ................................. 11
OTHER ...................................... 91
REF ................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]
<p>| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |</p>
<table>
<thead>
<tr>
<th>WITH ANY OTHER CODES, CONTINUE WITH OE100V</th>
</tr>
</thead>
<tbody>
<tr>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_08</td>
</tr>
<tr>
<td>------------------------------------------------</td>
</tr>
</tbody>
</table>

---

OE100V

ENTER OTHER:

[Enter Other Specify] .................
REF ..................................... -7
DK ..................................... -8

---

BOX_08

<p>| IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN |
| BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP), |
| ALONE OR WITH ANY OTHER COMBINATION OF CODES, |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH OE11</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP01</th>
</tr>
</thead>
</table>

<p>| NOTE: ALL ESTABLISHMENTS WHICH ARE BEING LOOPED |
| ON HERE ARE EMPLOYERS. THEREFORE, IT IS NOT |
| NECESSARY TO AUTOMATICALLY CODE OE11 IF THE |
| ESTABLISHMENT IS AN INSURANCE CO. OR HMO (BECAUSE |</p>
<table>
<thead>
<tr>
<th>WE KNOW IT IS NOT).</th>
</tr>
</thead>
</table>

27-189
OE11
=====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

What is the new plan name for (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) which provides the {hospital
and physician benefits/Medicare Supplement or Medigap benefit}?

IF MORE THAN ONE NAME, PROBE:  What is the main new plan name?
RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL
AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

NAME OF INSURER: [Enter Insurer]     TYPE: 1 = INSURANCE COMPANY
2 = HMO
3 = COMPANY IS SELF-INSURED

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

-----------------------------------------------------
| DISPLAY 'hospital and physician benefits' AND      |
| 'HOSPITAL' IF OE10 IS CODED '1' (HOSPITAL AND      |
| PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE    |
| SUPPLEMENT/MEDIGAP).  DISPLAY 'Medicare supplement  |
| or Medigap benefits’ AND 'MEDIGAP' IF OE10 IS CODED|
| '5' (MEDICARE SUPPLEMENT/MEDIGAP).                  |
|-----------------------------------------------------

-----------------------------------------------------
| WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER-    |
| TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS       |
| ESTABLISHMENT-PERSON-PAIR.                         |
|-----------------------------------------------------

-----------------------------------------------------
| FLAG INSURER(S) COLLECTED AT OE11 AS CURRENT       |
| ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON- |
| PAIR.                                             |
|-----------------------------------------------------

27-190
IF OE10 IS CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO AS ‘SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)’ FOR THE CURRENT ROUND.

IF OE10 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO AS ‘SUPPLYING HOSPITAL/PHYSICIAN BENEFITS’ FOR THE CURRENT ROUND.
LOOP_04

-----------
| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-|  |
| TRIPLES-ROSTER, ASK OE11A - END_LP04.            |  |
-----------

-----------
| LOOP DEFINITION: LOOP_04 COLLECTS OTHER POLICY   |
| NAMES AND MANAGED CARE INFORMATION FOR INSURERS   |
| COLLECTED AT OE11. THIS LOOP CYCLES ON TRIPLES    |
| THAT MEET THE FOLLOWING CONDITIONS:               |
|                                                    |
| - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE|
| BEING ASKED ABOUT                                  |
| - INSURER IS ENTERED AT OE11                      |
-----------

OE11A

-----

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT...........}  {STR-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO
NAME} policy, such as Option A, $100 Deductible Plan, 90/80
Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME .................... 1
NO OTHER NAME .......................... 2 {BOX_09A}
REF .................................... -7 {BOX_09A}
DK ..................................... -8 {BOX_09A}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]
ENTER OTHER NAME:

[Enter Policy Name] .................
REF ................................. -7
DK ................................. -8

----------------------------------------------------
| IF INSURER BEING LOOPED ON IS CODED ‘2’ (HMO) IN |
| OE11_02, CONTINUE WITH OE11B                    |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_09                         |
----------------------------------------------------

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF
ESTABLISHMENT........) {STR-DT}
{END-DT}

INSURER NAME: (NAME OF INSURER BEING LOOPED ON)

Will (POLICYHOLDER)’s plan pay for any of the costs of
visits to doctors who are not part of (POLICYHOLDER)’s
HMO, even if (POLICYHOLDER) (do/does) not have a referral?

YES ..................................... 1 {END_LP04}
NO ...................................... 2 {END_LP04}
REF ..................................... -7 {END_LP04}
DK ..................................... -8 {END_LP04}
BOX_09
=======

| ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER |
| AT COMPLETION OF MANAGED CARE (MC) SECTION,      |
| CONTINUE WITH END_LP04                            |

END_LP04
=======

| CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-    |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION.                   |

| IF NO OTHER INSURERS MEET THE STATED CONDITIONS, |
| END LOOP_04 AND CONTINUE WITH END_LP01           |

END_LP01
=======

| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-|
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN  |
| THE LOOP DEFINITION.                               |

| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_01 AND CONTINUE WITH BOX_10                  |
IF ONE OR MORE RU MEMBERS DOES NOT STILL HOLD A 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS ROUND THAT WAS REPORTED DURING THE PREVIOUS ROUND AS PROVIDING HEALTH INSURANCE ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW, THAT IS:

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE RU MEET THE FOLLOWING CONDITIONS:
- RJ01 OR RJ06 WAS CODED ‘2’ (NO), ‘-7’ (REFUSED), ‘-8’ (DON’T KNOW) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ01 WAS CODED ‘1’ (WHOLE TIME) OR HQ02 WAS CODED ‘1’ (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE-1,

CONTINUE WITH LOOP_05

OTHERWISE, GO TO BOX_19

NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND’S INTERVIEW DATE, THE FIFTH CONDITION IN THE ABOVE BOX CAN BE MET IF AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER’S INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE. COVERAGE FOR THE POLICYHOLDER IS ASSUMED IN THAT CASE AND THE LOOP WILL CYCLE ON THE POLICYHOLDER’S NAME.
NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED, INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT ROUND’S INTERVIEW DATE, BUT WHERE THE ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO ARE STILL RU MEMBERS MAY STILL QUALIFY FOR LOOP_05.

LOOP_05
======

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK OE12-END_LP05.

LOOP DEFINITION:

LOOP_05 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH A NO LONGER HELD ‘CURRENT MAIN’ OR ‘CURRENT MISCELLANEOUS’ JOB THAT WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED ‘2’ (NO), ‘-7’ (REFUSED), ‘-8’ (DON’T KNOW) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS ‘PROVIDES HEALTH INSURANCE’ AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ01 WAS CODED ‘1’ (WHOLE TIME) OR HQ02 WAS CODED ‘1’ (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE-1.
OE12
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health
insurance. {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in
the family covered by (POLICYHOLDER)’s health insurance through
(ESTABLISHMENT) as of {today,} (END DATE)?

YES ...................................  1 {OE16}
NO ....................................  2
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

----------------------------------------------------
<p>| DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY       |
| ‘(Was/Were)’ IF ROUND 5.                          |
|                                                  |
| DISPLAY ‘today,’ IF NOT ROUND 5. OTHERWISE, USE A|</p>
<table>
<thead>
<tr>
<th>NULL DISPLAY.</th>
</tr>
</thead>
</table>

OE13
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

Did the health insurance (POLICYHOLDER) had through
(ESTABLISHMENT) continue for any period of time after
(POLICYHOLDER) stopped working at (ESTABLISHMENT)?

YES ...................................  1
NO ....................................  2 {OE15}
REF ................................... -7 {OE15}
DK .................................... -8 {OE15}
OE14
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

Did that health insurance continue through COBRA?

YES ...................................  1  
NO ....................................  2  
REF ................................... -7  
DK .................................... -8  

PRESS F1 FOR DEFINITION OF COBRA.

OE15
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

On what date did (POLICYHOLDER)’s health insurance through
(ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-4] .........  
REF ................................... -7  
DK .................................... -8  

----------------------------------------------------
<p>| EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED   |
| CANNOT BE AFTER 12/31/2006. IF A DATE AFTER    |
| 12/31/2006 IS ENTERED, DISPLAY THE FOLLOWING    |
| MESSAGE: ‘DATE CANNOT BE AFTER 12/31/2006. IF   |
| INSURANCE ENDED AFTER 12/31/2006, USE CTRL/B TO |</p>
<table>
<thead>
<tr>
<th>BACK-UP AND CHANGE RESPONSE TO OE12.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T</td>
</tr>
<tr>
<td>KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED)</td>
</tr>
<tr>
<td>OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE15OV</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_11</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
</tr>
</tbody>
</table>

27-198
Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1 {BOX_11}
PART OF THE MONTH ..................... 2 {BOX_11}
REF ................................... -7 {BOX_11}
DK .................................... -8 {BOX_11}

[PRESS F1 FOR DEFINITION OF COBRA.

| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT | THE PREVIOUS ROUND’S INTERVIEW DATE BY THE |
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, | AUTOMATICALLY CODE OE17 AS ‘1’ (YES) AND GO TO |
| BOX_12 |

| OTHERWISE, CONTINUE WITH OE17 |

27-199
During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT).

(Are/Were) they all covered by this health insurance (until {OE15 DATE}/it ended)/on (END-DT))?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

YES .............................. 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
- PERSON IS AN RU MEMBER

DISPLAY ‘Are’ IF OE12 IS CODED ‘1’ (YES).
DISPLAY ‘Were’ IF OE12 IS CODED ‘2’ (NO) OR IF CURRENT ROUND IS ROUND 5.
DISPLAY THE DATE RECORDED AT OE15 FOR ‘OE15 DATE’.
IF THE MONTH AND DAY FIELD AT OE15 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ FOR ‘OE15 DATE’.
BOX_12

----------------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO THE END DATE OF THE CURRENT ROUND, THAT IS:    |
| IF OE12 IS CODED '1' (YES) AND OE17 IS CODED '1'  |
| (YES),                                            |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |
| THE REFERENCE PERIOD END DATE AND                |
| GO TO BOX_14                                      |
----------------------------------------------------

----------------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO PART OF THE CURRENT ROUND, THAT IS:            |
| IF OE12 IS CODED '2' (NO) AND OE17 IS CODED '1'   |
| (YES),                                            |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |
| THE DATE RECORDED AT OE15 AND                     |
| GO TO BOX_14                                      |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (I.E., OE17 CODED '2' (NO), '-7'        |
| (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH    |
| OE18                                              |
----------------------------------------------------
OE18
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT...........}    {STR-DT}
{END-DT}

Who {is/was} no longer covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {until {{OE15 DATE}/it ended}/
on (END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB- |
| PLCYHDLR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S |
| INTERVIEW DATE BY THE INSURANCE FROM THIS |
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |
| POLICYHOLDER |</p>
<table>
<thead>
<tr>
<th>- PERSON IS AN RU MEMBER</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY ‘is’ IF OE12 IS CODED ‘1’ (YES). |
| DISPLAY ‘was’ IF OE12 IS CODED ’2’ (NO) OR IF |
| CURRENT ROUND IS ROUND 5. |
| |
| DISPLAY ‘until {OE15 DATE}’ IF OE12 IS CODED ‘2’ |
| (NO). DISPLAY ‘on (END-DT)’ IF OE12 IS CODED ‘1’ |
| (YES). |
| |
| DISPLAY THE DATE RECORDED AT OE15 FOR ‘OE15 DATE’. |
| IF THE MONTH AND DAY FIELD AT OE15 IS CODED ‘-7’ |
| (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ |</p>
<table>
<thead>
<tr>
<th>FOR ‘OE15 DATE’.</th>
</tr>
</thead>
</table>
IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED ‘1’ (YES)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE18 AS ‘CONTINUOUS COVERAGE’ FROM THE REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED ‘2’, (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE18 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE15.

LOOP_06

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE19 - END_LP06.

LOOP DEFINITION: LOOP_06 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE15. THIS LOOP CYCLES ON PERSONS SELECTED AT OE18.
OE19
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF
ESTABLISHMENT.........}    {STR-DT}
{END-DT}

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-4] .........
REF .................................... -7
DK .................................... -8

| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T| KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) |
| OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE19OV |
| OTHERWISE, GO TO BOX_13 |

---------------------------------------------------------------------

OE19OV
======

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH  .....................  2
REF .................................... -7
DK .................................... -8

[Code One]

BOX_13
=====

| FLAG INSURANCE FOR PERSON AS ‘CONTINUOUS COVERAGE’ |
| THROUGH THE COMPLETE DATE RECORDED AT OE19 AND |
| OE19OV.                                          |

---------------------------------------------------------------------
END_LP06

---------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-                 |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS            |
| STATED IN THE LOOP DEFINITION.                             |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,           |
| END LOOP_06 AND CONTINUE WITH BOX_14                      |
---------------------------------------------------------------------

BOX_14

---------------------------------------------------------------------
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY         |
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,      |
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU        |
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE            |
| PREVIOUS ROUND’S INTERVIEW DATE, EXCLUDES RU            |
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE18),      |
| CONTINUE WITH OE20                                      |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO OE22A                                      |
---------------------------------------------------------------------
OE20
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT........)  (STR-DT)
(END-DT)

(Since (START DATE)/Between (START DATE) and (END DATE)), have
any persons living here, that we have not yet mentioned, been
covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ...................................  1
NO .....................................  2 {OE22A}
REF ..................................... -7 {OE22A}
DK ..................................... -8 {OE22A}

PRESS F1 FOR DEFINITION OF DEPENDENT.

-----------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.   |  |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |  |
| ROUND 5.                                      |  |
OE21
=====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF 
ESTABLISHMENT...........)   (STR-DT)
(END-DT)

Who (has been/was) covered by (POLICYHOLDER)’s health insurance 
through (ESTABLISHMENT) (since (START DATE)/between (START DATE) 
and (END DATE)) that we have not yet mentioned?

PROBE: Who else (has been/was) covered by (POLICYHOLDER)’s health 
insurance through (ESTABLISHMENT) (since (START DATE)/between 
(START DATE) and (END DATE)) that we have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
| PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.      |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON |
| THIS ROSTER.                                      |
----------------------------------------------------

----------------------------------------------------
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER.                         |
----------------------------------------------------

----------------------------------------------------
| IF ‘PERSON NOT LISTED IN RU’ IS SELECTED, FLAG |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| AS ‘COVERING PERSON NOT LISTED IN RU’.          |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘has been’ AND ‘since (START DATE)’ IF NOT |
| ROUND 5. DISPLAY ‘was’ AND ‘between (START DATE) |
| and (END DATE)’ IF ROUND 5.                        |
----------------------------------------------------
LOOP_07
=======

| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE22 - END_LP07. |

LOOP DEFINITION: LOOP_07 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE21.

OE22
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF ESTABLISHMENT........}    {STR-DT}    {END-DT}

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ...................................... -7
DK ......................................... -8

IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE22OV

OTHERWISE, GO TO BOX 15

27-208
Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ..................... 2
REF ................................... -7
DK .................................... -8

[Code One]

EDIT: COMPLETE DATE AT OE22 MUST BE < THAN
COMPLETE DATE AT OE15 IF A DATE IS RECORDED AT
OE15 OR < THAN REFERENCE PERIOD END DATE IF NO
DATE IS RECORDED AT OE15.

------------------------------------

IF FAMILY STILL HAS INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED ‘1’
(YES)), FLAG INSURANCE FOR THIS PERSON AS
‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE22
UNTIL THE REFERENCE PERIOD END DATE.

------------------------------------

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH
THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED ‘2’
(NO)), FLAG INSURANCE FOR THIS PERSON AS
‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE22
UNTIL DATE RECORDED AT OE15.

------------------------------------
OE22A

{POLICYHOLDER FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT.........}  {STR-DT}
{END-DT}

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)’s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEPENDENT.
BOX_16
=======

<p>| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| ON THE CURRENT ROUND’S INTERVIEW DATE, THAT IS, |</p>
<table>
<thead>
<tr>
<th>OE12 IS CODED ‘1’ (YES), CONTINUE WITH BOX_16A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP05</th>
</tr>
</thead>
</table>

BOX_16A
=======

<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH OE23A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO OE23</th>
</tr>
</thead>
</table>
OE23A

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT}

For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a paycheck.]

YES, PAY ALL OF PREMIUM/COST ........... 1
YES, PAY SOME OF PREMIUM/COST .......... 2
YES, BUT DON'T KNOW IF PAY ALL OR SOME OF PREMIUM/COST ........................ 3
NO, DO NOT PAY ........................... 4 {OE23AAA}
REF .................................... -7 {OE23}
DK .................................... -8 {OE23}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

-----------------------------------------------
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE | |
| DISPLAYED HERE FOR THE INSURANCE FROM A      | |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM | |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF | |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR   | |
| DIRECTLY PURCHASED CATEGORY.                  | |
-----------------------------------------------
OE23AA
======

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT.........} {STR-DT}

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)
coverage?

PROBE:  Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF ................................... -7 {BOX_17A}
DK .................................... -8 {BOX_17A}

----------------------------------------------------
| NOTE:  THE ESTABLISHMENT NAME WHICH SHOULD BE     |
| DISPLAYED HERE FOR THE INSURANCE FROM A           |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM      |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR       |
| DIRECTLY PURCHASED CATEGORY.                      |
|----------------------------------------------------

OE23AAOV1
=======

ENTER UNIT OF COVERAGE:

PER YEAR ............................... 1 {BOX_17A}
QUARTERLY/EVERY 3 MONTHS .......... 2 {BOX_17A}
BIMONTHLY/EVERY 2 MONTHS .......... 3 {BOX_17A}
PER MONTH .............................. 4 {BOX_17A}
PER WEEK ............................... 5 {BOX_17A}
BIWEEKLY/EVERY 2 WEEKS .......... 6 {BOX_17A}
SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {BOX_17A}
SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {BOX_17A}
OTHER ................................. 91
REF ................................... -7 {BOX_17A}
DK .................................... -8 {BOX_17A}

[Code One]
OE23AAOV2

ENTER OTHER:

[Enter Other Specify] ..................
REF ................................... -7
DK ..................................... -8

BOX_17A

-----------------------------------------------------
| IF OE23A IS CODED ‘1’ (YES, PAY ALL OF PREMIUM/ |
| COST), GO TO OE23                          |
-----------------------------------------------------

-----------------------------------------------------
| OTHERWISE, CONTINUE WITH OE23AAA          |
-----------------------------------------------------
OE23AAA
========

(POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT.........}  {STR-DT}

Who {else} pays {some of/for} the premium or cost
of this insurance?

FEDERAL GOVERNMENT ...................... 1
STATE GOVERNMENT ....................... 2
LOCAL GOVERNMENT ...................... 3
SOME GOVERNMENT ...................... 4
EMPLOYER .............................. 5
UNION ................................ 6
OTHER ................................ 91
REF .................................... -7
DK .................................... -8

[Code All That Apply]

----------------------------------------------------
| DISPLAY 'else' IF OE23A IS CODED '2' (YES, PAY    |
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |
| IF PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE,    |
| USE A NULL DISPLAY                                |
|----------------------------------------------------
| DISPLAY 'some of' IF OE23A IS CODED '2' (YES, PAY |
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |
| IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for'|
| IF OE23A IS CODED '4' (NO, DO NOT PAY).           |
|----------------------------------------------------
|----------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION    |
| WITH ANY OTHER CODE, CONTINUE WITH OE23AAA0V      |
|----------------------------------------------------
|----------------------------------------------------
| OTHERWISE, GO TO OE23                             |
|----------------------------------------------------

OE23AAA0V
========

ENTER OTHER:

[Enter Other Specify] ....................... -7
REF .................................... -7
DK .................................... -8
OE23
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
(END-DT)

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME(S) BELOW).}

{Since (START DATE), has there been/Between (START DATE) and
(END DATE), was there} any change in the plan name of the health
insurance (POLICYHOLDER) {has/had} through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ...................................  1
NO ....................................  2 {END_LP05}
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

----------------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES- |
| ROSTER THAT ARE FLAGGED AS ‘SUPPLYING HOSPITAL AND |
| PHYSICIAN BENEFITS’ AND/OR ‘SUPPLYING MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS’ AND ARE ASSOCIATED |
| WITH THE INSURANCE THROUGH THIS ESTABLISHMENT- |</p>
<table>
<thead>
<tr>
<th>PERSON-PAIR.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER |
| NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT- |
| PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING |
| MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME |</p>
<table>
<thead>
<tr>
<th>DURING THE PREVIOUS ROUND.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY ‘Since (START DATE), has there been’ AND |
| ‘has’ IF NOT ROUND 5. DISPLAY ‘Between (START |
| DATE) and (END DATE), was there’ AND ‘had’ IF |</p>
<table>
<thead>
<tr>
<th>ROUND 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT ROUND’S INSURER FOR THIS ESTABLISHMENT-PERSON-PAIR.</td>
</tr>
</tbody>
</table>

---

**OE24**

---

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT........) (STR-DT) (END-DT)

SHOW CARD OE-1.

What type of health insurance {(do/does/did} (POLICYHOLDER) (now} have through (ESTABLISHMENT)’s new plan {on (END DATE)}? CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS,
   INCLUDING COVERAGE THROUGH AN HMO ... 1
DENTAL ................................. 2
PRESCRIPTION DRUGS .................... 3
VISION ................................. 4
MEDICARE SUPPLEMENT/MEDIGAP .......... 5
LONG TERM CARE IN A NURSING HOME .... 6
EXTRA CASH FOR HOSPITAL STAYS ........ 7
SERIOUS DISEASE OR DREAD DISEASE ...... 8
DISABILITY ............................. 9
WORKER’S COMPENSATION ................. 10
ACCIDENT .............................. 11
OTHER ................................. 91
REF ................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]
DISPLAY '(do/does)' IF NOT ROUND 5. DISPLAY 'did'
IF ROUND 5.

DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

----------------------------------------------------

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE24OV

----------------------------------------------------

OTHERWISE, GO TO BOX_17

----------------------------------------------------

OE24OV

ENTER OTHER:

[Enter Other Specify] .................
REF .................................... -7
DK .................................... -8
BOX_17

----------------------------------------------------
| IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN      |
| BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP),   |
| ALONE OR WITH ANY OTHER COMBINATION OF CODES,     |
| CONTINUE WITH OE25                                |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP05                          |
----------------------------------------------------

----------------------------------------------------
| NOTE: ALL ESTABLISHMENTS WHICH ARE BEING LOOPED    |
| ON HERE ARE EMPLOYERS. THEREFORE, IT IS NOT       |
| NECESSARY TO AUTOMATICALLY CODE OE25 IF THE       |
| ESTABLISHMENT IS AN INSURANCE CO. OR HMO (BECAUSE |
| WE KNOW IT IS NOT).                               |
----------------------------------------------------
OE25
=====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   {NAME OF ESTABLISHMENT...........}   {STR-DT} {END-DT}

What is the new plan name for (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare supplement or Medigap benefit}?

IF MORE THAN ONE NAME, PROBE:  What is the main new plan name? RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

NAME OF INSURER: [Enter Insurer]   TYPE: 1 = INSURANCE COMPANY
                                2 = HMO
                                3 = COMPANY IS SELF-INSURED

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<p>| DISPLAY ‘hospital and physician benefits’ AND | ‘HOSPITAL’ IF OE24 IS CODED ‘1’ (HOSPITAL AND |
| PHYSICIAN BENEFITS), BUT NOT CODED ‘5’ (MEDICARE |
| SUPPLEMENT/MEDIGAP). DISPLAY ‘Medicare supplement |
| or Medigap benefits’ AND ‘MEDIGAP’ IF OE24 IS CODED |</p>
<table>
<thead>
<tr>
<th>‘5’ (MEDICARE SUPPLEMENT/MEDIGAP).</th>
</tr>
</thead>
</table>

<p>| WRITE INSURER(S) TO THE RU-ESTB-PERSON-INSURER- |
| TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS |</p>
<table>
<thead>
<tr>
<th>ESTABLISHMENT-PERSON-PAIR.</th>
</tr>
</thead>
</table>

<p>| FLAG INSURER(S) COLLECTED AT OE25 AS CURRENT |
| ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON- |</p>
<table>
<thead>
<tr>
<th>PAIR.</th>
</tr>
</thead>
</table>

27-220
| IF OE24 IS CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) |
| FLAG INSURANCE CO./HMO AS ‘SUPPLYING MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES |
| HOSPITAL/PYHISIAN BENEFITS)’ FOR THE CURRENT |
| ROUND. |

| IF OE24 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN |
| BENEFITS), BUT NOT ‘5’ (MEDICARE SUPPLEMENT/ |
| MEDIGAP), FLAG INSURANCE CO./HMO AS ‘SUPPLYING |
| HOSPITAL/PYHISIAN BENEFITS’ FOR THE CURRENT |
| ROUND. |
LOOP_08

-------------------------------
| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- |
| TRIPLES-ROSTER, ASK OE25AA - END_LP08.         |
-------------------------------

-------------------------------
| LOOP DEFINITION: LOOP_08 COLLECTS OTHER POLICY |
| NAMES AND MANAGED CARE INFORMATION FOR INSURERS |
| COLLECTED AT OE25. THIS LOOP CYCLES ON TRIPLES  |
| THAT MEET THE FOLLOWING CONDITIONS:            |
|                                                |
| - ESTABLISH-PERSON PAIR PROVIDES THE INSURANCE |
| BEING ASKED ABOUT                              |
| - INSURER IS ENTERED AT OE25                  |
-------------------------------

OE25AA

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO NAME} policy, such as Option A, $100 Deductible Plan, 90/80 Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME ....................... 1
NO OTHER NAME ........................... 2 {BOX_18A}
REF ..................................... -7 {BOX_18A}
DK ...................................... -8 {BOX_18A}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

-------------------------------
| DISPLAY THE NAME OF THE INSURANCE CO/HMO |
| RECORDED IN OE25_01 WHICH IS BEING LOOPED ON |
| FOR 'INSURANCE...NAME.'                  |
-------------------------------

27-222
ENTER OTHER NAME:

[Enter Policy Name] .................
REF ................................... -7
DK .................................... -8

IF INSURER BEING LOOPED ON IS CODED ‘2’ (HMO) IN OE25_02, CONTINUE WITH OE25B

IF INSURER BEING LOOPED ON IS CODED ‘2’ (HMO) IN OE25_02, CONTINUE WITH OE25B

INSURER NAME:  {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)’s plan pay for any of the costs of visits to doctors who are not part of (POLICYHOLDER)’s HMO, even if (POLICYHOLDER) (do/does) not have a referral?

YES .................................... 1 {END_LP08}
NO ..................................... 2 {END_LP08}
REF ................................... -7 {END_LP08}
DK .................................... -8 {END_LP08}
BOX_18

----------------------------------------
| ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER |
| AT COMPLETION OF MANAGED CARE (MC) SECTION, |
| CONTINUE WITH END_LP08 |
----------------------------------------

END_LP08

----------------------------------------
| CYCLE ON NEXT INSURER IN THE RU-ESTABL-PERSON- |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION. |
----------------------------------------

END_LP05

----------------------------------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABL-PERSON-PAIRS-|
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
| THE LOOP DEFINITION. |
----------------------------------------

| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, |
| END LOOP_05 AND CONTINUE WITH BOX_19 |
----------------------------------------
BOX_19
======

------------------------------------------------------------------
| IF ONE OR MORE OR RU MEMBERS WAS COVERED BY                      |
| INSURANCE THROUGH A NON-CURRENT EMPLOYER FROM THE               |
| PREVIOUS ROUND, AN EMPLOYER FLAGGED AS 'SELF-                  |
| EMPLOYED' WITH A FIRM-SIZE-1, OR A DIRECT PURCHASE              |
| SOURCE ON THE PREVIOUS ROUND'S INTERVIEW DATE,                  |
| THAT IS:                                                        |
|                                                               |
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE               |
| RU MEETS THE FOLLOWING CONDITIONS:                              |
| - ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES:                  |
|   - FLAGGED AS A DIRECT PURCHASE SOURCE                         |
|   - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1,                  |
|     FLAGGED DURING THE PREVIOUS ROUND AS                        |
|     'PROVIDES HEALTH INSURANCE', OR                             |
|   - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-GREATER-THAN-1,     |
|     FLAGGED DURING THE PREVIOUS ROUND AS                        |
|     'PROVIDES HEALTH INSURANCE', AND                            |
|     HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING THE            |
|     PREVIOUS ROUND:                                             |
|     - 'FORMER MAIN WITHIN REFERENCE PERIOD'                    |
|     - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'        |
|     - 'LAST JOB OUTSIDE REFERENCE PERIOD'                      |
|     - 'RETIREMENT JOB'                                         |
|   - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT,              |
|     IF THE ESTABLISHMENT IS ONE OF THE SECOND 2                 |
|     TYPES NOTED ABOVE;                                          |
|   - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS               |
|     INSURANCE;                                                  |
|   - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT              |
|     COVERED PERSON ON THE DATE OF THE PREVIOUS                   |
|     ROUND'S INTERVIEW (HQ WAS CODED '1' (WHOLE TIME) OR HQ02    |
|     WAS CODED '1' (YES) IN THE PREVIOUS ROUND);                 |
|                                                               |
| CONTINUE WITH LOOP_09                                          |
------------------------------------------------------------------

------------------------------------------------------------------
| OTHERWISE, GO TO BOX_29                                         |
------------------------------------------------------------------

27-225
NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND’S INTERVIEW DATE, THE LAST CONDITION IN THE ABOVE BOX CAN BE MET IF AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER’S INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE. THE LOOP WILL CYCLE ON THE POLICYHOLDER’S NAME.


LOOP_09

-----------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-|
| PAIRS-ROSTER, ASK BOX_19A - END_LP09           |
|-----------------------------------------------

-----------------------------------------------
| LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION  |
| ABOUT THE CONTINUATION OF INSURANCE COVERAGE   |
| THROUGH A NON-CURRENT EMPLOYER FROM THE PREVIOUS|
| ROUND, AN EMPLOYER FLAGGED AS 'SELF-EMPLOYED' WITH|
| A FIRM-SIZE-1, OR A DIRECT PURCHASE SOURCE THAT |
| WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP  |
| CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET |
| THE FOLLOWING CONDITIONS:                       |
|                                                |
| - ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES: |
|   - FLAGGED AS A DIRECT PURCHASE SOURCE        |
|   - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1, |
|     FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES|
|     HEALTH INSURANCE', OR                       |
|   - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-   |
|     GREATER-THERE-1, FLAGGED DURING THE PREVIOUS|
|     ROUND AS 'PROVIDES HEALTH INSURANCE', AND HAD|
|     ONE OF THE FOLLOWING JOB SUBTYPES DURING THE |
|     PREVIOUS ROUND:                             |
|     - 'FORMER MAIN WITHIN REFERENCE PERIOD'    |
|     - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE|
|       PERIOD'                                  |
|     - 'LAST JOB OUTSIDE REFERENCE PERIOD'     |
|     - 'RETIREMENT JOB'                        |
| - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT,|
|   IF THE ESTABLISHMENT IS ONE OF THE SECOND 2   |
|   TYPES NOTED ABOVE;                           |
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS|
|   INSURANCE;                                   |
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT|
|   COVERED PERSON ON THE DATE OF THE PREVIOUS    |
|   ROUND'S INTERVIEW (HQ WAS CODED '1' (WHOLE TIME)|
|   OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS   |
|   ROUND)                                       |
|-----------------------------------------------

27-227
BOX_19A

---

IF THE POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN RU (DU)’ OR 'POLICYHOLDER DECEASED', CONTINUE WITH OE25A

---

OTHERWISE, GO TO OE26
{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

INTERVIEWER: IF (POLICYHOLDER)’S NAME IS LISTED ON THE
ROSTER BELOW, SELECT IT. IF NOT, SELECT ‘NAME NOT ON ROSTER’
AND CONTINUE.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-35] .
[2. First Name,[Middle Name],Last Name-35] .
[3. First Name,[Middle Name],Last Name-35] .

[Code One]
During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health insurance. {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES .................................... 1
NO ..................................... 2 {OE28}
REF ................................... -7 {END_LP09}
DK .................................... -8 {END_LP09}

------------------------------
| DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY |
| '(Was/Were)' IF ROUND 5. |
| |
| DISPLAY 'today,' IF NOT ROUND 5. OTHERWISE, USE A |
| NULL DISPLAY. |
------------------------------

| IF CODED '1' (YES) AND THIS ESTABLISHMENT-PERSON- |
| PAIR IS AN ESTABLISHMENT FLAGGED AS 'SELF- |
| EMPLOYED' WITH FIRM-SIZE-1, CONTINUE WITH OE27 |

------------------------------
| IF CODED '1' (YES) AND ESTABLISHMENT-PERSON-PAIR |
| IS NOT AN ESTABLISHMENT WITH FIRM-SIZE-1, GO TO |
| BOX_20 |
------------------------------
OE27
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

Is this insurance still through (POLICYHOLDER)’s self-employed
business?

YES .................................... 1 {BOX_20}
NO ..................................... 2 {BOX_20}
REF ................................... -7 {BOX_20}
DK .................................... -8 {BOX_20}

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

OE28
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

On what date did (POLICYHOLDER)’s health insurance through
(ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-4] .........
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED   |
| CANNOT BE AFTER 12/31/2006. IF A DATE AFTER      |
| 12/31/2006 IS ENTERED, DISPLAY THE FOLLOWING      |
| MESSAGE: ‘DATE CANNOT BE AFTER 12/31/2006. IF    |
| INSURANCE ENDED AFTER 12/31/2006, USE CTRL/B TO |
| BACK-UP AND CHANGE RESPONSE TO OE26.             |
|----------------------------------------------------

----------------------------------------------------
| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T|
| KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) |
| OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE28OV        |
|----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_20                           |
|----------------------------------------------------

27-231
Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH .....................  2
REF ................................... -7
DK .................................... -8

[Code One]
OE29
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT............)    (STR-DT)
(END-DT)

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT).

(Are/Were) they all covered by this health insurance (until
{{OE28 DATE}/it ended}/on (END-DT))?  

**TO SCROLL, USE ARROW KEYS.**
**TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.**

| PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT |
| PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT |
| PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT |

| YES ...................................  1 |
| NO ....................................  2 |
| REF ................................... -7 |
| DK .................................... -8 |

---

ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-
PLCYHDLR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY  
THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:  |
- PERSON WAS COVERED AT THE PREVIOUS ROUND’S  |
  INTERVIEW DATE BY THE INSURANCE FROM THIS  |
  ESTABLISHMENT-PERSON-PAIR, INCLUDING THE  |
  POLICYHOLDER  |
- PERSON IS AN RU MEMBER

---

DISPLAY ‘Are’ IF OE26 IS CODED ‘1’ (YES).
DISPLAY ‘Were’ IF OE26 IS CODED ‘2’ (NO) OR IF  
CURRENT ROUND IS ROUND 5.

DISPLAY ‘until (OE28 DATE)’ IF OE26 IS CODED ‘2’  
(NO). DISPLAY ‘on (END-DT)’ IF OE26 IS CODED ‘1’  
(YES).

DISPLAY THE DATE RECORDED AT OE28 FOR ‘OE28 DATE’.  
IF THE MONTH AND DAY FIELD AT OE28 IS CODED ‘-7’  
(REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’  
FOR ‘OE28 DATE’.

27-233
BOX_21

---------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS: |
| IF OE26 IS CODED '1' (YES) AND OE29 IS CODED '1' (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD END DATE AND |
| GO TO BOX_23 |
---------------------------------------------

---------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS: |
| IF OE26 IS CODED '2' (NO) AND OE29 IS CODED '1' (YES). |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE28 AND |
| GO TO BOX_23 |
---------------------------------------------

---------------------------------------------
| OTHERWISE (I.E., OE29 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH OE30 |
---------------------------------------------
{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT...........}    {STR-DT}
(END-DT)

Who {is/was} no longer covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {{until {OE28 DATE}/it ended}/
on (END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH
THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED ‘2’
(NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED
AT OE30 AS CONTINUOUS COVERAGE FROM THE REFERENCE
PERIOD START DATE UNTIL DATE RECORDED AT OE28

LOOP_10
=======

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-
PERS-TRPLS-ROSTER, ASK OE31 - END LP10.

LOOP DEFINITION: LOOP_10 COLLECTS THE DATE ON
WHICH THE INSURANCE COVERAGE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER
WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE
PERIOD END DATE OR THE DATE REPORTED IN OE28.
THIS LOOP CYCLES ON PERSONS SELECTED AT OE30.

OE31
====

PERSON’S FIRST MIDDLE AND LAST NAME)   NAME OF
ESTABLISHMENT...........}   (STR-DT)
(END-DT)

On what date did the health insurance through (ESTABLISHMENT)
end for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8

IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T
KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR
‘-8’ (DON’T KNOW), CONTINUE WITH OE31OV

OTHERWISE, GO TO BOX_22

27-236
Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH .....................  2
REF ................................... -7
DK .................................... -8

[Code One]
BOX_23

----------------------------------------------------
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY | |
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,| |
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU | |
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE     | |
| PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU | |
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE30),|
| CONTINUE WITH OE32                                |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO OE34A                            |
----------------------------------------------------

OE32

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, have
any persons living here, we have not yet mentioned, been covered
by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ................................... 1
NO .................................... 2 {OE34A}
REF .................................... -7 {OE34A}
DK .................................... -8 {OE34A}

PRESS F1 FOR DEFINITION OF DEPENDENT.

----------------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.     |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
| ROUND 5.                                        |
----------------------------------------------------
OE33
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)    (NAME OF
ESTABLISHMENT.........)    (STR-DT)
(END-DT)

Who (has been/was) covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)
and (END DATE)} that we have not yet mentioned?

PROBE: Who else (has been/was) covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {since (START DATE)/between
(START DATE) and (END DATE)} that we have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-|
| PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.       |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON|
| THIS ROSTER.                                      |
----------------------------------------------------

----------------------------------------------------
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-|
| COVRD-PERS-TRPLS-ROSTER.                         |
----------------------------------------------------

----------------------------------------------------
| IF ‘PERSON NOT LISTED IN RU’ IS SELECTED, FLAG |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR|
| AS ‘COVERING PERSON NOT LISTED IN RU’.          |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘has been’ AND ‘since (START DATE)’ IF NOT|
| ROUND 5. DISPLAY ‘was’ AND ‘between (START DATE) |
| and (END DATE)’ IF ROUND 5.                       |
----------------------------------------------------

27-239
LOOP_11  
-------


LOOP DEFINITION: LOOP_11 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE33.

OE34  
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT.......} {STR-DT} {END-DT}

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK ..................................... -8

IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE34OV

OTHERWISE, GO TO BOX_24
Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

- WHOLE MONTH: 1
- PART OF THE MONTH: 2
- REF: -7
- DK: -8

[Code One]

---
EDIT: COMPLETE DATE AT OE34 MUST BE < THAN
COMPLETE DATE AT OE28 IF A DATE IS RECORDED AT
OE28 OR < THAN REFERENCE PERIOD END DATE IF NO
DATE IS RECORDED AT OE28.
---

---
IF FAMILY STILL HAS INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED ‘1’
(YES)), FLAG INSURANCE FOR THIS PERSON AS
‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE34
UNTIL THE REFERENCE PERIOD END DATE.
---

---
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH
THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED ‘2’
(NO)), FLAG INSURANCE FOR THIS PERSON AS
‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE34
UNTIL DATE RECORDED AT OE28.
END_LP11
=======

---------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION.                  |
---------------------------------

---------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_11 AND GO TO BOX_25                   |
---------------------------------

OE34A
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT........}  {STR-DT}
{END-DT}

(Does/Between (START DATE) and (END DATE), did) (POLICYHOLDER)’s
health coverage through (ESTABLISHMENT) cover as dependents any
persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

---------------------------------
| DISPLAY ‘Does’ IF NOT ROUND 5. DISPLAY ‘Between |
| (START DATE) and (END DATE), did’ IF ROUND 5.   |
---------------------------------

---------------------------------
| IF CODED ‘1’ (YES), FLAG INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR AS ‘COVERING PERSON NOT |
| LISTED IN RU’ IN OE33                          |
---------------------------------
BOX_25
=======

<p>| IF ONE OR MORE RU MEMBERS ARE Still COVERED BY THE |
| INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR ON |
| THE CURRENT ROUND’S INTERVIEW DATE, THAT IS, OE26 |</p>
<table>
<thead>
<tr>
<th>IS CODED ‘1’ (YES), CONTINUE WITH BOX_25A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP09</th>
</tr>
</thead>
</table>

BOX_25A
=======

<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH OE35A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO OE35</th>
</tr>
</thead>
</table>
For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a paycheck.]

YES, PAY ALL OF PREMIUM/COST ........... 1
YES, PAY SOME OF PREMIUM/COST .......... 2
YES, BUT DON’T KNOW IF PAY ALL OR SOME OF PREMIUM/COST ......................... 3
NO, DO NOT PAY ........................... 4 {OE35AAA}
REF ................................... -7 {OE35}
DK .................................... -8 {OE35}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

-----------------------------------------------
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |
| DISPLAYED HERE FOR THE INSURANCE FROM A      |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR   |
| DIRECTLY PURCHASED CATEGORY.                  |
-----------------------------------------------
OE35AA
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} (STR-DT)

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT) coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF ................................... -7 {BOX_26A}
DK .................................... -8 {BOX_26A}

----------------------------------------------------
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE       |
| DISPLAYED HERE FOR THE INSURANCE FROM A             |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM       |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF  |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR        |
| DIRECTLY PURCHASED CATEGORY.                       |
----------------------------------------------------

OE35AAOV1
=======

ENTER UNIT OF COVERAGE:

PER YEAR ................................ 1 {BOX_26A}
QUARTERLY/EVERY 3 MONTHS ............... 2 {BOX_26A}
BIMONTHLY/EVERY 2 MONTHS ............... 3 {BOX_26A}
PER MONTH .............................. 4 {BOX_26A}
PER WEEK ................................ 5 {BOX_26A}
BIWEEKLY/EVERY 2 WEEKS ................. 6 {BOX_26A}
SEMI-ANNUALLY/2 TIMES PER YEAR ........ 7 {BOX_26A}
SEMI-MONTHLY/2 TIMES PER MONTH ........ 8 {BOX_26A}
OTHER .................................. 91
REF ................................... -7 {BOX_26A}
DK .................................... -8 {BOX_26A}

[Code One]
OE35AAOV2

ENTER OTHER:

[Enter Other Specify] ..................
REF ................................... -7
DK ..................................... -8

BOX_26A

---------------------------------------------
| IF OE35A IS CODED '1' (YES, PAY ALL OF PREMIUM/ |
| COST), GO TO OE35                           |
---------------------------------------------

---------------------------------------------
| OTHERWISE, CONTINUE WITH OE35AAA            |
---------------------------------------------
{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT ...........} {STR-DT}

Who (else) pays (some of/for) the premium or cost of this insurance?

FEDERAL GOVERNMENT ...................... 1
STATE GOVERNMENT ......................... 2
LOCAL GOVERNMENT ......................... 3
SOME GOVERNMENT ........................ 4
EMPLOYER .................................. 5
UNION .................................... 6
OTHER ...................................  91
REF ........................................ -7
DK .......................................... -8

[Code All That Apply]

| DISPLAY 'else' IF OE35A IS CODED '2' (YES, PAY SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW IF PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, USE A NULL DISPLAY |
| DISPLAY 'some of' IF OE35A IS CODED '2' (YES, PAY SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for' IF OE35A IS CODED '4' (NO, DO NOT PAY). |

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH OE35AAAOV |
| OTHERWISE, GO TO OE35 |

OE35AAAOV

ENTER OTHER:

[Enter Other Specify] ...................... -7
REF ........................................ -7
DK .......................................... -8
OE35
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)    (NAME OF
ESTABLISHMENT...........}    {STR-DT}
{END-DT}

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME(S) BELOW).}

{Since (START DATE), has there been/Between (START DATE) and
(END DATE), was there} any change in the plan name of the health
insurance (POLICYHOLDER) {has/had} through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ...................................  1
NO ....................................  2 {END_LP09}
REF ................................... -7 {END_LP09}
DK .................................... -8 {END_LP09}

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES- |
| ROSTER THAT ARE FLAGGED AS ‘SUPPLYING HOSPITAL AND|
| PHYSICIAN BENEFITS’ AND/OR ‘SUPPLYING MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS’ AND ARE ASSOCIATED |
| WITH THE INSURANCE THROUGH THIS ESTABLISHMENT- |
| PERSON-PAIR.                                   |
----------------------------------------------------

----------------------------------------------------
| DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER |
| NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT- |
| PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING |
| MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME |
| DURING THE PREVIOUS ROUND.                        |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘Since (START DATE), has there been’ AND |
| ‘has’ IF NOT ROUND 5. DISPLAY ‘Between (START |
| DATE) and (END DATE), was there’ AND ‘had’ IF |
| ROUND 5.                                          |
----------------------------------------------------

27-248
IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT ROUND’S INSURER FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF CODED '1' (YES) AND ESTABLISHMENT IS FLAGGED AS AN INSURANCE CO. OR HMO, CONTINUE WITH OE36

IF CODED '1' (YES) AND ESTABLISHMENT IS NOT FLAGGED AS AN INSURANCE CO. OR HMO, GO TO OE37

OE36
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT........) (STR-DT)
(END-DT)

What is the new plan name of (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

[Enter Plan Name/Establishment Name] ..............

WRITE ESTABLISHMENT NAME CORRECTION TO THE RU-ESTABLISHMENT-PERSONS-PAIRS-ROSTER. THIS IS THE CORRECTED ESTABLISHMENT NAME.

FLAG INSURER ENTERED ABOVE AS CURRENT ROUND’S INSURER FOR THIS POLICYHOLDER-ESTABLISHMENT PAIR.

NOTE: IF A SOURCE OF INSURANCE WAS DIRECTLY PURCHASED FROM AN HMO OR INSURANCE COMPANY, THE ESTABLISHMENT NAME IS THE SAME AS THE INSURER NAME. THEREFORE, ANY CHANGE IN PLAN NAME AUTOMATICALLY DICTATES A CHANGE IN THE ESTABLISHMENT NAME.
SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER) {now} have through (ESTABLISHMENT)’s new plan {on (END DATE)}?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN HMO  ...  1
DENTAL  ........................................  2
PRESCRIPTION DRUGS  .........................  3
VISION  ..........................................  4
MEDICARE SUPPLEMENT/MEDIGAP ............  5
LONG TERM CARE IN A NURSING HOME ......  6
EXTRA CASH FOR HOSPITAL STAYS ..........  7
SERIOUS DISEASE OR DREAD DISEASE ......  8
DISABILITY  .................................  9
WORKER’S COMPENSATION .................  10
ACCIDENT  ....................................  11
OTHER  ........................................  91
REF  ...................................... -7
DK  ...................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]

```
| DISPLAY `(do/does)` IF NOT ROUND 5. DISPLAY `did` |
| IF ROUND 5. |
| DISPLAY `now` IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY `on (END DATE)` IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
```
| IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE37OV |

| OTHERWISE, GO TO BOX_26 |

---

OE37OV

ENTER OTHER:

[Enter Other Specify] .................

REF ................................... -7

DK .................................... -8

BOX_26

| IF OE37 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS) OR ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), ALONE OR WITH ANY OTHER COMBINATION OF CODES, CONTINUE WITH BOX_27 |

| OTHERWISE, GO TO END_LP09 |

BOX_27

| IF ESTABLISHMENT ALREADY FLAGGED AS ‘INSURANCE CO.’ OR ‘HMO’, AUTOMATICALLY CODE OE38 WITH APPROPRIATE RESPONSES AND GO TO LOOP_12 |

| OTHERWISE, CONTINUE WITH OE38 |

27-251
What is the new plan name for (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare supplement or Medigap benefits}?

IF MORE THAN ONE NAME, PROBE: What is the main new plan name? RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

NAME OF INSURER: [Enter Insurer] TYPE: 1 = INSURANCE COMPANY 2 = HMO 3 = COMPANY IS SELF-INSURED

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.
| IF OE37 IS CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) |
| FLAG INSURANCE CO./HMO AS ‘SUPPLYING MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES |
| HOSPITAL/PHYSICIAN BENEFITS)’ FOR THE CURRENT |
| ROUND. |

| IF OE37 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN |
| BENEFITS), BUT NOT ‘5’ (MEDICARE SUPPLEMENT/ |
| MEDIGAP), FLAG INSURANCE CO./HMO AS ‘SUPPLYING |
| HOSPITAL/PHYSICIAN BENEFITS’ FOR THE CURRENT |
| ROUND. |
LOOP_12
-------

| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- TRIPLES-ROSTER, ASK OE38A - END_LP12. |

-----------------------------------------------

-----------------------------
| LOOP DEFINITION: LOOP_12 COLLECTS OTHER POLICY NAMES AND MANAGED CARE INFORMATION FOR INSURERS COLLECTED AT OE38. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT |
| - INSURER IS ENTERED AT OE38 |

-----------------------------------------------

OE38A
-----

(POLICHHOLDER FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT...........) (STR-DT)

Is there any other name for the {INSURANCE COMPANY OR HMO NAME} policy, such as Option A, $100 Deductible Plan, 90/80 Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME ................. 1
NO OTHER NAME .......................... 2 {BOX_28A}
REF ................................... -7 {BOX_28A}
DK ..................................... -8 {BOX_28A}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

-----------------------------------------------
| DISPLAY THE NAME OF THE INSURANCE CO/HMO |
| RECORDED IN OE38_01 WHICH IS BEING LOOPED ON |
| FOR 'INSURANCE...NAME.' |

-----------------------------------------------

27-254
ENTER OTHER NAME:

[Enter Policy Name] ....................
REF ................................... -7
DK .................................... -8

BOX_28A

<table>
<thead>
<tr>
<th>IF INSURER BEING LOOPED ON IS CODED ‘2’ (HMO) IN</th>
<th>OE38_02, CONTINUE WITH OE38B</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_28</th>
</tr>
</thead>
</table>

OE38B

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)’s plan pay for any of the costs of visits to doctors who are not part of (POLICYHOLDER)’s HMO, even if (POLICYHOLDER) (do/does) not have a referral?

YES .................................... 1 {END_LP12}
NO ..................................... 2 {END_LP12}
REF .................................... 7 {END_LP12}
DK .................................... 8 {END_LP12}
BOX_28

-----------------------------------------------
| ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER |
| AT COMPLETION OF MANAGED CARE (MC) SECTION, |
| CONTINUE WITH END_LP12 |

-----------------------------------------------

END_LP12

-----------------------------------------------
| CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON- |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION. |

-----------------------------------------------
| IF NO OTHER INSURERS MEET THE STATED CONDITIONS, |
| END LOOP_12 AND CONTINUE WITH END_LP09 |

-----------------------------------------------

END_LP09

-----------------------------------------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
| THE LOOP DEFINITION. |

-----------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_09 AND CONTINUE WITH BOX_29 |

-----------------------------------------------
BOX_29
======

----------------------------------------------------
| IF ONE OR MORE RU MEMBERS WAS A COVERED PERSON BY |
| AN ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS     |
| ROUND’S INTERVIEW DATE WHERE THE ESTABLISHMENT IS |
| A PRIVATE SOURCE OF INSURANCE AND THE POLICYHOLDER|
| IS FLAGGED AS ‘POLICYHOLDER/DEPENDENT IN DIFFERENT|
| RUS’ AT THE CURRENT ROUND’S INTERVIEW DATE,       |
| CONTINUE WITH LOOP_13                             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_33                           |
----------------------------------------------------

----------------------------------------------------
| NOTE: WHEN A POLICYHOLDER LEAVES AN RU, WE WILL   |
| NEVER ASK RJ AND THAT POLICYHOLDER WILL NEVER    |
| QUALIFY FOR LOOPS 01, 05, OR 09. WE CREATED A     |
| NEW LOOP, LOOP_13 THAT WILL HANDLE THE SITUATIONS |
| WHERE THE POLICYHOLDER HAS LEFT THE RU AND LEFT   |
| DEPENDENTS BEHIND, OR THE SITUATION WHERE THE     |
| DEPENDENTS HAVE LEFT THE RU (WITHOUT THE         |
| POLICYHOLDER). THIS SITUATION WILL BE FLAGGED AS |
| ‘POLICYHOLDER/DEPENDENT IN DIFFERENT RUs’. THIS   |
| FLAG CAN BE ASSOCIATED WITH ANY ESTABLISHMENT-    |
| PERSON-PAIR IN A PARTICULAR RU WHERE THEY ARE     |
| COVERED PERSONS, BUT THE POLICYHOLDER IS IN      |
| ANOTHER RU. THIS FLAG SHOULD NEVER EXIST ON A    |
| PAIR IN AN RU WHERE THE POLICYHOLDER OF THE PAIR |
| IS IN THE SAME RU AS ALL OF THE DEPENDENTS OR    |
| WHERE THE POLICYHOLDER OF THE PAIR WAS ORIGINALLY|
| CREATED AS ‘POLICYHOLDER NOT IN RU/DU’ OR        |
| ‘POLICYHOLDER DECEASED’.                          |
----------------------------------------------------
LOOP_13

---------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |  
|---------------------------------------------

---------------------------------------------
| LOOP DEFINITION:                          |
|---------------------------------------------
| LOOP_13 COLLECTS INFORMATION ABOUT THE     |
| CONTINUATION OF INSURANCE COVERAGE THROUGH AN|
| ESTABLISHMENT-PERSON-PAIR WHERE THE POLICYHOLDER|
| OR THE ELIGIBLE DEPENDENT(S) HAVE MOVED FROM THE|
| RU. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS |
| THAT MEET THE FOLLOWING CONDITIONS:        |
|---------------------------------------------
| - THE ESTABLISHMENT IS A PRIVATE SOURCE OF  |
| INSURANCE                                   |
| - THE ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS|
| ‘POLICYHOLDER/DEPENDENT MOVED’ AT THE CURRENT|
| ROUND’S INTERVIEW DATE FOR THIS RU          |
| - AT LEAST ONE RU MEMBER WAS A COVERED PERSON FOR|
| THIS ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS|
| ROUND’S INTERVIEW DATE                      |
| - POLICYHOLDER IS NOT A CURRENT RU MEMBER   |

---------------------------------------------

27-258
OE39

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT..........)    {STR-DT}
{END-DT}

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health
insurance. (Is/Was) anyone in the family, living here( now),
covered by (POLICYHOLDER)’s health insurance through
(ESTABLISHMENT) as of {today,} (END DATE)?

IF RESPONDENT VOLUNTEERS THAT THIS INSURANCE HAS ALREADY BEEN
DISCUSSED, CODE ‘3’.

YES ...................................  1 {OE41}
NO ....................................  2
INSURANCE ALREADY DISCUSSED ..........  3 {END_LP13}
REF ................................... -7 {END_LP13}
DK .................................... -8 {END_LP13}

[Code One]

----------------------------------------
| DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF |
| ROUND 5.                                       |
|                                               |
| DISPLAY ‘today,’ AND ‘ now’ IF NOT ROUND 5.    |
| OTHERWISE, USE A NULL DISPLAY.                 |
|                                               |
----------------------------------------

----------------------------------------
| IF CODED ‘3’ (INSURANCE ALREADY DISCUSSED), FLAG |
| ITEM FOR SOURCE CLEAN-UP.                      |
|                                              |
On what date did this health insurance through (ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8

EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED
CANNOT BE AFTER 12/31/2006. IF A DATE AFTER
12/31/2006 IS ENTERED, DISPLAY THE FOLLOWING
MESSAGE: ‘DATE CANNOT BE AFTER 12/31/2006. IF
INSURANCE ENDED AFTER 12/31/2006, USE CTRL/B TO
BACK-UP AND CHANGE RESPONSE TO OE39.

IF DAY FIELD IS CODED ’-7’ (REFUSED) OR ’-8’ (DON’T
KNOW) AND MONTH FIELD IS NOT CODED ’-7’ (REFUSED)
OR ’-8’ (DON’T KNOW), CONTINUE WITH OE400V

OTHERWISE, GO TO OE43
Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH .....................  2
REF ................................. -7
DK ................................. -8

[Code One]

| IF ONLY ONE PERSON COVERED AT END OF PREVIOUS |
| ROUND, GO TO OE43                           |
OE41
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT........}    {STR-DT}    {END-DT}

During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT).

{Are/Were} they all covered by this health insurance (until {{OE40 DATE}/it ended}/on (END-DT))?  

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S |
| INTERVIEW DATE BY THE INSURANCE FROM THIS |
| ESTABLISHMENT-PERSON-PAIR, |
| - PERSON IS AN RU MEMBER |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘Are’ IF OE39 IS CODED ‘1’ (YES). |
| DISPLAY ‘Were’ IF OE39 IS CODED ‘2’ (NO) OR IF |
| CURRENT ROUND IS ROUND 5. |
| DISPLAY ‘until {OE40 DATE}’ IF OE39 IS CODED ‘2’ |
| (NO). |
| DISPLAY ‘on (END-DT)’ IF OE39 IS CODED ‘1’ (YES). |
| DISPLAY THE DATE RECORDED AT OE40 FOR ‘OE40 DATE’. |
| IF THE MONTH AND DAY FIELD AT OE40 IS CODED ‘-7’ |
| (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ |
| FOR ‘OE40 DATE’. |
----------------------------------------------------

27-262
IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS:
IF OE39 IS CODED ‘1’ (YES) AND OE41 IS CODED ‘1’ (YES),
FLAG INSURANCE FOR ALL COVERED PERSONS AS ‘CONTINUOUS COVERAGE’ THROUGH THE REFERENCE PERIOD END DATE AND
GO TO BOX_31

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS:
IF OE39 IS CODED ‘2’ (NO) AND OE41 IS CODED ‘1’ (YES),
FLAG INSURANCE FOR ALL COVERED PERSONS AS ‘CONTINUOUS COVERAGE’ THROUGH THE DATE RECORDED AT OE40 AND
GO TO BOX_31

OTHERWISE (I.E., OE41 CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)),
CONTINUE WITH OE42
OE42

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT...........}    {STR-DT}
{END-DT}

Who {is/was} no longer covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {until {{OE40 DATE}/it ended}/on
(END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-
PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY
THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND’S
  INTERVIEW DATE BY THE INSURANCE FROM THIS
  ESTABLISHMENT-PERSON-PAIR,
- PERSON IS AN RU MEMBER

DISPLAY ‘is’ IF OE39 IS CODED ‘1’ (YES).
DISPLAY ‘was’ IF OE39 IS CODED ‘2’ (NO) OR IF
CURRENT ROUND IS ROUND 5.

DISPLAY ‘until (OE40 DATE)’ IF OE39 IS CODED ‘2’
(NO).
DISPLAY ‘on (END-DT)’ IF OE39 IS CODED ‘1’ (YES).

DISPLAY THE DATE RECORDED AT OE40 FOR ‘OE40 DATE’.
IF THE MONTH AND DAY FIELD AT OE40 IS CODED ‘-7’
(REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’
FOR ‘OE40 DATE’.

IF FAMILY STILL HAS INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED ‘1’
(YES)), FLAG INSURANCE FOR ALL PERSONS NOT
SELECTED AT OE42 AS CONTINUOUS COVERAGE FROM THE
REFERENCE PERIOD START DATE UNTIL THE REFERENCE
PERIOD END DATE.
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED ‘2’ (NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE42 AS ‘CONTINUOUS COVERAGE’ FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE40.

LOOP_14
=======


LOOP DEFINITION: LOOP_14 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE40. THIS LOOP CYCLES ON PERSONS SELECTED AT OE42.
OE43
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF
ESTABLISHMENT.........}    {STR-DT}
{END-DT}

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-4] .........
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T|
| KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) |
| OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE43OV       |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_30                           |
----------------------------------------------------

OE43OV
======

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ........................ 2
REF ................................... -7
DK .................................... -8

[Code One]

BOX_30
======

-------------------------------------------------------------------
| FLAG INSURANCE FOR PERSON AS ‘CONTINUOUS COVERAGE’ |  |
| THROUGH THE COMPLETE DATE RECORDED AT OE43 AND |
| OE43OV.                                          |
-------------------------------------------------------------------
### END_LP14

| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |

----------------------------------------------------

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_14 AND CONTINUE WITH BOX_31 |

----------------------------------------------------

### BOX_31

| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU MEMBERS NOT COVERED BY THIS INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU MEMBERS JUST MARKED AS NO LONGER COVERED IN OE42), CONTINUE WITH OE44 |

----------------------------------------------------

| OTHERWISE, GO TO OE47 |

----------------------------------------------------
OE44

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT.........}    {STR-DT}
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, have
any persons living here, we have not yet mentioned, been covered
by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ...................................  1
NO .....................................  2 {OE47}
REF ...................................... -7 {OE47}
DK ....................................... -8 {OE47}

PRESS F1 FOR DEFINITION OF DEPENDENT.

----------------------------------------------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.  |  |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF  |  |
| ROUND 5.                                      |  |
OE45

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT..........)    {STR-DT}
{END-DT}

Who (has been/was) covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)
and (END DATE)} that we have not yet mentioned?

PROBE: Who else (has been/was) covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {since (START DATE)/between
(START DATE) and (END DATE)} that we have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
| PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.        |

| DISPLAY ’PERSON NOT LISTED IN RU’ AS LAST ENTRY ON |
| THIS ROSTER.                                       |

| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER.                         |

| IF ’PERSON NOT LISTED IN RU’ IS SELECTED, FLAG |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| AS ’COVERING PERSON NOT LISTED IN RU’.         |

| DISPLAY ’has been’ AND ’since (START DATE)’ IF NOT |
| ROUND 5. DISPLAY ’was’ AND ’between (START DATE) |
| and (END DATE)’ IF ROUND 5.                      |
LOOP_15
=======


LOOP DEFINITION: LOOP_15 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE45.

OE46
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF ESTABLISHMENT........}   {STR-DT}   {END-DT}

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ............................... -7
DK ...................................... -8

| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE46OV |

| OTHERWISE, GO TO BOX_32 |

27-270
OE460V
======

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ..................... 2
REF .................................... -7
DK .................................... -8

[Code One]

----------------------------------------------------
| EDIT: COMPLETE DATE AT OE46 MUST BE < THAN        |
| COMPLETE DATE AT OE40 IF A DATE IS RECORDED AT    |
| OE40 OR < THAN REFERENCE PERIOD END DATE IF NO    |
| DATE IS RECORDED AT OE40.                        |
----------------------------------------------------

BOX_32
======

----------------------------------------------------
| IF FAMILY STILL HAS INSURANCE THROUGH THIS        |
| ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED ‘1’)     |
| (YES)), FLAG INSURANCE FOR THIS PERSON AS         |
| ‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE46   |
| UNTIL THE REFERENCE PERIOD END DATE.              |
----------------------------------------------------

----------------------------------------------------
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH    |
| ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED ‘2’ (NO))|
| FLAG INSURANCE FOR THIS PERSON AS ‘CONTINUOUS      |
| COVERAGE’ FROM DATE RECORDED AT OE46 UNTIL DATE    |
| RECORDED AT OE40.                                |
----------------------------------------------------
END_LP15

--------------------
| CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
--------------------

--------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_15 AND GO TO END_LP13 |
--------------------

OE47

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}

(Does/Between (START DATE) and (END DATE), did) (POLICYHOLDER)’s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

--------------------
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5. |
--------------------

--------------------
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU’ IN OE45 |
--------------------
END_LP13

----------------------------------------------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-|
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN   |
| THE LOOP DEFINITION.                              |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_13 AND CONTINUE WITH BOX_33                  |
----------------------------------------------------

BOX_33

----------------------------------------------------
| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX.   |
----------------------------------------------------
Other Medical Expenses (OM) Section

BOX_01A
======

----------------------------------------------------
| IF ROUND 3, CONTINUE WITH BOX_01B               |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_01 |
----------------------------------------------------

BOX_01B
======

----------------------------------------------------
| IF OM ITEM TYPE IS GLASSES/CONTACT LENSES, |
| CONTINUE WITH OM01A                         |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE (I.E., IF OM ITEM TYPE IS NOT GLASSES/ |
| CONTACT LENSES), GO TO BOX_01 |
----------------------------------------------------

OM01A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

Of the times (PERSON) obtained glasses or contact lenses since (START DATE), how many were during 2005?

[Enter Number of Times]..............
REF.................................... -7
DK..................................... -8
OM01B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EVN-DT}

Of the times (PERSON) obtained glasses or contact lenses since (START DATE), how many were during 2006?

[Enter Number of Times]...............
REF................................-7
DK..................................-8

------------------------------------------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN ASKED FOR THE EVENT | |
| BEING ASKED ABOUT, GO TO THE CP SECTION. | |
|------------------------------------------------------------------------|
| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |  

BOX_01
=====

------------------------------------------------------------------------
| IF THE OM ITEM TYPE IS NOT INSULIN OR OTHER DIABETIC EQUIPMENT OR | |
| SUPPLIES, CONTINUE WITH OM01 | |
|------------------------------------------------------------------------|
| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC EQUIPMENT OR | |
| SUPPLIES, GO TO OM02 |
{PERSON'S FIRST MIDDLE AND LAST NAME}

NOTE:

NO UTILIZATION SECTION IS REQUIRED FOR {GLASSES OR CONTACT LENSES/AMBULANCE SERVICES/ORTHOPEDIC ITEMS/HEARING DEVICES/PROSTHESES/BATHROOM AIDS/MEDICAL EQUIPMENT/DISPOSABLE SUPPLIES/ALTERATIONS OR MODIFICATIONS/{TEXT FROM OTHER SPECIFY}}.

PRESS ENTER TO CONTINUE.

---

DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '1' (GLASSES OR CONTACT LENSES.) DISPLAY 'AMBULANCE SERVICES' IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '4' (AMBULANCE SERVICES). DISPLAY 'ORTHOPEDIC ITEMS' IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '5' (ORTHOPEDIC ITEMS). DISPLAY 'HEARING DEVICES' IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '6' (HEARING DEVICES). DISPLAY 'PROSTHESES' IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '7' (PROSTHESES). DISPLAY 'BATHROOM AIDS' IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '8' (BATHROOM AIDS). DISPLAY 'MEDICAL EQUIPMENT' IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '9' (MEDICAL EQUIPMENT). DISPLAY 'DISPOSABLE SUPPLIES' IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '10' (DISPOSABLE SUPPLIES). DISPLAY 'ALTERATIONS OR MODIFICATIONS' IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '11' (ALTERATIONS/MODIFICATIONS). FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS WHEN OM ITEM TYPE IS CODED '91' (OTHER).

---

IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE CP SECTION

---

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION
NOTE:

{INSULIN/OTHER DIABETIC EQUIPMENT OR SUPPLIES} WILL BE PROCESSED LIKE A PRESCRIBED MEDICINE.

AT THIS TIME, NO UTILIZATION OR CHARGE/PAYMENT SECTION WILL BE ASKED.

PRESCRIBED MEDICINE QUESTIONS AND CHARGE/PAYMENT DATA WILL BE COLLECTED LATER.

PRESS ENTER TO CONTINUE.

| DISPLAY 'INSULIN' IF OM ITEM TYPE BEING ASKED |
| ABOUT IS INSULIN. DISPLAY 'OTHER DIABETIC |
| EQUIPMENT OR SUPPLIES' IF OM TYPE BEING ASKED |
| ABOUT IS OTHER DIABETIC EQUIPMENT OR SUPPLIES. |

| FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS |
| 'PROCESSED'. INSULIN AND OTHER DIABETIC EQUIPMENT |
| AND SUPPLIES WILL BE PROCESSED THROUGH CP AS |
| PRESCRIBED MEDICINES. |

| GO TO THE EVENT DRIVER (ED) SECTION |
Outpatient Department (OP) Section

OP01
====
OMITTED.

OP02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVEN-DATE}

Did (PERSON) visit the outpatient department at (PROVIDER) on (VISIT DATE) in person OR was this a telephone call?

SAW PROVIDER ........................... 1
TELEPHONE CALL .......................... 2
REF ................................... -7
DK .................................... -8

[Code One]

| IF OP02 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS |
| 'OP-IN-PERSON'. |
| ____________________________ |

| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW) FLAG EVENT AS |
| 'OP-TELEPHONE'. |
| ____________________________ |

OP03
====
OMITTED.
OP04

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

{Did (PERSON) see a medical doctor during this particular visit?/Was this telephone call about (PERSON)'s health with a medical doctor?}

YES .................................... 1
NO ..................................... 2 {OP05}
REF ................................... -7 {OP05}
DK .................................... -8 {OP05}

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

----------------------------------------------------
| DISPLAY 'Did (PERSON) see a medical doctor during | |
| this particular visit?' IF OP02 IS CODED '1' (SAW |
| PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) |
| FOR THIS EVENT.                                 |
|
| DISPLAY 'Was this telephone call about (PERSON)'s |
| health with a medical doctor?' IF OP02 IS CODED |
| '2' (TELEPHONE CALL) FOR THIS EVENT.           |
----------------------------------------------------
What was the doctor’s specialty?

IF TALKED TO MORE THAN ONE DOCTOR, PROBE FOR MAIN PROVIDER.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLERGY/IMMUNOLOGY</td>
<td>1</td>
</tr>
<tr>
<td>ANESTHESIOLOGY</td>
<td>2</td>
</tr>
<tr>
<td>CARDIOLOGY (HEART)</td>
<td>3</td>
</tr>
<tr>
<td>DERMATOLOGY (SKIN)</td>
<td>4</td>
</tr>
<tr>
<td>ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID)</td>
<td>5</td>
</tr>
<tr>
<td>FAMILY PRACTICE</td>
<td>6</td>
</tr>
<tr>
<td>GASTROENTEROLOGY</td>
<td>7</td>
</tr>
<tr>
<td>GENERAL PRACTICE</td>
<td>8</td>
</tr>
<tr>
<td>GENERAL SURGERY</td>
<td>9</td>
</tr>
<tr>
<td>GERIATRICS (ELDERLY)</td>
<td>10</td>
</tr>
<tr>
<td>GYNECOLOGY-OBSTETRICS</td>
<td>11</td>
</tr>
<tr>
<td>HEMATOLOGY (BLOOD)</td>
<td>12</td>
</tr>
<tr>
<td>HOSPITAL RESIDENCE</td>
<td>13</td>
</tr>
<tr>
<td>INTERNAL MEDICINE (INTERNIST)</td>
<td>14</td>
</tr>
<tr>
<td>NEPHROLOGY (KIDNEYS)</td>
<td>15</td>
</tr>
<tr>
<td>NEUROLOGY</td>
<td>16</td>
</tr>
<tr>
<td>NUCLEAR MEDICINE</td>
<td>17</td>
</tr>
<tr>
<td>ONCOLOGY (TUMORS, CANCER)</td>
<td>18</td>
</tr>
<tr>
<td>OPHTHALMOLOGY (EYES)</td>
<td>19</td>
</tr>
<tr>
<td>ORTHOPEDICS</td>
<td>20</td>
</tr>
<tr>
<td>OSTEOPATHY (DO)</td>
<td>21</td>
</tr>
<tr>
<td>OTORHINOLARYNGOLOGY</td>
<td>22</td>
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<td>PATHOLOGY</td>
<td>23</td>
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<td>PEDIATRICIAN</td>
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<td>PHYSICAL MEDICINE/REHAB</td>
<td>25</td>
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<tr>
<td>PLASTIC SURGERY</td>
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<tr>
<td>PROCTOLOGY</td>
<td>27</td>
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<tr>
<td>PSYCHIATRY/PSYCHIATRIST</td>
<td>28</td>
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<tr>
<td>RADIATION</td>
<td>29</td>
</tr>
<tr>
<td>RHEUMATOLOGY (ARTHITIS)</td>
<td>30</td>
</tr>
<tr>
<td>THORACIC SURGERY (CHEST)</td>
<td>31</td>
</tr>
<tr>
<td>UROLOGY</td>
<td>32</td>
</tr>
<tr>
<td>OTHER DR SPECIALTY</td>
<td>33</td>
</tr>
</tbody>
</table>

[Code One]
What type of medical person did (PERSON) talk to on (VISIT DATE)?

IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN PROVIDER.

CHIROPRACTOR ..........................  1
DENTIST/DENTAL CARE PERSON ...........  2
MIDWIFE ..................................  3
NURSE/NURSE PRACTITIONER .............  4
OPTOMETRIST ............................  5
PODIATRIST ..............................  6
PHYSICIAN’S ASSISTANT ..................  7
PHYSICAL THERAPIST .....................  8
OCCUPATIONAL THERAPIST ...............  9
PSYCHOLOGIST ........................... 10
SOCIAL WORKER .......................... 11
TECHNICIAN ............................. 12
ACUPUNCTURIST .......................... 14
MASSAGE THERAPIST ...................... 15
HOMEOPATHIC/NATUROPATHIC/HERBALIST ... 16
OTHER ALTERNATIVE/COMPLEMENTARY CARE PROVIDER ..................... 17
OTHER .................................... 91
REF ..................................... -7
DK ....................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
OP06
====
OMITTED.

BOX_01
=====

---------------------------------------------------------------------
| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO OP08 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH OP07 |
---------------------------------------------------------------------
SHOW CARD OP-1.

Please look at this card and tell me which category best describes the care (PERSON) received during the visit to the outpatient department at (PROVIDER) on (VISIT DATE)?

GENERAL CHECKUP ........................ 1
DIAGNOSIS OR TREATMENT .................... 2
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 3
PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING ................... 4
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5
IMMUNIZATIONS OR SHOTS ..................... 6
VISION EXAM ................................. 7
MATERNITY CARE (PRE/POSTNATAL) .......... 8
WELL CHILD EXAM .......................... 9
LASER EYE SURGERY ......................... 10
OTHER .................................... 91
REF .................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---------

| IF CODED '8' (MATERNITY CARE (PRE/POSTNATAL)), CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: 'CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.' |
---------

| IF CODED '9' (WELL CHILD EXAM), CHECK THAT PERSON IS <7 YEARS OLD (OR AGE CATEGORIES 1 TO 3). IF NOT, DISPLAY THE FOLLOWING MESSAGE: 'CODE UNAVAILABLE FOR PERSONS 7 AND OLDER. VERIFY AND RE-ENTER.' |
---------
Was this {visit/telephone call} related to any specific health condition or were any conditions discovered during this {visit/telephone call}?

- **YES** .................................... 1
- **NO** ..................................... 2 {BOX_02}
- **REF** ................................... -7 {BOX_02}
- **DK** .................................... -8 {BOX_02}

| DISPLAY 'visit' IF OP02 IS CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT. |
What conditions were discovered or led (PERSON) to make this (visit/telephone call)?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]

-----------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| MEDICAL-CONDITIONS-ROSTER.                 |
-----------------------------

-----------------------------
| DISPLAY ‘visit’ IF OP02 IS CODED ‘1’ (SAW |
| PROVIDER), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) |
| FOR THIS EVENT. DISPLAY ‘telephone call’ IF OP02 |
| IS CODED ‘2’ (TELEPHONE CALL) FOR THIS EVENT. |
-----------------------------
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE Flagged WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

BOX_02
======

IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO OP14.

IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH BOX_03.
IF OP05 IS CODED ‘2’ (DENTIST/DENTAL CARE PERSON), ‘3’ (MIDWIFE), OR ‘5’ (OPTOMETRIST), GO TO OP11

OTHERWISE, CONTINUE WITH OP10

PERSON’S FIRST MIDDLE AND LAST NAME  NAME OF MEDICAL CARE PROVIDER

SHOW CARD OP-2.

Looking at this card, which of these treatments, if any, did (PERSON) receive during this visit?

CODE ‘95’ IF NO TREATMENTS WERE RECEIVED. CODE ALL THAT APPLY.

PHYSICAL THERAPY  OCCUPATIONAL THERAPY  SPEECH THERAPY  CHEMOTHERAPY  RADIATION THERAPY  KIDNEY DIALYSIS  IV THERAPY  DRUG OR ALCOHOL TREATMENT  ALLERGY SHOT  PSYCHOTHERAPY/COUNSELING  SHOTS, OTHER THAN ALLERGY  NO TREATMENTS RECEIVED  REF  DK

[Code All That Apply]

PRESS P1 FOR DEFINITIONS OF ANSWER CATEGORIES.
ALLOW CODE ‘95’ (NO TREATMENTS RECEIVED), ‘-7’
(REFUSED), AND ‘-8’ (DON’T KNOW) AS ENTRIES IN
THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES
MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER.
CODE ‘95’ WILL NOT APPEAR AS A RESPONSE CATEGORY
ON THE SCREEN.

EDIT: IF CODED ‘95’ (NO TREATMENTS RECEIVED),
NO OTHER TREATMENT CATEGORIES SHOULD BE CODED.
IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING
MESSAGE: ‘INVALID RESPONSE. PRESS ENTER ON A
BLANK FIELD.’

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY
FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY
ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING
ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR
THIS DISPLAY:

CODE ‘1’ = ‘PHYS’
CODE ‘2’ = ‘OCCPT’
CODE ‘3’ = ‘SPCH’
CODE ‘4’ = ‘CHEMO’
CODE ‘5’ = ‘RADIA’
CODE ‘6’ = ‘KIDNY’
CODE ‘7’ = ‘IV’
CODE ‘8’ = ‘DRUG’
CODE ‘9’ = ‘ALRGY’
CODE ‘10’ = ‘PSYCH’
CODE ‘11’ = ‘SHOTS’
CODE ‘95’ = ‘NONE’

NOTE: ‘NO TREATMENTS RECEIVED’ IS NOT DISPLAYED
ON SHOW CARD.
Looking at this card, which of these services, if any, did (PERSON) have during this visit?

CODE '95' IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.

LABORATORY TESTS ......................... 1
SONOGRAM OR ULTRASOUND ................... 2
X-RAYS ....................................... 3
MAMMOGRAM ................................. 4
MRI OR CATSCAN ............................. 5
EKG OR ECG ................................. 6
EEG ......................................... 7
VACCINATION ............................... 8
ANESTHESIA ................................ 9
OTHER DIAGNOSTIC TEST ................. 10
NO SERVICES RECEIVED ............... 95
REF .................................. -7
DK ................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4 THROUGH 9).

ALLOW CODE '95' (NO SERVICES RECEIVED), '-7' (REFUSED), AND '-8' (DON'T KNOW) AS ENTRIES IN THE FIRST FIELD ONLY. ALL OTHER RESPONSE CODES MAY BE ENTERED IN ANY ENTRY FIELD, IN ANY ORDER. CODE '95' WILL NOT APPEAR AS A RESPONSE CATEGORY ON THE SCREEN.
EDIT: IF CODED ‘95’ (NO SERVICES RECEIVED), NO OTHER SERVICE CATEGORIES SHOULD BE CODED. IF A SECOND CODE IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘INVALID RESPONSE. PRESS ENTER ON A BLANK FIELD.’

WHEN AN ANSWER CATEGORY IS ENTERED IN AN ENTRY FIELD, CAPI WILL DISPLAY AN ANSWER CATEGORY ABBREVIATION BELOW THE ENTRY FIELD. THE FOLLOWING ANSWER CATEGORY ABBREVIATIONS SHOULD BE USED FOR THIS DISPLAY:

CODE ‘1’ = ‘LAB’
CODE ‘2’ = ‘ULTRA’
CODE ‘3’ = ‘X-RAYS’
CODE ‘4’ = ‘MAMMO’
CODE ‘5’ = ‘MRI’
CODE ‘6’ = ‘EKG’
CODE ‘7’ = ‘EEG’
CODE ‘8’ = ‘VACIN’
CODE ‘9’ = ‘ANEST’
CODE ‘10’ = ‘OTHER’
CODE ‘95’ = ‘NONE’

NOTE: ‘OTHER DIAGNOSTIC TEST’ AND ‘NO SERVICES RECEIVED’ ARE NOT DISPLAYED ON SHOW CARD.

OP12
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

Was a surgical procedure performed on (PERSON) during this visit?

YES ................................. 1
NO .................................. 2
REF ................................. -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.
During this {visit/telephone call}, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES .................................... 1
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.
Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescribed medicines from this visit that were filled?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]
BOX_04
=====

----------------------------------------------
| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7'  |
| (REFUSED), OR '8' (DON'T KNOW), GO TO BOX_10 |
----------------------------------------------

----------------------------------------------
| IF OP02 IS CODED '1' (SAW PROVIDER), GO TO BOX_07 |
----------------------------------------------

OP16
=====
OMITTED.

OP17
=====
OMITTED.

LOOP_01
======
OMITTED.

BOX_05
======
OMITTED.

BOX_06
======
OMITTED.

OP18
=====
OMITTED.

END_LP01
======
OMITTED.
BOX_07
======

<p>| IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO |</p>
<table>
<thead>
<tr>
<th>THIS PROVIDER FOR THIS PERSON, GO TO BOX_10</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH BOX_08</th>
</tr>
</thead>
</table>

BOX_08
======

<p>| IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS |
| PERSON HAVE NOT COMPLETED THE OUTPATIENT      |
| DEPARTMENT (OP) UTILIZATION SECTION, CONTINUE |</p>
<table>
<thead>
<tr>
<th>WITH BOX_09</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_10</th>
</tr>
</thead>
</table>

BOX_09
======

<p>| IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP,|</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH OP19</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_10</th>
</tr>
</thead>
</table>
Earlier I recorded that (PERSON) had some other visits to an outpatient department at (PROVIDER). Were any of these visits related to any condition associated with (PERSON)'s visit on (VISIT DATE)? That is, were any of the other visits for the (READ CONDITIONS BELOW) and did (PERSON) receive [(READ SERVICES BELOW)/the same services]?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>{PERSON'S OP MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
<tr>
<td>{PERSON'S OP MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
<tr>
<td>{PERSON'S OP MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
</tbody>
</table>

YES .................................... 1
NO ..................................... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

PRESS F1 FOR DEFINITION OF REPEAT VISITS.

| DISPLAY '{READ SERVICES BELOW}' IF OP11 IS NOT |
| CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW). IF OP11 IS CODED '95' (NO |
| SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW), |
| DISPLAY 'the same services'.

----------------------------------------------------
| DISPLAY '(READ SERVICES BELOW)' IF OP11 IS |
| CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW). IF OP11 IS CODED '95' (NO |
| SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW), |
| DISPLAY 'the same services'.

----------------------------------------------------
FOR ‘PERSON’S OP MEDICAL CONDITION.’, DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON’S MEDICAL CONDITIONS-ROSTER AT OP09.

FOR ‘SERVICES RECEIVED..’, DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT OP11:

- CODE ‘1’ = LABORATORY TESTS
- CODE ‘2’ = SONOGRAM/ULTRASOUND
- CODE ‘3’ = X-RAYS
- CODE ‘4’ = MAMMOGRAM
- CODE ‘5’ = MRI/CATSCAN
- CODE ‘6’ = EKG/ECG
- CODE ‘7’ = EEG
- CODE ‘8’ = VACCINATION
- CODE ‘9’ = ANESTHESIA
- CODE ‘10’ = OTHER SERVICES

OP20

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

Did any of these visits or calls cost the same amount as (PERSON)’s visit on (VISIT DATE)?

YES .................................... 1
NO ..................................... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

PRESS F1 FOR DEFINITION OF COST THE SAME AMOUNT.

NOTE: THE ISSUE OF COST WHEN THE PERSON HAS A COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE HANDLED IN THE F1 DEFINITION.
Which of the following visits were related to the (READ CONDITIONS BELOW) and {(READ SERVICES BELOW)/the same services} and cost the same amount as the (VISIT DATE) visit we’ve just talked about?

PROBE: Any other visits related to this condition and cost the same amount?

CONDITIONS

SERVICES

1. Month, Day, Year-4
2. Month, Day, Year-4
3. Month, Day, Year-4

TO LEAVE, PRESS ESC.
FOR ‘PERSON’S OP MEDICAL CONDITIONS.’, DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON’S-MEDICAL-CONDITIONS-ROSTER AT OP09.

FOR ‘SERVICES RECEIVED.’, DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT OP11:

CODE ‘1’ = LABORATORY TESTS
CODE ‘2’ = SONOGRAM/ULTRASOUND
CODE ‘3’ = X-RAY
CODE ‘4’ = MAMMOGRAM
CODE ‘5’ = MRI/CATSCAN
CODE ‘6’ = EKG/ECG
CODE ‘7’ = EEG
CODE ‘8’ = VACCINATION
CODE ‘9’ = ANESTHESIA
CODE ‘10’ = OTHER SERVICES

FLAG EACH VISIT SELECTED AT OP21 AS A REPEAT VISIT RELATED TO THE EVENT BEING ASKED ABOUT.

FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT VISIT AS ‘PROCESSED’.

LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH THE EVENT BEING ASKED ABOUT WITH EACH REPEAT VISIT.

THE EVENT DRIVER WILL NOT SERVE THESE REPEAT VISITS FOR THE OP SECTION.

OP22
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS SELECTED IN PREVIOUS QUESTION:

[Enter Repeat Visit Group]
BOX_10

| IF CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED | FOR THIS OUTPATIENT EVENT, ASK THE CHARGE/PAYMENT |
| (CP) SECTION                                      | |

| OTHERWISE, GO TO EVENT DRIVER (ED) SECTION        |
Quality (Priority Conditions) Supplement (PC) Section

BOX_01
======

OMITTED.

PC01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Now I would like to ask you a few questions about some health conditions (PERSON) may have and the course of treatment (PERSON) received. You may have already mentioned some of these conditions and treatments, however I still need to ask about each one.

PRESS ENTER TO CONTINUE.

BOX_01A
=======

----------------------------------------------------
| IF PERSON IS < 18 YEARS OF AGE OR IN AGE CATEGORIES 1-3, CONTINUE WITH PC01A |
----------------------------------------------------

| OTHERWISE, GO TO PC02 |
----------------------------------------------------
PC01A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Let’s talk about the last time (PERSON) had a sore throat that was serious enough to cause you to contact a doctor or other health professional.

Did this happen during the past 12 months?

YES .................................... 1
NO ......................................... 2 {PC02}
REF ......................................... -7 {PC02}
DK ............................................ -8 {PC02}

PC01B
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Was that primarily because (PERSON) had a sore throat or was it primarily for other symptoms?

SORE THROAT ............................. 1
OTHER SYMPTOMS ......................... 2 {PC02}
REF ......................................... -7 {PC02}
DK ............................................ -8 {PC02}

[Code One]

PC01C
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Did (PERSON) actually see a doctor or other health professional for this sore throat?

YES ..................................... 1
NO ......................................... 2
REF ......................................... -7
DK ............................................ -8

23-2
PC01D

{PERSON’S FIRST MIDDLE AND LAST NAME}

Did a doctor or other health professional prescribe an antibiotic for (PERSON)?

YES ..................................... 1
NO ..................................... 2 {PC02}
REF ................................... -7 {PC02}
DK .................................... -8 {PC02}

PC01E

{PERSON’S FIRST MIDDLE AND LAST NAME}

Did a doctor or other health professional give (PERSON) a throat swab before giving (PERSON) the antibiotic prescription?

YES ..................................... 1 {PC02}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PC01F

{PERSON’S FIRST MIDDLE AND LAST NAME}

Did any of the other people in this household have similar symptoms around the same time as (PERSON)?

YES ..................................... 1 {PC02}
NO ..................................... 2 {PC02}
REF ................................... -7 {PC02}
DK .................................... -8 {PC02}
PC01G

{PERSON’S FIRST MIDDLE AND LAST NAME}

Did a doctor or other health professional do a throat swab for (that person/those other people)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PC01H

{PERSON’S FIRST MIDDLE AND LAST NAME}

Did a doctor or other health professional prescribe an antibiotic for (that person/those other people)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
PC02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Other than during pregnancy, (have/has)/(Have/Has)} (PERSON) ever been told by a doctor or health professional that (PERSON) (have/has) diabetes or sugar diabetes?

YES .................................... 1
NO ..................................... 2 {PC04}
REF ................................... -7 {PC04}
DK .................................... -8 {PC04}

PRESS F1 FOR DEFINITION OF DIABETES.

---------------------------------------------------------------------
| DISPLAY 'Other than during pregnancy, (have/has)' |
| IF PERSON BEING ASKED ABOUT IS FEMALE AND IS > 9 |
| YEARS OF AGE OR IN AGE CATEGORIES 3-9. DISPLAY |
| '(Have/Has)' IF PERSON BEING ASKED ABOUT IS MALE |
| OR IS FEMALE AND IS <= 9 YEARS OF AGE OR IN AGE |
| CATEGORIES 1-2. |
---------------------------------------------------------------------

PC03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: XXX
AGE: XXX
STATUS: {CURRENT/INSTITUTIONALIZED/DECEASED}

DETERMINE IF SELF OR PROXY DIABETES CARE SUPPLEMENT (DCS) SHOULD BE DISTRIBUTED:

SELF DCS: FOR ANY CURRENT RU MEMBER WHO IS 18 YEARS OF AGE OR OLDER.

PROXY DCS: FOR ANY CURRENT RU MEMBER WHO IS LESS THAN 18 YEARS OF AGE. ALSO FOR ANY RU MEMBER WHO IS 18 OR OLDER AND IS INSTITUTIONALIZED, DECEASED, OR OTHERWISE INCAPACITATED.

CODE TYPE OF DCS DISTRIBUTED FOR (PERSON).

SELF .................................... 1 {PC03A}
PROXY .................................. 2

[Code One]
PC03OV1
=======

CODE REASON FOR PROXY DCS.

CHILD UNDER 18 .......................... 1 (PC03A)
OTHER ................................. 2

[Code One]

PC03OV2
=======

SPECIFY OTHER REASON FOR PROXY DCS.

[Enter Other Specify] .................

----------------------------------------------------------------------------------------
| DISPLAY "CURRENT" IF PERSON BEING ASKED ABOUT IS A|   |
| CURRENT RU MEMBER AND IS NOT DECEASED OR          |   |
| INSTITUTIONALIZED. DISPLAY "INSTITUTIONALIZED"    |   |
| IF PERSON BEING ASKED ABOUT IS FLAGGED AS        |   |
| 'INSTITUTIONALIZED' FOR THE CURRENT ROUND.       |   |
| DISPLAY "DECEASED" IF PERSON BEING ASKED ABOUT   |   |
| IS FLAGGED AS 'DECEASED' FOR THE CURRENT ROUND.  |   |
----------------------------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: XXX  DOB: XX/XX/XXXX

PREPARE (SELF/PROXY) DIABETES CARE SUPPLEMENT (DCS): WRITE IN PERSON NAME, PID, DATE OF BIRTH, AGE, AND RUID.

HAND PREPARED {SELF/PROXY} DCS TO RESPONDENT AND SAY:

The care of people with diabetes is an interest of the Public Health Service. We hope that {(PERSON)/you or someone else in the family} would be able to fill out this short questionnaire on the care (PERSON) get(s) for (PERSON)'s diabetes. {(PERSON)/You} can give it to me before I leave today, or I can pick it up later.

PRESS ENTER TO CONTINUE.

PC04

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) **ever** been told by a doctor or other health professional that (PERSON) (have/has) asthma?

YES ................................. 1
NO ...................................... 2 {BOX_02}
REF .................................... -7 {BOX_02}
DK ..................................... -8 {BOX_02}

PRESS F1 FOR DEFINITION OF ASTHMA.
PC04A
=====

(Do/Does) (PERSON) still have asthma?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PC05
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

During the past 12 months, (have/has) (PERSON) had an episode of asthma or an asthma attack?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ASTHMA ATTACK.

BOX_01B
======

-------------------------------------------------------------------
| IF PC04A IS CODED ‘1’ (YES) OR IF PC05 IS CODED ‘1’ (YES), CONTINUE WITH PC05A |
-------------------------------------------------------------------

-------------------------------------------------------------------
| OTHERWISE (IF PC04A IS CODED ‘2’ (NO), ‘-7’ (REF) OR ‘-8’ (DK) AND PC05 IS CODED ‘2’ (NO), ‘-7’ (REF) OR ‘-8’ (DK)), GO TO BOX_02 |
-------------------------------------------------------------------
Now I am going to ask you about two different kinds of asthma medicine. One is for quick relief. The other does not give quick relief but protects your lungs and prevents symptoms over the long term.

**During the past 3 months,** (have/has) (PERSON) used the kind of prescription inhaler that you breathe in through your mouth that gives quick relief from asthma symptoms?

- YES .................................... 1
- NO ........................................ 2
- REF ...................................... -7
- DK ........................................ -8

**During the past 3 months,** did (PERSON) use more than three canisters of this type of inhaler?

- YES .................................... 1
- NO ........................................ 2
- REF ...................................... -7
- DK ........................................ -8

(Have/Has) (PERSON) ever taken the preventive kind of asthma medicine used every day to protect your lungs and keep you from having attacks? Include both oral medicine and inhalers. This is different from inhalers used for quick relief.

- YES .................................... 1
- NO ........................................ 2
- REF ...................................... -7
- DK ........................................ -8
{PERSON’S FIRST MIDDLE AND LAST NAME}

(Are/Is) (PERSON) now taking this medication (that protects the lungs) daily or almost daily?

YES .................................... 1
NO ......................................... 2
REF ....................................... -7
DK .......................................... -8

PC06
=====

OMITTED.

PC07
=====

OMITTED.

PC08
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

A peak flow meter measures how hard you can blow air out of your lungs. (Do/Does) (PERSON) currently have a peak flow meter at home?

YES .................................... 1
NO ......................................... 2 {BOX_02}
REF ....................................... -7 {BOX_02}
DK .......................................... -8 {BOX_02}

PC08A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Did (PERSON) ever use the peak flow meter?

YES .................................... 1
NO ......................................... 2 {BOX_02}
REF ....................................... -7 {BOX_02}
DK .......................................... -8 {BOX_02}
SHOW CARD PC-2

When did (PERSON) last use the peak flow meter? Was it within the last seven days, more than seven days ago but within the last thirty days, or more than thirty days ago?

WITHIN LAST 7 DAYS ......................... 1
MORE THAN 7, BUT WITHIN LAST 30 DAYS ... 2
MORE THAN 30 DAYS AGO .................... 3
REF ........................................... -7
DK ............................................. -8

[Code One]

BOX_02

| IF PERSON IS => 18 YEARS OF AGE OR IN AGE | CONTINUE WITH PC09 |
| CATEGORIES 4-9, CONTINUE WITH PC09 |

| OTHERWISE, GO TO BOX_03 |
PC09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Other than during pregnancy, (have/has)/(Have/Has)} (PERSON) 
ever been told by a doctor or other health professional that 
(PERSON) had hypertension, also called high blood pressure?

YES ................................. 1
NO ..................................... 2 {PC11}
REF ................................... -7 {PC11}
DK ............................. -8 {PC11}

PRESS F1 FOR DEFINITION OF HYPERTENSION.

---------------------------------------------------------------------
| DISPLAY ‘Other than during pregnancy, (have/has)’ |
| IF PERSON BEING ASKED ABOUT IS FEMALE AND IS > 9 |
| YEARS OF AGE OR IN AGE CATEGORIES 3-9. DISPLAY |
| ’(Have/Has)’ IF PERSON BEING ASKED ABOUT IS MALE |
| OR IS FEMALE AND IS <= 9 YEARS OF AGE OR IN AGE |
| CATEGORIES 1-2. |
---------------------------------------------------------------------

PC10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) told on two or more different visits 
that (PERSON) had hypertension, also called high blood pressure?

YES ................................. 1
NO ..................................... 2
REF ................................... -7
DK ............................. -8

23-12
About how long has it been since (PERSON) had (PERSON)'s blood pressure checked by a doctor, nurse or other health professional?

WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS .................... 2
WITHIN PAST 3 YEARS .................... 3 {PC11A}
WITHIN PAST 5 YEARS .................... 4 {PC11A}
MORE THAN 5 YEARS ...................... 5 {PC11A}
NEVER .................................. 6 {PC11A}
REF ................................... -7 {PC11A}
DK .................................... -8 {PC11A}

PRESS F1 FOR DEFINITION OF BLOOD PRESSURE CHECK.

[Code One]
PC11A

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) ever been told by a doctor or other health professional that (PERSON) had high cholesterol?

YES .................................... 1
NO ..................................... 2 {PC12}
REF ................................... -7 {PC12}
DK .................................... -8 {PC12}

PC11B

{PERSON'S FIRST MIDDLE AND LAST NAME}

How old (were/was) (PERSON) when the high cholesterol was first diagnosed?

IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.

[ENTER AGE-3] ..........................
REF ................................... -7
DK .................................... -8

| RANGE CHECK: 0 TO PERSON’S CURRENT AGE |
PC12
=====

(Person's first middle and last name)

(Have/Has) (Person) ever been told by a doctor or other health professional that (Person) had ... 

1 = YES
2 = NO

PC12_01
=======

...Coronary heart disease? ( )

PC12_02
=======

...Angina, also called angina pectoris? ( )

PC12_03
=======

...A heart attack, also called myocardial infarction or MI? ( )

PC12_04
=======

...Any other kind of heart condition or heart disease, other than coronary heart disease, angina, or heart attack? ( )

--------------------
| IF CODED '1' (YES), CONTINUE WITH PC12_04OV |
--------------------

--------------------
| OTHERWISE, GO TO PC12_05 |
--------------------
PC12_04OV
========

What did the doctor or other health professional call it?

[Enter Other Specify-45] ............
REF .................. -7
DK .................. -8

PC12_05
========

{(Have/Has) (PERSON) ever been told by a doctor or other health professional that (PERSON) had ...}

...A stroke or TIA? A TIA is a transient ischemic attack which is sometimes referred to as a ministroke. ( )

----------------------------------------------------
| DISPLAY '{(Have/Has) (PERSON)... that (PERSON) had...'} IF PC12_04 IS CODED '1' (YES). OTHERWISE, |
| DISPLAY '{Have/Has...}' |
----------------------------------------------------

PC12_06
========

...Emphysema? ( )

----------------------------------------------------
| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED ON ALL ENTRY FIELDS. |
----------------------------------------------------

----------------------------------------------------
| GO TO PC13 |
----------------------------------------------------

23-16
PC13
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Doctors or other health professionals often advise people to make a change to their lifestyles to lower their risk of developing a number of diseases, including heart disease.

Has a doctor or other health professional ever advised (PERSON) to...

1 = YES
2 = NO

PC13_01
======

...Eat fewer high fat or high cholesterol foods? ( )

PC13_02
======

...Exercise more? ( )

----------------------------------------------------
| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED ON ALL ENTRY FIELDS. |
----------------------------------------------------

PC14
====

COMBINED WITH PC13

PC15
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) take aspirin every day or every other day?

YES ........................................ 1 {PC18}
NO ......................................... 2
REF .......................................... -7 {PC18}
DK .......................................... -8 {PC18}
PC16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) have a health problem or condition that makes taking aspirin unsafe for (PERSON)?

YES .................................... 1
NO ........................................ 2 {PC18}
REF ...................................... -7 {PC18}
DK ........................................ -8 {PC18}

PC17
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is that problem stomach related or something else?

STOMACH RELATED ..................... 1
SOMETHING ELSE ......................... 2
REF ........................................ -7
DK ........................................ -8

[Code One]

PC18
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) had pain, aching, stiffness or swelling around a joint in the last 12 months?

YES ...................................... 1
NO .......................................... 2
REF ....................................... -7
DK ......................................... -8
PC19
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) **ever** been told by a doctor or other health professional that (PERSON) had arthritis?

YES .................................... 1
NO ..................................... 2 {BOX_03}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

PC20
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Are/Is) (PERSON) currently being treated by a doctor or other health professional for (PERSON)'s arthritis?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

BOX_03
====

----------------------------------------------------
|  GO TO NEXT QUESTIONNAIRE SECTION                  |
----------------------------------------------------
Provider Directory (PD) Section

NOTE: THERE ARE THREE BASIC TYPES OF PROVIDERS:
1. PERSON-TYPE-PROVIDERS
2. PERSON-IN-FACILITY-PROVIDERS
3. FACILITY PROVIDERS

LOOP_01
=======

FOR EACH ELEMENT IN RU-MEDICAL-PROVIDERS-ROSTER, ASK PD01A - END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS VA AFFILIATION ADDRESS INFORMATION FOR PROVIDERS. THIS LOOP CYCLES ON PROVIDERS THAT MEET THE FOLLOWING CONDITIONS:
- CREATED THIS ROUND
  OR
- CREATED IN ROUND 1 AND WAS ASSOCIATED WITH AN IC EVENT (I.E., DID NOT COMPLETE LOOP_01) AND
- ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT OR
- ASSOCIATED WITH AN MV EVENT OR
- ASSOCIATED WITH A HH EVENT AND FLAGGED AS 'AGENCY'
PROVIDER:  {NAME OF MEDICAL CARE PROVIDER......}

IF PERSON PROVIDER, READ:

Is the clinic or place where (PROVIDER) was seen a facility of the Veteran’s Administration?

IF FACILITY PROVIDER, READ:

Is (PROVIDER) a facility of the Veteran’s Administration?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

-----------------------------------------------------
|  DISPLAY NAME OF PROVIDER BEING LOOPED ON FOR       |
|  ‘NAME OF MEDICAL CARE PROVIDER.’                   |
-----------------------------------------------------

BOX_01A
=======

----------------------------------------------------
|  IF PROVIDER IS:                                   |
|  -  ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT     |
|     OR                                           |
|  -  ASSOCIATED WITH AN MV EVENT AND MV03 IS CODED |
|     ‘1’ (YES-TALKED TO A MEDICAL DOCTOR) OR MV03   |
|     IS CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’     |
|     (DON’T KNOW) AND MV06 IS CODED ‘1’ (YES-MEDICAL|
|     DOCTORS WORK AT LOCATION)                      |
|     OR                                           |
|  -  ASSOCIATED WITH A HH EVENT AND FLAGGED AS      |
|     ‘AGENCY’,                                      |
|  CONTINUE WITH BOX_01                             |
----------------------------------------------------

----------------------------------------------------
|  OTHERWISE, GO TO END LP01                         |
----------------------------------------------------
BOX_01
======
----------------------------------------------------
| IF PROVIDER IS:                                   |
| - ASSOCIATED WITH A HH EVENT AND FLAGGED AS       |
| 'AGENCY',                                         |
| OR                                                |
| - ASSOCIATED WITH AN IC EVENT,                    |
| GO TO BOX_04                                       |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_02                    |
----------------------------------------------------

BOX_02
======
----------------------------------------------------
| GO TO BOX_03                                       |
----------------------------------------------------

PD01
====
OMITTED.

PD02
====
OMITTED.

BOX_03
======
----------------------------------------------------
| IF LOOPING ON PROVIDER ASSOCIATED ONLY WITH AN MV |
| EVENT AND RU IS NOT SELECTED FOR MPC, GO TO      |
| END_LP01                                          |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_04                    |
----------------------------------------------------

31-3
Now I would like to make sure I have complete information for the medical providers you mentioned. I will use a directory to look up the names, addresses, and telephone numbers of the sources of medical care you mentioned.

PRESS ENTER TO CONTINUE.
ENTER PROVIDER'S STATE ABBREVIATION.

PRESS ENTER FOR {STATE ABBREVIATION FOR RESPONDENT}.

[Enter State Code] ............

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

<table>
<thead>
<tr>
<th>ALLOW CODE “FC” (FOREIGN COUNTRY).</th>
</tr>
</thead>
</table>

<p>| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER |
| FROM PV’, IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |</p>
<table>
<thead>
<tr>
<th>FACILITY NAME.</th>
</tr>
</thead>
</table>

<p>| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM |</p>
<table>
<thead>
<tr>
<th>PV’.</th>
</tr>
</thead>
</table>

<p>| DISPLAY TWO CHARACTER STATE ABBREVIATION |
| ASSOCIATED WITH THIS RU’S ADDRESS FOR ‘STATE |</p>
<table>
<thead>
<tr>
<th>ABBREVIATION FOR RESPONDENT’.</th>
</tr>
</thead>
</table>

<p>| NOTE: IF ENTER IS PRESSED WITHOUT ANY ENTRY, |
| PD05 SHOULD BE THE SAME AS STATE ABBREVIATION |</p>
<table>
<thead>
<tr>
<th>USED IN THE PD04 DISPLAY.</th>
</tr>
</thead>
</table>
LOOP_02
=======

| FOR EACH SEARCH ATTEMPT, ASK PD05-END_LP02 |

PD05
=====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
STATE: {STATE ABBREVIATION}

SELECT A SEARCH STRATEGY.

SEARCH ON PROVIDER NAME SHOWN ABOVE ........ 1 {BOX_05}
CHANGE NAME BEFORE SEARCH .................. 2
SEARCH ON CORE STREET NAME .................. 3 {PD10}
SEARCH ON TELEPHONE NUMBER .................. 4 {PD11}
CHANGE STATE FOR SEARCH ..................... 5
DO NOT SEARCH - GO DIRECTLY TO
    PROVIDER INFORMATION FORM .............. 6 {PD18}

[Code One]

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE     |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER   |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY       |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY       |
| FACILITY NAME.                                  |

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE     |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV'.                                            |

<p>| DISPLAY TWO CHARACTER STATE ABBREVIATION ENTERED |
| IN PD04 FOR 'STATE ABBREVIATION'.                |</p>
<table>
<thead>
<tr>
<th>IF CODED ‘2’ (CHANGE NAME BEFORE SEARCH) AND PROVIDER FLAGGED AS ‘PERSON-TYPE-PROVIDER’, GO TO PD08</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED ‘2’ (CHANGE NAME BEFORE SEARCH) AND PROVIDER FLAGGED AS ‘FACILITY-PROVIDER’, GO TO PD09</td>
</tr>
</tbody>
</table>

EDIT: CODES ‘1’ (SEARCH ON PROVIDER NAME SHOWN ABOVE), ‘2’ (CHANGE NAME BEFORE SEARCH), ‘3’ (SEARCH ON CORE STREET NAME), AND ‘4’ (SEARCH ON TELEPHONE NUMBER) ARE NOT ALLOWED WHEN THE PROVIDER’S STATE IS CODED ‘FC’ (FOREIGN COUNTRY). IF STATE IS CODED ‘FC’ AND CODE ‘1’, ‘2’, ‘3’, OR ‘4’ IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘INVALID ENTRY. IF STATE IS ‘FC’, CODES 1-4 ARE UNAVAILABLE. VERIFY AND RE-ENTER.’
PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

CURRENT STATE CODE: {STATE ABBREVIATION}

ENTER NEW STATE CODE FOR PROVIDER.

[Enter State Code] ....................

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| DISALLOW CODE “FC” (FOREIGN COUNTRY).             |
----------------------------------------------------

----------------------------------------------------
| EDIT: IF CODE “FC” (FOREIGN COUNTRY) IS ENTERED, |
| DISPLAY THE FOLLOWING MESSAGE: ‘INVALID RESPONSE.|
| PLEASE RE-ENTER.’                                |
----------------------------------------------------

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE       |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER  |
| BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER     |
| FROM PV’. IF PERSON-TYPE-PROVIDER, DISPLAY        |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY        |
| FACILITY NAME.                                    |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON   |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE       |
| PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM |
| PV’.                                              |
----------------------------------------------------

----------------------------------------------------
| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY|
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR ‘STATE ABBREVIATION’.               |

----------------------------------------------------
PD07
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

SELECT A SEARCH STRATEGY.

SEARCH ON PROVIDER NAME SHOWN ABOVE .... 1 [BOX_05]
CHANGE NAME BEFORE SEARCH .......... 2
SEARCH ON CORE STREET NAME .......... 3 [PD10]
SEARCH ON TELEPHONE NUMBER .......... 4 [PD11]
DO NOT SEARCH - GO DIRECTLY TO
PROVIDER INFORMATION FORM .......... 5 [PD18]

[Code One]

----------------------------------------------------
|  DISPLAY NAME OF PROVIDER AS RECORDED ON THE       |
|  PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER  |
|  BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER     |
|  FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY        |
|  PERSON NAME. IF FACILITY-PROVIDER, DISPLAY        |
|  FACILITY NAME.                                    |

----------------------------------------------------
|  DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON   |
|  THE PROVIDER ROSTER FROM SECTION PV FOR THE       |
|  PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
|  PV'.                                              |

----------------------------------------------------
|  IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND      |
|  PROVIDER FLAGGED AS 'PERSON-TYPE-PROVIDER',       |
|  CONTINUE WITH PD08                                |

----------------------------------------------------
|  IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND      |
|  PROVIDER FLAGGED AS 'FACILITY-PROVIDER', GO TO    |
|  PD09                                              |
PD08
=====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

CURRENT STATE CODE: {STATE ABBREVIATION}

ENTER CORRECTED NAME INFORMATION IN APPROPRIATE FIELD(S).

PRESS ENTER TO PASS THROUGH FIELDS WHERE NO CORRECTION IS REQUIRED.

{Display FIRST NAME}       {Display LAST NAME}

[Enter First Name]         [Enter Last Name]

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'.                                 |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV'.                                      |
----------------------------------------------------

----------------------------------------------------
| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR 'STATE ABBREVIATION'.               |
----------------------------------------------------

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'DISPLAY FIRST NAME' AND |
| 'DISPLAY LAST NAME'.                          |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_05                                    |
----------------------------------------------------

31-10
PD09
====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

STATE: {STATE ABBREVIATION}

ENTER CORRECTED FACILITY, GROUP PRACTICE, OR HMO NAME.

{Display FACILITY NAME}

[Enter Facility Name]

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE       |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER   |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER'    |
| FROM PV'.                                        |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON   |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE       |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV'.                                              |
----------------------------------------------------

----------------------------------------------------
| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY|
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR 'STATE ABBREVIATION'.               |
----------------------------------------------------

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE       |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER   |
| BEING LOOPED ON FOR 'DISPLAY FACILITY NAME'.       |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_05                                      |
----------------------------------------------------
MEPS FAMES Panel 10 Round 5 Provider Directory (PD) Section
November 20, 2006

PD10
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

STATE:  {STATE ABBREVIATION}

ENTER CORE STREET NAME.  
(I.E., DO NOT ENTER STREET NUMBER OR DIRECTION)

[Enter Core Street Name] ............... 

PRESS F1 FOR DEFINITION OF CORE STREET NAME.

----------------------------------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME. |
----------------------------------------------------------------------------

----------------------------------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV'. |
----------------------------------------------------------------------------

----------------------------------------------------------------------------
| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR 'STATE ABBREVIATION'. |
----------------------------------------------------------------------------

----------------------------------------------------------------------------
| GO TO BOX_05 |
----------------------------------------------------------------------------
PD11

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

STATE:  {STATE ABBREVIATION}

ENTER COMPLETE TELEPHONE NUMBER:

[Enter Area Code-3, Exchange-3,
Local Number-4] .................

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV'. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR 'STATE ABBREVIATION'. |
----------------------------------------------------

----------------------------------------------------
| IF INTERVIEWER TRIES TO LEAVE SCREEN WITHOUT |
| FILLING ALL ENTRY FIELDS, DISPLAY THE FOLLOWING |
| MESSAGE AT THE BOTTOM OF THE SCREEN: 'YOU MUST |
| ENTER INFORMATION IN ALL FIELDS FOR THIS SEARCH.' |
----------------------------------------------------
CAPI will automatically conduct the appropriate series of searches for the selected search category as follows:

1) Search on provider name as shown above - person-type-provider - first and last name; first name initial and last name; last name only; first three letters of last name only; facility-provider - full name; first word of facility name; first three characters of first word of name.

2) Search on corrected provider name - same as #1

3) Search on core street name - full spelling of core street name; first three letters of core street name

4) Search on telephone number - exchange and local number; local only; exchange only

If no matches or more than 75 matches, go to PD17

Otherwise, continue with PD12
PD12
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

STATE:  {STATE}

SEARCH STRATEGY:  {PROVIDER NAME SHOWN ABOVE/CORRECTED
{PERSON/FACILITY} NAME/CORE STREET NAME/
TELEPHONE NUMBER}

NUMBER OF POTENTIAL MATCHES FOUND:  {NUMBER OF MATCHES}

PRESS ENTER TO CONTINUE.
SEARCH STRATEGY:
- DISPLAY ‘PROVIDER NAME SHOWN ABOVE’ IF PD05=1
  OR IF PD07=1.
- DISPLAY ‘CORRECTED {PERSON/FACILITY} NAME’ IF
  PD05=2 OR IF PD07=2.
  - DISPLAY ‘PERSON’ IF PERSON-TYPE-PROVIDER
    AND PD08 WAS ANSWERED.
  - DISPLAY ‘FACILITY’ IF FACILITY-PROVIDER AND
    PD09 WAS ANSWERED.
  - DISPLAY ‘CORE STREET NAME’ IF PD05=3 OR
    IF PD07=3.
  - DISPLAY ‘TELEPHONE NUMBER’ IF PD05=4 OR
    IF PD07=4.

DISPLAY THE NUMBER OF POTENTIAL MATCHES FOUND IN
DIRECTORY FOR ‘NUMBER OF MATCHES’.
PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

SELECT CORRECT PROVIDER.
IF CORRECT PROVIDER NOT FOUND, PRESS ESC TO LEAVE SCREEN.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. PROVIDER-MATCHES</th>
<th>PD13 02. STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Provider Name-40]</td>
<td>[Display Street Address-20]</td>
</tr>
<tr>
<td>[Display Provider Name-40]</td>
<td>[Display Street Address-20]</td>
</tr>
<tr>
<td>[Display Provider Name-40]</td>
<td>[Display Street Address-20]</td>
</tr>
<tr>
<td>[Display Provider Name-40]</td>
<td>[Display Street Address-20]</td>
</tr>
</tbody>
</table>

{Display Provider Name}
{Display Provider Street Address}
{Display Provider City, State, Zip}
{Display Provider Telephone Number}
{Display Provider Specialty}
| IF NO PROVIDER SELECTED FROM ROSTER, GO TO PD17 |

| OTHERWISE, CONTINUE WITH PD14 |

---

PD14

---

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

YOU HAVE SELECTED:

{Display Provider Name}
{Display Provider Street Address}
{Display Provider City, State, Zip}
{Display Provider Telephone Number}
{Display Provider Specialty}

YOUR OPTIONS:

ACCEPT PROVIDER AS SHOWN ............... 1
ACCEPT PROVIDER BUT MAKE CHANGES ....... 2
WRONG PROVIDER, GO BACK TO PREVIOUS SCREEN ........................................ 3

---

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER FROM PV’. IF PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME.

---

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM PV’.

---

31-18
DISPLAY FULL INFORMATION (I.E., NAME, ADDRESS, CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) FOR PROVIDER SELECTED (I.E., CHECKED) IN PD13 FOR ‘DISPLAY PROVIDER...’.

IF CODED ‘1’ (ACCEPT PROVIDER AS SHOWN) OR ‘2’ (ACCEPT PROVIDER BUT MAKE CHANGES), STORE THIS PROVIDER DIRECTORY ID.

NOTE: INFORMATION OBTAINED FROM THE PROVIDER DIRECTORY SEARCH IS NOT USED TO REPLACE DATA REPORTED BY THE RESPONDENT DURING THE INTERVIEW OR INCORPORATED INTO PROVIDER ROSTER DISPLAYS.

IF CODED ‘3’ (WRONG PROVIDER, GO BACK TO PREVIOUS SCREEN), CAPI AUTOMATICALLY RETURNS TO PD13

IF CODED ‘1’ (ACCEPT PROVIDER AS SHOWN), GO TO END_LP02

IF CODED ‘2’ (ACCEPT PROVIDER BUT MAKE CHANGES), CONTINUE WITH PD15
DISPLAY NAME, ADDRESS, CITY, STATE, ZIP, AND TELEPHONE FOR PROVIDER SELECTED (I.E., CHECKED) IN PD13 FOR ‘DISPLAY PROV...’ EACH PIECE OF THE INFORMATION SHOULD BE DISPLAYED ABOVE THE APPROPRIATE LINE.

ENTRY FIELD SPECIFICATIONS:

IF PERSON-TYPE-PROVIDER, DISPLAY FIRST NAME AND LAST NAME FIELDS.

IF FACILITY-PROVIDER, DISPLAY FACILITY NAME FIELD.

FLAG THIS RECORD AS ‘UPDATED. NEEDS HOME OFFICE REVIEW.’
PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER}
STREET ADDRESS: {STREET ADDRESS}

DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?

YES ................................. 1
NO ................................. 2  {END_LP02}

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE     |
| PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON |
| THE PREVIOUS SCREEN (PD15) FOR THE PROVIDER BEING|
| LOOPED ON FOR 'NAME OF MEDICAL CARE PROVIDER'. IF|
| PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF    |
| FACILITY-PROVIDER, DISPLAY FACILITY NAME.        |
|----------------------------------------------------

----------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON  |
| THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED|
| ON THE PREVIOUS SCREEN (PD15) FOR THE PROVIDER   |
| BEING LOOPED ON FOR 'STREET ADDRESS'.            |
|----------------------------------------------------

PD16OV

[ENTER TEXT].........................{END_LP02}

----------------------------------------------------
| ALLOW MULTIPLE LINES FOR ENTRY.                    |
|----------------------------------------------------

31-22
**PD17**

| PROVIDER NAME:  | {NAME OF MEDICAL CARE PROVIDER FROM PV} |
| STREET ADDRESS: | {STREET ADDRESS FROM PV} |
| STATE:          | {STATE} |

SEARCH STRATEGY: {PROVIDER NAME SHOWN ABOVE/CORRECTED {PERSON/FACILITY} NAME/CORE STREET NAME/TELEPHONE NUMBER}

(NO MATCHES/MORE THAN 75 MATCHES/YOU DID NOT SELECT ANY MATCHES WHICH) WERE LOCATED IN THE DIRECTORY DURING THE LAST SEARCH. DO YOU WANT TO SEARCH AGAIN?

YES, SEARCH AGAIN ...................... 1 {END_LP02}
NO, GO TO PROVIDER FORM ................ 2

[Code One]

| DISPLAY NAME OF PROVIDER ASRecorded ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER FROM PV’. IF PERSON-TYPE PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME. |
|(DISPLAY NAME OF PROVIDER ASRecorded ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER FROM PV’. IF PERSON-TYPE PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME. |

| DISPLAY THE FIRST STREET ADDRESS ASRecorded ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM PV’. |
| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, FROM PD04) FOR ‘STATE ABBREVIATION’. |

31-23
SEARCH STRATEGY:
- DISPLAY 'PROVIDER NAME SHOWN ABOVE' IF PD05=1 OR IF PD07=1.
- DISPLAY 'CORRECTED {PERSON/FACILITY} NAME' IF PD05=2 OR IF PD07=2.
  - DISPLAY 'PERSON' IF PERSON-TYPE-PROVIDER AND PD08 WAS ANSWERED.
  - DISPLAY 'FACILITY' IF FACILITY-PROVIDER AND PD09 WAS ANSWERED.
  - DISPLAY 'CORE STREET NAME' IF PD05=3 OR IF PD07=3.
  - DISPLAY 'TELEPHONE NUMBER' IF PD05=4 OR IF PD07=4.

DISPLAY 'NO MATCHES' IF NO POTENTIAL MATCHES WERE FOUND IN THE DIRECTORY.

DISPLAY 'MORE THAN 75 MATCHES' IF MORE THAN 75 POTENTIAL MATCHES WERE FOUND IN THE DIRECTORY.

DISPLAY 'YOU DID NOT SELECT ANY MATCHES WHICH' IF POTENTIAL MATCHES WERE FOUND IN THE DIRECTORY BUT THE INTERVIEWER DID NOT SELECT ANY (I.E., USED ESC AT PD13 AND NO PROVIDER HAD BEEN CHECKED).
TO VERIFY INFO, PRESS ENTER. TO CORRECT OR ADD INFO, RE-TYPE ENTIRE FIELD.

{Provider Name from PV}
{NAME (PD18_01): [______________________________]}
{1ST_STR_Provider Address from PV}
1ST_STR_ADDRESS (PD18_02): [______________________________]
2ND_STR_ADDRESS (PD18_03): [______________________________]
{2ND_STR_Provider Address from PV}
CITY (PD18_04): [______________________________]
STATE (PD18_05): [______________________________]
ZIP CODE (PD18_06): [______________________________]
TELEPHONE (PD18_07): [______________________________]
{SPECIALTY (PD18_08): [______________________________]}

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| IF STREET ADDRESS LINES ARE CODED REFUSED OR DON'T |
| KNOW (-7 OR -8) IN PROVIDER ROSTER (PV) SECTION,  |
| DISPLAY BLANK LINES FOR THESE FIELDS.              |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE NAME AND ADDRESS AS RECORDED ON THE   |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER   |
| BEING LOOPED ON FOR 'PROVIDER NAME FROM PV'. IF    |
| PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF     |
| FACILITY-PROVIDER, DISPLAY FACILITY NAME. EACH    |
| PIECE OF THE INFORMATION SHOULD BE DISPLAYED ABOVE |
| THE APPROPRIATE LINE.                             |
----------------------------------------------------

ENTRY FIELD SPECIFICATIONS:

IF PERSON-TYPE-PROVIDER, DISPLAY 'FIRST' AND 'LAST NAME' FIELDS. ALSO DISPLAY PD18_08, 'SPECIALTY' FIELD, FOR COLLECTION.

IF FACILITY-PROVIDER, DISPLAY 'FACILITY NAME' FIELD. DO NOT DISPLAY 'SPECIALTY' FIELD.
FLAG THIS RECORD AS 'NEW NAME/ADDRESS INFORMATION. NEEDS HOME OFFICE REVIEW.'

REFUSED AND DON’T KNOW ALLOWED IN ALL FIELDS, EXCEPT THE ‘NAME’ FIELD.
PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER}
STREET ADDRESS: {STREET ADDRESS}

DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?

YES .................................... 1
NO ..................................... 2  {END_LP02}

-----------------------------------------------
<p>| DISPLAY NAME OF PROVIDER AS RECORDED ON THE  |
| PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON |
| THE PREVIOUS SCREEN (PD18) FOR THE PROVIDER BEING |
| LOOPED ON FOR ‘NAME OF MEDICAL CARE PROVIDER’. IF |
| PERSON-TYPE PROVIDER, DISPLAY PERSON NAME. IF    |</p>
<table>
<thead>
<tr>
<th>FACILITY-PROVIDER, DISPLAY FACILITY NAME.</th>
</tr>
</thead>
</table>

-----------------------------------------------
<p>| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED |
| ON THE PREVIOUS SCREEN (PD18) FOR THE PROVIDER   |</p>
<table>
<thead>
<tr>
<th>BEING LOOPED ON FOR ‘STREET ADDRESS’.</th>
</tr>
</thead>
</table>

PD19OV
======

[ENTER TEXT]....................

-----------------------------------------------
<table>
<thead>
<tr>
<th>ALLOW MULTIPLE LINES FOR ENTRY.</th>
</tr>
</thead>
</table>
END_LP02

| IF PD17 IS CODED '1' (YES), CYCLE FOR NEXT SEARCH. |

| IF NO MORE SEARCHES TO BE MADE, THAT IS, IF PD17 IS CODED '2' (NO) OR PD14 IS CODED '1' (ACCEPT PROVIDER AS SHOWN), CONTINUE WITH END_LP01 |

END_LP01

| CYCLE ON NEXT PROVIDER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |

| IF NO OTHER PROVIDER MEETS THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_06 |

BOX_06

| GO TO NEXT QUESTIONNAIRE SECTION. |
Pregnancy Detail (PG) Section

BOX_01
=====

----------------------------------------------------
|  IF LOOPING ON ‘PREVIOUS ROUND PREGNANCY’ OR       |
|  ‘PREGNANCY 1’ (FROM CURRENT ROUND), CONTINUE WITH |
|  PG01                                              |
----------------------------------------------------

----------------------------------------------------
|  OTHERWISE, GO TO PG02                             |
----------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

(We recorded that (PERSON) (were/was) pregnant at the time of
our last interview on {PREV RD INTV DATE}.)

{{(Are/Is)/(Were/Was)} (PERSON) {currently} pregnant {with that
pregnancy} {on December 31, 2006}?}

{CODE 3 IF RESPONDENT SAYS PERSON WAS NOT PREGNANT AT LAST
INTERVIEW.}

YES .................................... 1
NO ..................................... 2
{NOT PREGNANT AT LAST INTERVIEW ....... 3 {BOX_02}}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

---

| DISPLAY 'We recorded that (PERSON) (were/was)
| pregnant at the time of our last interview on
| {PREV RD INTV DATE}'.; 'with that pregnancy';
| 'CODE 3 IF RESPONDENT SAYS PERSON WAS NOT PREGNANT
| AT LAST INTERVIEW.'; AND 'NOT PREGNANT AT LAST
| INTERVIEW ....... 3 {BOX_02}' IF PERSON CODED AS
| 'STILL PREGNANT' AT LAST INTERVIEW AND LOOPING ON
| 'PREVIOUS ROUND PREGNANCY' FOR THIS PERSON.
| OTHERWISE, USE A NULL DISPLAY.
| |
| DISPLAY '{Are/Is}' IF NOT ROUND 5. DISPLAY
| '{Were/Was}' IF ROUND 5.
| |
| DISPLAY 'currently' IF NOT ROUND 5. OTHERWISE,
| USE A NULL DISPLAY.
| |
| DISPLAY 'on December 31, 2006' IF ROUND 5.
| OTHERWISE, USE A NULL DISPLAY.

---

| IF CODED '3' (NOT PREGNANT AT LAST INTERVIEW), |
| FLAG ITEM FOR EVENT CLEANUP. |
BOX_01A
=======

<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH PG01A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_01B</th>
</tr>
</thead>
</table>

PG01A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

(Were/Was) (PERSON) pregnant on December 31, 2005?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

BOX_01B
=======

<p>| IF PERSON CURRENTLY PREGNANT (PG01 = 1), GO TO |</p>
<table>
<thead>
<tr>
<th>PG03</th>
</tr>
</thead>
</table>

<p>| IF PERSON NOT CURRENTLY PREGNANT (PG01 = 2), |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH PG02</th>
</tr>
</thead>
</table>
Did (PERSON)'s {most recent pregnancy/next most recent pregnancy/pregnancy that we talked about last time} end in a live birth?

{IF MORE THAN ONE PREGNANCY SINCE (START DATE), PROBE FOR OUTCOME OF (NEXT) MOST RECENT PREGNANCY.}
IF RESPONDENT VOLUNTEERS STILLBIRTH, MISCARRIAGE, OR ABORTION, CODE AS APPROPRIATE.

DO NOT PROBE A 'NO' RESPONSE. CODE 5, 'NO, OUTCOME NOT VOLUNTEERED.'

YES, ENDED IN A LIVE BIRTH ............. 1
NO, ENDED IN MISCARRIAGE ............... 2 {BOX_02}
NO, ENDED IN STILLBIRTH ............... 3 {BOX_02}
NO, ENDED IN ABORTION ............... 4 {BOX_02}
NO, OUTCOME NOT VOLUNTEERED ............ 5 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

| DISPLAY 'most recent pregnancy’ IF LOOPING ON FIRST PREGNANCY OF CURRENT REFERENCE PERIOD. |
| DISPLAY 'next most recent pregnancy’ IF LOOPING ON ANY PREGNANCY, AFTER THE FIRST PREGNANCY, OF CURRENT REFERENCE PERIOD. |
| DISPLAY 'pregnancy that we talked about last time’ IF LOOPING ON PREGNANCY FROM PREVIOUS ROUND. |
| DISPLAY 'IF MORE THAN ONE PREGNANCY SINCE (START DATE), PROBE FOR OUTCOME OF (NEXT) MOST RECENT PREGNANCY.’ IF NOT LOOPING ON FIRST PREGNANCY OF CURRENT ROUND OR PREGNANCY FROM PREVIOUS ROUND. |
SHOW CARD PG-1.

Looking at this card, which of these complications, if any, did (PERSON) experience during this pregnancy?

CODE ALL THAT APPLY.

HIGH BLOOD PRESSURE, TOXEMIA,  
PRE-ECLAMPSIA, OR ECLAMPSIA ........ 1  
ANEMIA .................................. 2  
DIABETES, GESTATIONAL DIABETES, OR  
HIGH BLOOD SUGAR ...................... 3  
LOW LYING PLACENTA (PLACENTA PREVIA) .. 4  
VAGINAL BLEEDING ...................... 5  
PREMATURE LABOR ...................... 6  
NONE OF THESE COMPLICATIONS ......... 95  
REF .................................. -7  
DK .................................. -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF SELECTED CONDITIONS.

------------------------------------------------------------------
|   NOTE: CODE ‘95’ (NONE OF THESE COMPLICATIONS) WILL NOT APPEAR ON THE SHOW CARD. |
------------------------------------------------------------------

------------------------------------------------------------------
| IF PG01 IS CODED ‘1’ (YES), GO TO PG11 |
------------------------------------------------------------------

------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH PG04 |
------------------------------------------------------------------
PG04
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

How many babies did (PERSON) deliver?

[Enter Small Number] .................
REF .................................. -7
DK .................................... -8

----------------------------------------------------
| NOTE: IF PG04 IS CODED '-7' (REFUSED) OR '-8'   |
| (DON'T KNOW), ASK ITEMS LOOP_01 TO END_LP01 ONCE. |
----------------------------------------------------

----------------------------------------------------
| SOFT RANGE CHECK: 1 TO 6 BABIES.                |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE FOLLOWING MESSAGE: 'PLEASE BE SURE   |
| THE BABY/BABIES WERE ADDED TO THE RU. IF NOT,   |
| MAKE A COMMENT DESCRIBING THE SITUATION.'        |
----------------------------------------------------
Where was the delivery - in a hospital, a birthing center separate from a hospital, at home, or some other place?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HOSPITAL</td>
</tr>
<tr>
<td>2</td>
<td>BIRTHING CENTER</td>
</tr>
<tr>
<td>3</td>
<td>HOME</td>
</tr>
<tr>
<td>91</td>
<td>SOME OTHER PLACE</td>
</tr>
<tr>
<td>-7</td>
<td>REF</td>
</tr>
<tr>
<td>-8</td>
<td>DK</td>
</tr>
</tbody>
</table>

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
ENTER OTHER:

[Enter Other Specify] ..................   {LOOP_01}
REF ................................. -7 {LOOP_01}
DK ................................. -8 {LOOP_01}

What kind of delivery did (PERSON) have?  Was it a vaginal delivery or a cesarean section?

VAGINAL DELIVERY ....................... 1
CESAREAN SECTION ....................... 2 {LOOP_01}
REF ................................. -7 {LOOP_01}
DK ................................. -8 {LOOP_01}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

Were forceps used for the delivery?

YES .................................... 1
NO ..................................... 2
REF ................................. -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF FORCEPS.
Did (PERSON) receive an epidural or a 'spinal' for pain?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF EPIDURAL/SPINAL.
How much did the (first/next) baby weigh at birth?

POUNDS AND OUNCES ............................ 1 {PG09OV1}
GRAMS .............................. 2 {PG09OV3}
REF ................................... -7 {PG10}
DK .................................... -8 {PG10}

[Code One]

| DISPLAY ‘BABY #{n}’ IF PG04 IS NOT CODED ‘1’, ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW). |
| DISPLAY THE NUMBER OF THE CURRENT LOOP CYCLE (FOR LOOP_01) FOR ‘n’. |

| RANGE CHECK: 2-15 FOR POUNDS; 0-15 FOR OUNCES; 500-6800 FOR GRAMS. |

ENTER POUNDS:

[Enter Pounds] ............................
REF ................................... -7 {PG10}
DK .................................... -8 {PG10}
PROBE FOR OUNCES IF NOT REPORTED.

ENTER OUNCES:

[Enter Ounces] .........................
REF .................................... -7
DK .................................... -8

| IF THE RESPONSE TO PG09OV1 IS '5' FOR THE NUMBER |
| OF POUNDS AND PG09OV2 IS CODED '-7' (REFUSED) OR |
| '-8' (DON'T KNOW), GO TO PG10 |

| OTHERWISE, GO TO END_LP01 |

ENTER GRAMS:

[Enter Grams] ......................... {END_LP01}
REF .................................... -7
DK .................................... -8
Did the (first/next) baby weigh less than five and a half pounds (2500 grams), five and a half to nine pounds (2500 to 4100 grams), or more than 9 pounds (4100 grams)?

LESS THAN 5-1/2 POUNDS/2500 GRAMS ...... 1
5-1/2 TO 9 POUNDS/2500 TO 4100 GRAMS ... 2
MORE THAN 9 POUNDS/4100 GRAMS ........... 3
REF ................................... -7
DK .................................... -8

[Code One]
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{How/As of December 31, 2006, how} many weeks or months pregnant
{(are/is)/(were/was)} (PERSON)?

[Enter Number of Weeks/Months] ........
REF ........................................ -7 {PG12}
DK ........................................... -8 {PG12}

------------------------------------------------------------------
| DISPLAY 'How' AND '(are/is)' IF NOT ROUND 5.            |
| DISPLAY 'As of December 31, 2006, how' AND             |
| '(were/was)' IF ROUND 5.                               |
------------------------------------------------------------------

PG11OV
=====

ENTER UNIT:

WEEKS ........................................ 1 {BOX_02}
MONTHS ......................................... 2 {BOX_02}
REF ........................................... -7
DK ............................................. -8

[Code One]

------------------------------------------------------------------------------------------------
| EDIT CHECK: 1-42 FOR WEEKS; 1-10 FOR MONTHS.             |
------------------------------------------------------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

{(Are/Is)/As of December 31, 2006, (were/was)} (PERSON) less than 3 months pregnant, 3-6 months pregnant, or more than 6 months pregnant?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 3 MONTHS</td>
<td>1</td>
</tr>
<tr>
<td>3 TO 6 MONTHS</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 6 MONTHS</td>
<td>3</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

------------------------------------------------------------------
| DISPLAY 'Are/Is’ IF NOT ROUND 5. DISPLAY 'As of December 31, 2006, (were/was)’ IF ROUND 5. |
------------------------------------------------------------------

BOX_02

======

------------------------------------------------------------------
| RETURN TO THE CE SECTION.                                     |
------------------------------------------------------------------
Prescribed Medicines (PM) Section

PM01

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

The next questions are about prescription medicines (PERSON) purchased or received {since (START DATE)/between (START DATE) and (END DATE)}.

[It would be very helpful for the following questions if we could look at the bottles, containers, tubes, or bags for each of the medicines we will be talking about.]

PRESS ENTER TO CONTINUE.

<table>
<thead>
<tr>
<th>DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.</th>
<th></th>
<th>DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF PERSON HAS NO MEDICINES CREATED OR SELECTED DURING THE CURRENT ROUND (ON PERSON’S-PRESCRIBED-MEDICINES-ROSTER), GO TO PM04</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH PM02</td>
</tr>
</tbody>
</table>

|--------------------------------------------------------------------------------------------------------------------------|
PM02
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

While we were talking about (PERSON)'s medical care, we listed
the following prescription(s) as purchased or received {since
(START DATE)/between (START DATE) and (END DATE)}. (READ
MEDICINES BELOW.)

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{NAME OF PRESCRIPTION MEDICINE.}
{NAME OF PRESCRIPTION MEDICINE.}
{NAME OF PRESCRIPTION MEDICINE.}

INFORMATION OKAY ...................... 1 {PM04}
AT LEAST ONE MEDICINE INCORRECT .... 2

[Code One]

-------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL MEDICINES IN THE PERSON’ S-PRESCRIBED-MEDICINES-ROSTER THAT ARE FLAGGED AS EITHER 'CREATED' OR 'SELECTED' DURING THE CURRENT ROUND. |
-------------------------------------------------------------------------------

-------------------------------------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. | DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. |
-------------------------------------------------------------------------------

-------------------------------------------------------------------------------
| IF CODED '2' (AT LEAST ONE MEDICINE INCORRECT) AND | THERE IS ONLY ONE MEDICINE ON PERSON’S-PRESCRIBED-MEDICINES-ROSTER, SELECT THAT MEDICINE AUTOMATICALLY BY CAPI AT PM03 AND GO TO PM04 |
-------------------------------------------------------------------------------

-------------------------------------------------------------------------------
| IF CODED '2' (AT LEAST ONE MEDICINE INCORRECT) AND | THERE IS MORE THAN ONE MEDICINE ON PERSON’S-PREScribed-MEDICINES-ROSTER, CONTINUE WITH PM03 |
-------------------------------------------------------------------------------

19-2
PM03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

SELECT MEDICINE(S) THAT WERE RECORDED INCORRECTLY.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

----------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL     |
| MEDICINES IN THE PERSON'S-PRESCRIBED-MEDICINES-|
| ROSTER THAT ARE FLAGGED AS EITHER 'CREATED' OR |
| 'SELECTED' DURING THE CURRENT ROUND.          |

----------------------------------------------

| ROSTER BEHAVIOR SPECIFICATIONS:              |
| 1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY|
| LISTED ON THE ROSTER.                        |
| 2. DO NOT ALLOW MEDICINES TO BE ADDED, EDITED OR|
| DELETED.                                      |

----------------------------------------------

| FLAG SELECTED MEDICINES AS 'INCORRECT'. THESE|
| MEDICINES WILL NOT BE ELIGIBLE FOR LOOP_01 (I.E., |
| NOT 'CREATED' OR 'SELECTED' THIS ROUND).          |
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, (have/has) (PERSON) obtained any medicines [we have not yet talked about]? For example, (have/has) (PERSON) had any new prescriptions or a refill of a prescription?

Please include any on-line prescriptions.

YES .................................... 1
NO ..................................... 2 {PM06}
REF ................................... -7 {PM06}
DK .................................... -8 {PM06}

PRESS F1 FOR DEFINITION OF PRESCRIPTIONS AND REFILLS.

PM05
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

What were the names of these medicines?

PROBE: Any other medicines?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| PRESCRIBED-MEDICINES-ROSTER. |
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES).
3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.'
4. ANY MEDICINE ADDED TO THE ROSTER SHOULD BE FLAGGED AS 'CREATED' THIS ROUND (WITH THE ROUND STATUS). ANY MEDICINE SELECTED AT THE ROSTER SHOULD BE FLAGGED AS 'SELECTED' THIS ROUND (WITH THE ROUND STATUS). THIS FLAGGING SHOULD OCCUR, AT EACH PERSON'S-PRESCRIBED-MEDICINES-ROSTER THROUGHOUT THE INSTRUMENT (UNLESS OTHERWISE SPECIFIED), THE FIRST TIME THE MEDICINE IS ADDED OR SELECTED DURING THE ROUND. FOR EXAMPLE, IF IT IS ROUND 1, ALL MEDICINES ON THE ROSTER WOULD HAVE THE FLAG 'CREATED - ROUND 1'. IF A MEDICINE IS CREATED IN HS, BUT SELECTED IN MV, ALL DURING ROUND 1, IT WOULD ONLY HAVE THE FLAG 'CREATED - ROUND 1'. THUS, FOR ANY ONE ROUND, A MEDICINE CAN ONLY BE FLAGGED AS 'CREATED' OR 'SELECTED'. IF IT IS ROUND 2 AND A MEDICINE THAT WAS CREATED IN ROUND 1 IS SELECTED, IT SHOULD BE FLAGGED AS 'SELECTED - ROUND 2'. THIS FLAG IS IN ADDITION TO THE ORIGINAL 'CREATED - ROUND 1' FLAG.
THE PERSON’S-PRESCRIBED-MEDICINES-ROSTER WILL CONTAIN ALL PREVIOUSLY CREATED PRESCRIBED MEDICINES FROM ALL PREVIOUS ROUNDS, AS WELL AS MEDICINES FROM THE CURRENT ROUND. WHEN A MEDICINE FROM A PREVIOUS ROUND IS SELECTED, A NEW EVENT IS CREATED SINCE IT INVOLVES A NEW PURCHASE. A NEW PURCHASE REQUIRES ASKING CP AND WHAT PHARMACY. THE REASON FOR INCLUDING ALL OF THE PRESCRIBED MEDICINES ON THE ROSTER IS SIMPLY TO AVOID THE INTERVIEWER HAVING TO TYPE THEM IN AGAIN (IF THE PERSON IS GETTING REFILLS OF THE SAME MEDICINE EVERY ROUND).

PM06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}  {END-DT}

(Since (START DATE)/Between (START DATE) and (END DATE)), did (PERSON) get any free samples of prescribed medicines from a medical or dental provider that we have not yet talked about?

YES ................................. 1
NO ................................. 2 {BOX_01}
REF ................................. -7 {BOX_01}
DK ................................. -8 {BOX_01}

PRESS F1 FOR DEFINITION OF FREE SAMPLES.

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

What are the names of the medicines (PERSON) got as free samples?

PROBE: Any other free samples?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| PRESCRIBED-MEDICINES-ROSTER. |  |
---------------------------------------------------------------------

---------------------------------------------------------------------
| SEE PM05 FOR PRESCRIBED MEDICINE ROSTER BEHAVIOR |
| SPECIFICATIONS. |  |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ONLY MEDICINES CREATED AT PM07 DURING THE CURRENT |
| ROUND SHOULD BE FLAGGED AS 'FREE SAMPLE'. |  |
---------------------------------------------------------------------

BOX_01
=====

---------------------------------------------------------------------
| IF NO MEDICINES FLAGGED AS 'CREATED' OR 'SELECTED' |
| DURING THE CURRENT ROUND, GO TO BOX_06 |  |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_01 |  |
---------------------------------------------------------------------
LOOP_01
========

| FOR EACH ELEMENT IN PERSON'S-PRESCRIBED-MEDICINES-ROSTER, ASK BOX_01A-END_LP01 |

LOOP DEFINITION: LOOP_01 collects information about each prescribed medicine created or selected during the current round. This loop cycles on prescribed medicines that meet one of the following conditions:

- Prescribed medicine is flagged as 'created' during the current round.
- Prescribed medicine is flagged as 'selected' during the current round.

BOX_01A
========

| IF ROUND 5, CONTINUE WITH PM07A |

| OTHERWISE, GO TO PM08 |
PM07A

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF PRESCRIPTION MEDICINE.} {STR-DT} {END-DT}

Now, let’s talk about (MEDICINE).

Was (MEDICINE) purchased or obtained sometime between (START DATE) and (END DATE)?

YES ........................................ 1
NO ........................................ 2 {END_LP01}
REF ........................................ -7
DK ........................................ -8

| IF CODED ‘2’ (NO), FLAG MEDICINE AS ‘INCORRECT’. |
| THIS MEDICINE SHOULD NOT BE FLAGGED AS ‘CREATED’ |
| OR ‘SELECTED’ FOR ROUND 5. |

PM08

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF PRESCRIPTION MEDICINE.} {STR-DT} {END-DT}

(Now, let’s talk about (MEDICINE).)

Is (MEDICINE) used for a specific health problem?

YES ........................................ 1
NO ........................................ 2 {BOX_02A}
REF ........................................ -7 {BOX_02A}
DK ........................................ -8 {BOX_02A}

| DISPLAY ‘Now let’s talk about (MEDICINE).’ IF NOT |
| ROUND 5. IF ROUND 5, USE A NULL DISPLAY. |
PM09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF PRESCRIPTION MEDICINE.}  {STR-DT}
{END-DT}

What health problem is (MEDICINE) prescribed for?
PROBE:  Any other health problems?

IF CONDITION IS ALREADY LISTED, ASK:  Is this the same (NAME OF CONDITION) that we have talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A.  TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |  |
| MEDICAL-CONDITIONS-ROSTER.                        |  |
----------------------------------------------------
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF CONDITIONS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF CONDITIONS). AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS SHOULD BE ASKED.

3. INTERVIEWER SHOULD BE ABLE TO DELETE CONDITION THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A CONDITION ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.’

IF MEDICINE BEING ASKED ABOUT IS FLAGGED AS ‘SELECTED’ DURING THE CURRENT ROUND, GO TO PM10

IF MEDICINE BEING ASKED ABOUT IS FLAGGED AS ‘CREATED’ DURING THE CURRENT ROUND, CONTINUE WITH PM11
PM11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF PRESCRIPTION MEDICINE.}  {STR-DT}
{END-DT}

In what year did (PERSON) **first use** (MEDICINE)?

[Enter Year-4] .........................
HAS NOT YET TAKEN/USED .............. XX
REF ...................................... -7
DK ....................................... -8

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR OR REFERENCE YEAR MINUS 1, CONTINUE WITH PM11OV1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO PM10</th>
</tr>
</thead>
</table>

PM11OV1
=======

[Enter Month-2] ......................
REF .................................... -7
DK ...................................... -8

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH PM11OV2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO PM10</th>
</tr>
</thead>
</table>

PM11OV2
=======

[Enter Day-2] ......................
REF .................................... -7
DK ...................................... -8
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2010 (LEAP YEAR);

MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

THE COMPLETE DATE CANNOT BE BEFORE THE PERSON’S DATE OF BIRTH OR AFTER THE REFERENCE PERIOD END DATE FOR THIS PERSON.

PM10

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF PRESCRIPTION MEDICINE.} {STR-DT} {END-DT}

How many times was (MEDICINE) obtained or purchased for (PERSON) {since (START DATE)/between (START DATE) and (END DATE)}?

[Enter Number of Times] ............
REF .................................. -7
DK .................................... -8

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.
BOX_02B

| IF ROUND 3 AND PM10 ≠ -7 OR -8, CONTINUE WITH | PM10A |
|------------------------------------------------|
| OTHERWISE, GO TO BOX_02 |

PM10A

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF PRESCRIPTION MEDICINE.} {STR-DT} {END-DT}

NUMBER OF TIMES OBTAINED/PURCHASED SINCE (START DATE): {NUMBER OF TIMES}

Of these times, how many were in 2005?

[Enter Number of Times] ..............
REF ................................. -7
DK .................................... -8

| EDIT: NUMBER OF TIMES IN 2005 ≤ NUMBER OF TIMES OBTAINED/PURCHASED. |
| FOR ‘NUMBER OF TIMES,’ DISPLAY THE NUMBER ENTERED AT PM10. |
BOX_02

IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN ASKED FOR THIS MEDICINE, ASK THE CHARGE/PAYMENT (CP) SECTION

OTHERWISE, CONTINUE WITH END_LP01

END_LP01

CYCLE ON NEXT MEDICINE IN PERSON’S-PRESCRIBED-MEDICINES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER MEDICINES MEET THE STATED CONDITIONS, END LOOP_01 AND CONTINUE WITH BOX_03

BOX_03

IF ALL PRESCRIBED MEDICINES FOR THIS PERSON ARE FLAGGED AS ‘FREE SAMPLES’ (IN BOTH PM AND CP) DURING THE CURRENT ROUND, GO TO BOX_06

OTHERWISE, CONTINUE WITH LOOP_02

19-15
LOOP_02
=======

| FOR EACH OF THE FOLLOWING: |
| PHARMACY 1               |
| PHARMACY 2               |
| PHARMACY 3               |
| PHARMACY 4               |
| ASK BOX_04A-END_LP02     |

LOOP DEFINITION: LOOP_02 enumerates pharmacies used by person for prescribed medicines that were created or selected during the current round. The response to PM17 determines if the loop cycles again. If PM17 is coded '1' (YES), the loop cycles to collect the next pharmacy used by person. If PM17 is coded '2' (NO), '-7' (REFUSED), or '-8' (DON'T KNOW), the loop ends.

BOX_04A
=======

| AS A PHARMACY IS ENTERED OR SELECTED, FLAG THE PHARMACY WITH THE CURRENT ROUND (i.e., the most recent round it was entered/selected). This round flag is used to determine whether the pharmacy is eligible for pharmacy permission form collection for this RU member. |

BOX_04
======

| IF THERE ARE NO PHARMACIES ON THE RU-PHARMACIES-ROSTER, GO TO PM14 |
| OTHERWISE, CONTINUE WITH PM12 |

19-16
What is the name of the (next) pharmacy that filled the prescription(s) for (PERSON)?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. PHARMACY</th>
<th>PM12_02. STREET</th>
<th>PM12_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pharmacy</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Pharmacy</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Pharmacy</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-PHARMACIES-ROSTER.</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR SPECIFICATIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTERVIEWER MAY SELECT ANY PHARMACY ALREADY LISTED OR SELECT 'NONE OF THE ABOVE.'</td>
</tr>
<tr>
<td>2. ONLY ONE SELECTION MAY BE MADE.</td>
</tr>
<tr>
<td>3. INTERVIEWER CAN NOT ADD AT THIS SCREEN. PHARMACIES ARE 'ADDED' BY USING THE 'NONE OF THE ABOVE' SELECTION.</td>
</tr>
<tr>
<td>4. INTERVIEWER CAN NOT DELETE AT THIS SCREEN (I.E., CTRL/D).</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY.</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PM14</th>
</tr>
</thead>
</table>
PM13
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

Is the address of (READ NAME AND ADDRESS OF PHARMACY BELOW)...

{PHARMACY NAME SELECTED AT PM12}
{PHARMACY STREET ADDRESS LINE1.}
{PHARMACY STREET ADDRESS LINE2.}
{PHARMACY CITY.,ST,ZIPCODE...}
{PHRM PHONE}

ADDRESS AND TELEPHONE CORRECT ........ 1 {BOX_05}
ADD NEW ADDRESS FOR PHARMACY ........... 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION ............................. 3 {PM15}
SELECTED WRONG PHARMACY/ADDRESS ....... 4
REF ............................... -7 {BOX_05}
DK ................................. -8 {BOX_05}

[Code One]

| IF CODED '4' (SELECTED WRONG PHARMACY/ADDRESS), | |
| CAPI REDISPLAYS PM12 TO ALLOW INTERVIEWER TO | |
| SELECT CORRECT PHARMACY. | |
What is the name and address of the (next) pharmacy that filled the prescription(s) for (PERSON)?

ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF PHARMACY HAS MORE THAN ONE LOCATION, RECORD LOCATION WHERE PERSON HAD PRESCRIPTION FILLED.

ENTER WEB ADDRESS ON STREET ADDRESS LINE(S).

PHARMACY_NAME (PM14_01): [___________]
PHARMACY_STR1 (PM14_02): [___________]
PHARMACY_STR2 (PM14_03): [___________]
PHARMACY_CITY (PM14_04): [___________]
PHARMACY_STATE (PM14_05): [___________]
PHARMACY_ZIPCODE (PM14_06): [___________]
PHARMACY_PHONE (PM14_07): [___________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| CODES '7' (REF) AND '8' (DK) ARE ALLOWED ON EACH FORM ITEM EXCEPT FOR PHARMACY NAME (PM14_01). |
| EDIT: CHECK THAT STATE ABBREVIATION IS VALID. |
| IF PM13 IS CODED '2' (ADD NEW ADDRESS FOR PHARMACY), PM14 WILL NOT COLLECT THE PHARMACY NAME, PM14_01 WILL DISPLAY THE PHARMACY NAME AND CANNOT BE EDITED. |
| GO TO BOX_05 |

19-19
PM15
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

CORRECT ADDRESS OR TELEPHONE FOR: {PHARMACY NAME W/WRONG ADDRESS.}

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [PHARMACY_STR1]
[PHARMACY_STR2]
[PHARMACY_CITY]
[PHARMACY_STATE]
[PHARMACY_ZIPCDE]
[PHARMACY_PHONE]

PHARMACY_STR1 (PM15_01): [_____________
PHARMACY_STR2 (PM15_02): [_____________
PHARMACY_CITY (PM15_03): [_____________
PHARMACY_STATE (PM15_04): [_____________
PHARMACY_ZIPCDE (PM15_05): [_____________
PHARMACY_PHONE (PM15_06): [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| EDIT: CHECK THAT STATE ABBREVIATION IS VALID. |

---

BOX_05
=====

| IF THE NAME OR ADDRESS FIELDS WERE COMPLETED IN |
| PM14 FOR THE PHARMACY BEING ASKED ABOUT (THAT IS, |
| THE PHARMACY WAS ADDED TO THE RU-PHARMACIES- |
| ROSTER OR A NEW ADDRESS WAS ENTERED FOR AN |
| EXISTING PHARMACY), CONTINUE WITH PM16 |

| OTHERWISE, GO TO PM17 |

---
What type of pharmacy is that? Is it a mail-order pharmacy; a pharmacy located in another store such as a grocery or department store; a pharmacy located in an HMO, clinic, or hospital; a drug store that is not located within another facility; or is it an on-line pharmacy?

MAIL-ORDER ............................. 1
IN ANOTHER STORE ....................... 2
IN HMO/CLINIC/HOSPITAL ................. 3
DRUG STORE ............................. 4
ON-LINE ................................ 5
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]
END_LP02
========

----------------------------------------------------
<p>| IF PM17 IS CODED '1' (YES), CYCLE TO COLLECT      |
| INFORMATION ABOUT THE NEXT PHARMACY USED BY       |</p>
<table>
<thead>
<tr>
<th>PERSON.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF PM17 IS CODED '2' (NO), '-7 (REFUSED), OR '-8' |</p>
<table>
<thead>
<tr>
<th>(DON'T KNOW), END LOOP_02 AND CONTINUE WITH BOX_06</th>
</tr>
</thead>
</table>

BOX_06
======

----------------------------------------------------
<table>
<thead>
<tr>
<th>GO TO NEXT QUESTIONNAIRE SECTION</th>
</tr>
</thead>
</table>
THE PROVIDER PROBES (PP) SECTION (INCLUDING THE EVENT ROSTER (EV) AND PROVIDER ROSTER (PV) SECTIONS WHICH ARE CALLED IN THE COURSE OF PP) COLLECTS THE INFORMATION REQUIRED TO CREATE AN EVENT. THIS INFORMATION INCLUDES THE EVENT TYPE, PERSON, PROVIDER, AND DATE OR DATE RANGE. ONCE THE EV SECTION IS COMPLETED FOR AN EVENT, THE INTERVIEWER CANNOT BACK UP TO EDIT THAT EVENT OR ANY OTHER EVENTS THAT WERE CREATED PREVIOUSLY. HOWEVER, EVENTS CAN BE EDITED IN THE EVENT DRIVER (ED) SECTION OF THE QUESTIONNAIRE.

IF DISCHARGE DATE CODED '95' (STILL IN HOSPITAL) FOR ANY HOSPITAL STAY (HS) EVENT REPORTED IN PREVIOUS ROUND FOR ANY RU MEMBER, CONTINUE WITH LOOP_01 OTHERWISE, GO TO BOX_02
LOOP_01
=======

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK    |
| PP01 - END_LP01                                   |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_01 COLLECTS THE DISCHARGE   |
| DATE OF A HOSPITAL STAY FOR ANY PERSON STILL IN    |
| THE HOSPITAL AT THE END OF THE PREVIOUS ROUND.     |
| THIS LOOP CYCLES ON PERSONS THAT MEET BOTH OF THE  |
| FOLLOWING CONDITIONS:                              |
| - PERSON HAD AN HS EVENT DURING THE PREVIOUS ROUND |
| AND                                                |
| - ONE OF PERSON’S HS EVENTS HAD A DISCHARGE DATE   |
| CODED ’95’ (STILL IN HOSPITAL).                    |
----------------------------------------------------
PP01

(Person's first middle and last name) (Name of medical care provider......) (ADM-DT)

Last time, we recorded that (PERSON) entered (PROVIDER) on (ADMIT DATE) and was still in the hospital at the time of our interview on (PREV RD INTV DT).

On what date was (PERSON) discharged from (PROVIDER)?

IF STILL IN HOSPITAL (OR RELEASED IN 2007), ENTER 95 IN MONTH FOR DISCHARGE DATE.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>(Display Month,Day,Year-4)</th>
<th>[Enter Month,Day,Year-4]</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Display Month,Day,Year-4)</td>
<td>[Enter Month,Day,Year-4]</td>
</tr>
<tr>
<td>(Display Month,Day,Year-4)</td>
<td>[Enter Month,Day,Year-4]</td>
</tr>
</tbody>
</table>

-------------------------------
ROSTER DEFINITION: THIS ITEM USES PERSON’S-MEDICAL-EVENTS-ROSTER TO DISPLAY ALL HS EVENTS THAT WERE CODED '95' (STILL IN HOSPITAL) DURING THE PREVIOUS ROUND.

-------------------------------
PERSON’S EVENT ROSTER BEHAVIOR SPECIFICATIONS:

ADMIT DATE IS A PROTECTED FIELD. INTERVIEWER CAN ENTER DISCHARGE DATE ONLY.

-------------------------------
DISPLAY THE DATE OF THE PREVIOUS ROUND’S INTERVIEW FOR '{PREV RD INTV DT}'. DISPLAY 'OR RELEASED IN 2007’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. FOR 'Display Month,Day,Year-4’, DISPLAY THE ADMIT DATE OF THE HS EVENT WITH A DISCHARGE DATE OF '95' (STILL IN HOSPITAL) FOR THIS PERSON.
END_LP01

-----------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION.                                    |
-----------------------------

-----------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_01 AND CONTINUE WITH BOX_02            |
-----------------------------

BOX_02

-----------------------------
| IF DISCHARGE DATE CODED '95' (STILL IN |
| INSTITUTION) FOR ANY INSTITUTIONAL STAY (IC) EVENT|
| REPORTED IN PREVIOUS ROUND FOR ANY RU MEMBER, |
| CONTINUE WITH LOOP_02                    |
-----------------------------

-----------------------------
| OTHERWISE, GO TO BOX_03                  |
-----------------------------

LOOP_02

-----------------------------
| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |
| PP02 - END_LP02                           |
-----------------------------

-----------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS THE DISCHARGE |
| DATE OF AN INSTITUTIONAL STAY FOR ANY PERSON STILL |
| IN THE INSTITUTION AT THE END OF THE PREVIOUS |
| ROUND. THIS LOOP CYCLES ON PERSONS THAT MEET THE |
| FOLLOWING CONDITIONS:                           |
|   - PERSON HAD AT LEAST ONE IC EVENT DURING THE |
|     PREVIOUS ROUND                               |
| AND                                             |
|   - ONE OF PERSON’S IC EVENTS HAD A DISCHARGE DATE |
|     CODED '95' (STILL IN INSTITUTION).            |
-----------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {ADM-DT}

Last time we recorded that (PERSON) entered (PROVIDER) on (ADMIT DATE) and was still there at the time of our interview on (PREV RD INTV DT).

On what date was (PERSON) discharged from (PROVIDER)?

IF STILL IN AN INSTITUTION OR LONG-TERM CARE FACILITY, {OR RELEASED IN 2007}, ENTER 95 IN MONTH FOR DISCHARGE DATE.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

| {Display Month,Day,Year-4} | [Enter Month,Day,Year-4] |
| {Display Month,Day,Year-4} | [Enter Month,Day,Year-4] |
| {Display Month,Day,Year-4} | [Enter Month,Day,Year-4] |

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES PERSON’S-MEDICAL-EVENTS-ROSTER TO DISPLAY ALL IC EVENTS THAT WERE CODED ‘95’ (STILL IN INSTITUTION) DURING THE PREVIOUS ROUND. |
----------------------------------------------------

| PERSON’S EVENT ROSTER BEHAVIOR SPECIFICATIONS: |
| ADMIT DATE IS A PROTECTED FIELD. INTERVIEWER CAN ENTER DISCHARGE DATE ONLY. |

----------------------------------------------------
| DISPLAY THE DATE OF THE PREVIOUS ROUND’S INTERVIEW FOR '{PREV RD INTV DT}'. |
| DISPLAY ‘OR RELEASED IN 2007’ IF ROUND 5. |
| OTHERWISE, USE A NULL DISPLAY. |
| FOR 'Display Month,Day,Year-4’, DISPLAY THE ADMIT DATE OF THE IC EVENT WITH A DISCHARGE DATE OF ‘95’ (STILL IN INSTITUTION) FOR THIS PERSON. |
----------------------------------------------------
END_LP02
========

-----------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP   |
| DEFINITION.                                   |
-----------------------------------------------

-----------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH BOX_03           |
-----------------------------------------------

BOX_03
======

-----------------------------------------------
| IF CA03 IS CODED '5' (VOLUNTEERED NO EVENTS TO |
| RECORD), GO TO PP03A                            |
-----------------------------------------------

-----------------------------------------------
| IF CA03 IS CODED '3' (SOME VISITS RECORDED), '4' |
| (DID NOT USE), '-7' (REFUSED), '-8' (DON'T KNOW), |
| OR IS NOT ASKED (CALENDAR NEVER USED), GO TO PP14 |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_03              |
-----------------------------------------------
LOOP_03
======

| For each of the following: |
| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |
| ask BOX_04 - END_LP03 |

LOOP DEFINITION: LOOP_03 ASKS THE EVENT ROSTER (EV) SECTION FOR EACH EVENT RECORDED ON THE CALENDAR. THE RESPONSE TO PP03 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP03 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP03 IS CODED '2' (NO) OR '3' (NO EVENTS ON CALENDAR TO RECORD), THE LOOP ENDS.

BOX_04
=====

| IF FIRST CYCLE OF LOOP_03, GO TO PP03 |

| OTHERWISE, CONTINUE WITH BOX_05 |

BOX_05
=====

| ASK THE EVENT ROSTER (EV) SECTION |

| AT COMPLETION OF THE EV SECTION, |
| CONTINUE WITH PP03 |
INTERVIEWER: ADD (AN/ANOTHER) EVENT?

YES .................................... 1
NO ..................................... 2
(NO EVENTS ON CALENDAR TO RECORD ........ 3)

| DISPLAY CODE 3 (NO EVENTS ON CALENDAR TO RECORD), |
| ONLY IF FIRST CYCLE OF LOOP_03. OTHERWISE, USE A |
| NULL DISPLAY. |
SHOW CARD PP-1.

(Since (START DATE)/Between (START DATE) and (END DATE)), has anyone in the family seen or spoken with a medical or mental health professional, dentist, or other health care provider listed on this card [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2 {PP06}
REF ................................... -7 {PP06}
DK .................................... -8 {PP06}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
LOOP_04

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_06 - END_LP04

LOOP DEFINITION: LOOP_04 COLLECTS ALL DENTAL (DN) AND MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED.

THE RESPONSE TO PP05 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP05 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP05 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_06

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP05
SHOW CARD PP-1.

Has {PERSON’S FIRST MIDDLE AND LAST NAME} had any other visits or calls to health care providers listed on this card? Or has anyone else in the family visited or called a health care provider listed here? [Please include any visits or calls we have not yet talked about.]

YES ....................................  1
NO .....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

----------------------------------------------------
| DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT  |
| WAS JUST ADDED FOR '{PERSON’S FIRST MIDDLE AND   |
| LAST NAME}'.                                      |
----------------------------------------------------

END_LP04

----------------------------------------------------
| IF PP05 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT |
| EVENT.                                            |
----------------------------------------------------

----------------------------------------------------
| IF PP05 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ |
| (DON’T KNOW), END LOOP_04 AND CONTINUE WITH PP06 |
----------------------------------------------------
SHOW CARD PP-2.

(Has/Between (START DATE) and (END DATE), has) anyone in the family been a patient in a hospital or been seen in a hospital emergency room or outpatient department? Or has anyone been a patient in any type of long term care facility? [Please include any hospital care we have not yet talked about.]

YES .................................... 1
NO ..................................... 2 {PP07A}
REF ................................... -7 {PP07A}
DK ..................................... -8 {PP07A}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
LOOP_05
=======

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_07 - END_LP05.

LOOP DEFINITION: LOOP_05 COLLECTS ALL HOSPITAL BASED AND INSTITUTIONAL STAY EVENTS (I.E., HS, ER, OP, AND IC EVENTS) NOT ALREADY RECORDED.

THE RESPONSE TO PP07 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP07 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP07 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_07
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION,
CONTINUE WITH PP07
SHOW CARD PP-2.

Has {PERSON’S FIRST MIDDLE AND LAST NAME} had any other visits to a hospital or long term care facility? Or has anyone else in the family been a patient in or seen at a hospital or long term care facility? [Please include any hospital care we have not yet talked about.]

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

------------------------------
| DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT |
| WAS JUST ADDED FOR ‘{PERSON’S FIRST MIDDLE AND |
| LAST NAME}’.                                    |
------------------------------

END_LP05

-----------------------------
| IF PP07 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT |
| EVENT.                                             |
-----------------------------

-----------------------------
| IF PP07 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ |
| (DON’T KNOW), END LOOP_05 AND CONTINUE WITH PP07A |
-----------------------------
PP07A
=====

{STR-DT}
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, has anyone in the family had any visits to an independent lab or testing facility for x-rays or other tests?

YES .................................... 1
NO ..................................... 2 (PP07B)
REF ................................... -7 (PP07B)
DK .................................... -8 (PP07B)

[Code One]

----------------------------------------------------
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5.      |
| DISPLAY 'Between (START DATE) and (END DATE)'     |
| IF ROUND 5.                                       |
----------------------------------------------------

LOOP_05A
=======

----------------------------------------------------
| For each of the following:                         |
|                                                  |
| EVENT 1                                           |
| EVENT 2                                           |
| EVENT 3                                           |
| EVENT 4                                           |
|                                                  |
| ask BOX_07A - END_LP05A.                          |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_05A COLLECTS ALL LAB EVENTS |
| (I.E., OP, OR MV EVENTS) NOT ALREADY RECORDED.    |
|                                                  |
| THE RESPONSE TO PP07AA DETERMINES WHETHER THE LOOP |
| CYCLES AGAIN. IF PP07AA IS CODED ‘1’ (YES), THE   |
| LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP07AA |
| IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T |
| KNOW), THE LOOP ENDS.                             |
----------------------------------------------------
Has {PERSON’S FIRST MIDDLE AND LAST NAME} had any other visits to an independent lab or testing facility? Or has anyone else in the family been seen at an independent lab or testing facility? [Please include any care we have not yet talked about.]

YES .................................... 1
NO ..................................... 2
REF .................................... -7
DK .................................... -8

[Code One]
END_LP05A

| IF PP07AA IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT. |

PP07B

{STR-DT} {END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, has anyone in the family had any visits to someone who practices alternative care such as acupuncture, massage therapy, hypnosis, or other treatments?

YES ................................. 1
NO .................................... 2 {PP08}
REF ................................... -7 {PP08}
DK .................................... -8 {PP08}

[Code One]

| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘Between (START DATE) and (END DATE)’ |
| IF ROUND 5. |
LOOP_05B
========

| For each of the following: |
| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |
| ask BOX_07B - END_LP05B. |

LOOP DEFINITION: LOOP_05B COLLECTS ALL ALTERNATIVE CARE EVENTS (I.E., MV EVENTS) NOT ALREADY RECORDED.

THE RESPONSE TO PP07BB DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP07BB IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP07BB IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_07B
=======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP07BB
Has {PERSON’S FIRST MIDDLE AND LAST NAME} had any other visits to someone who practices alternative care? Or has anyone else in the family been seen by someone who practices alternative care? [Please include any alternative care we have not yet talked about.]

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

[Code One]

| DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR '{PERSON’S FIRST MIDDLE AND LAST NAME}'. |

---------

| IF PP07BB IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT. |

---------

| IF PP07BB IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_05B AND CONTINUE WITH PP08 |

---------
SHOW CARD PP-3.

What about visits to the home because of a health problem for any of these services {between (START DATE) and (END DATE)}? [Please include any home care services we have not yet talked about.]

YES .................................... 1
NO ..................................... 2 {PP12}
REF .................................... -7 {PP12}
DK ..................................... -8 {PP12}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
LOOP_06
=======

For each of the following:

| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |

ask BOX_08 - END_LP06.

LOOP DEFINITION:  LOOP_06 COLLECTS ALL HOME HEALTH (HH) EVENTS NOT ALREADY RECORDED.

THE RESPONSE TO PP09 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP09 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP09 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_08
=======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION,
CONTINUE WITH PP09
SHOW CARD PP-3.

Because of a health problem, has (PERSON'S FIRST MIDDLE AND LAST NAME) received any other home care services? Or has anyone else in the family received home care services such as those listed on this card? [Please include any home care services we have not yet talked about.]

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR '{PERSON'S FIRST MIDDLE AND LAST NAME}'.

END_LP06

IF PP09 IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP09 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_06 AND CONTINUE WITH PP12.
SHOW CARD PP-4.

{And finally/Between (START DATE) and (END DATE)}, did anyone in the family obtain eyeglasses, contact lenses, or diabetic equipment {since (START DATE)} [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

----------------------------------------------------
<p>| DISPLAY 'And finally' IF NOT ROUND 5. DISPLAY |
| 'Between (START DATE) and (END DATE)' IF ROUND 5. |
| |
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |</p>
<table>
<thead>
<tr>
<th>OTHERWISE, USE A NULL DISPLAY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>IF PP12 IS CODED '1' (YES), CONTINUE WITH LOOP_07</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>IF PP12 IS CODED '2' (NO), '7' (REFUSED), OR</td>
</tr>
<tr>
<td>'8' (DON'T KNOW) AND CURRENT ROUND IS ROUND 3 OR</td>
</tr>
<tr>
<td>ROUND 5, GO TO PP13A</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_10</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>
For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_09 - END_LP07.

LOOP DEFINITION: LOOP_07 COLLECTS ALL OTHER MEDICAL EXPENSE (OM) EVENTS NOT ALREADY RECORDED.

THE RESPONSE TO PP13 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP13 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP13 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP13
SHOW CARD PP-4.

Has anyone else in the family obtained eyeglasses, contact lenses, or diabetic equipment [other than what we have already talked about]?

| YES ........................................ 1 |
| NO ....................................... 2 |
| REF ..................................... -7 |
| DK ..................................... -8 |

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
BOX_09A
=======

----------------------------------------------------
| IF ROUND 3 OR ROUND 5, CONTINUE WITH PP13A       |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_10                           |
----------------------------------------------------

PP13A
=====

JAN 01
DEC 31

SHOW CARD PP-4A.

Now I would like you to think about the entire calendar year 2006, that is from January 1, 2006 until December 31, 2006.

Please look at the types of other medical expenses listed on this card. Did anyone in the family obtain any of these types of other medical expenses during the year 2006?

PROBE: These could include ambulance services, canes, wheelchairs, corrective shoes, hearing aids or amplifiers for a telephone, artificial limbs, raised toilet seats, a modification to the house or a car because of some illness or injury, for example ramps or handrails, etc.

YES .................................... 1
NO ..................................... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
LOOP_07A
=======

For each of the following:

| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |

ask BOX_09B - END_LP07A.

LOOP DEFINITION: LOOP_07A COLLECTS ALL OTHER TYPES OF MEDICAL EXPENSE (OM) EVENTS FOR THE YEAR 2006 NOT ALREADY RECORDED.

THE RESPONSE TO PP13B DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP13B IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP13B IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_09B
=======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP13B
During the calendar year 2006, has anyone else in the family obtained, purchased, or rented any of the types of other medical expenses listed on this card [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

| NOTE: IN ROUND 3, QUESTION REFERRED TO '2005', NOT '2006'. |

END_LP07A

| IF PP13B IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT. |

| IF PP13B IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_07A AND CONTINUE WITH BOX_10 |

BOX_10

| GO TO BOX_18 |

8-28
PP14
=====

{STR-DT}
{END-DT}

These next questions ask about the different medical and
dental care anyone in the family has received {since (START
DATE)/between (START DATE) and (END DATE)}. It is sometimes
hard to remember dates accurately so take your time. You might
want to look at any calendar you may keep, checkbook, or
receipts to help you remember. We are interested in any type of
visit or call, including those made just for advice,
prescriptions, tests, shots, or x-rays.

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5.  |  |
| DISPLAY 'between (START DATE) and (END DATE)' IF |  |
| ROUND 5.  |  |
----------------------------------------------------

LOOP_08
=======

----------------------------------------------------
| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK  |  |
| PP15 - END_LP08.  |  |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_08 COLLECTS ALL EVENTS FOR |  |
| EACH RU MEMBER WHEN THE CALENDAR IS INCOMPLETE OR |  |
| WAS NOT USED. THIS LOOP CYCLES ON ALL RU MEMBERS  |  |
| INCLUDING PERSONS WHO WERE DECEASED OR           |  |
| INSTITUTIONALIZED AFTER THE REFERENCE PERIOD START|  |
| DATE.  |  |
----------------------------------------------------
PP15
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-5.

Now think about the health care (PERSON) has received {since (START DATE)/between (START DATE) and (END DATE)}.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) see or talk to any type of dental care provider, such as the types listed on this card, for dental care or a dental check-up?

YES .................................... 1
NO ..................................... 2 {PP17}
REF ................................... -7 {PP17}
DK .................................... -8 {PP17}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
LOOP_09
=======

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_11 END_LP09.

LOOP DEFINITION: LOOP_09 COLLECTS ALL DENTAL (DN) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP16 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP16 IS CODED '"1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP16 IS CODED '"2' (NO), '"7' (REFUSED), OR '"8' (DON’T KNOW), THE LOOP ENDS.

BOX_11
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION,
CONTINUE WITH PP16

8-31
PP16
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-5.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) see or talk to any other type of dental care provider, such as the types listed on this card (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

END_LP09
========

END_LP09

----------------------------------------------------
| IF PP16 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT |
| EVENT. 
----------------------------------------------------

----------------------------------------------------
| IF PP16 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ |
| (DON’T KNOW), END LOOP_09 AND CONTINUE WITH PP17  |

8-32
PP17
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-6.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) see or talk to any medical doctor or nurse, such as those types listed on this card? [Please include telephone calls or visits where (PERSON) received advice, prescriptions, or test results.]

YES .................................... 1
NO ..................................... 2 {PP19}
REF ................................... -7 {PP19}
DK .................................... -8 {PP19}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
LOOP_10
========

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_12 - END_LP10.

LOOP DEFINITION: LOOP_10 COLLECTS ALL MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP18 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP18 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP18 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_12
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP18
PP18
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-6.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did
(PERSON) see or talk to any other type of medical professional,
such as the types listed on this card (other than what you’ve
already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

----------------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.     |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF  |
| ROUND 5.                                          |
----------------------------------------------------

END_LP10
========

----------------------------------------------------
| IF PP18 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT |
| EVENT.                                            |
----------------------------------------------------

----------------------------------------------------
| IF PP18 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ |
| (DON’T KNOW), END LOOP_10 AND CONTINUE WITH PP19   |
----------------------------------------------------
SHOW CARD PP-7.

{Since (START DATE)/Between (START DATE) and (END DATE)}, was (PERSON) a patient in a hospital or receive care in a hospital emergency room or hospital outpatient department?

YES .................................... 1
NO ..................................... 2 {PP21}
REF ........................................ -7 {PP21}
DK ........................................ -8 {PP21}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
LOOP_11
=======

| For each of the following: |
| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |

| ask BOX_13 - END_LP11. |

LOOP DEFINITION: LOOP_11 COLLECTS ALL HOSPITAL BASED EVENTS (I.E., HS, ER, AND OP EVENTS) NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP20 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP20 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP20 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_13
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP20
SHOW CARD PP-7.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) receive any other care as a patient in a hospital or from a hospital emergency room or outpatient department (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
SHOW CARD PP-8.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) see or talk to any of the health care providers listed on this card?

YES .................................... 1
NO ..................................... 2 {PP22A}
REF ................................. -7 {PP22A}
DK ................................. -8 {PP22A}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
LOOP_12
=======

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_14 - END_LP12.

LOOP DEFINITION: LOOP_12 COLLECTS ALL MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP22 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP22 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP22 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_14
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION,
CONTINUE WITH PP22
PP22
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

SHOW CARD PP-8.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) see or talk to any other type of health care provider, such as the types listed on this card (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

---------------------------------------------------------------------
<p>| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. | DISPLAY ‘Between (START DATE) and (END DATE)’ IF |</p>
<table>
<thead>
<tr>
<th>ROUND 5.</th>
</tr>
</thead>
</table>

END_LP12
========

---------------------------------------------------------------------
<table>
<thead>
<tr>
<th>IF PP22 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.</th>
</tr>
</thead>
</table>

---------------------------------------------------------------------
<table>
<thead>
<tr>
<th>IF PP22 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_12 AND CONTINUE WITH PP22A</th>
</tr>
</thead>
</table>
PP22A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}
{STR-DT}
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)},
did (PERSON) have any visits to an independent lab or testing
facility for x-rays or other tests?

YES ........................................ 1
NO ........................................... 2 {PP22B}
REF ........................................ -7 {PP22B}
DK .......................................... -8 {PP22B}

[Code One]

LOOP_12A
========

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_14A - END_LP12A.

LOOP DEFINITION: LOOP_12A COLLECTS ALL LAB EVENTS
(I.E., OP, OR MV EVENTS) NOT ALREADY RECORDED.

THE RESPONSE TO PP22AA DETERMINES WHETHER THE LOOP
CYCLES AGAIN. IF PP22AA IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP22AA
IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.
Since (START DATE)/Between (START DATE) and (END DATE), did (PERSON) have any other visits to an independent lab or testing facility (other than what you’ve already told me about)?

YES ................................. 1
NO ...................................... 2
REF ................................. -7
DK ................................. -8

[Code One]
END_LP12A

| IF PP22AA IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT. |

PP22B

{PERSON’S FIRST MIDDLE AND LAST NAME}
{STR-DT}
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) have any visits to someone who practices alternative care such as acupuncture, massage therapy, hypnosis, or other treatments?

YES .................................... 1
NO ..................................... 2 {PP23}
REF ................................... -7 {PP23}
DK .................................... -8 {PP23}

[Code One]

| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘Between (START DATE) and (END DATE)’ |
| IF ROUND 5. |
LOOP_12B
========

----------------------------------------------------
| For each of the following:                        |
|                                                    |
| EVENT 1                                           |
| EVENT 2                                           |
| EVENT 3                                           |
| EVENT 4                                           |
|                                                    |
| ask BOX_14B - END_LP12B.                          |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_12B COLLECTS ALL            |
| ALTERNATIVE CARE EVENTS (I.E., MV EVENTS) NOT     |
| ALREADY RECORDED.                                 |
|                                                    |
| THE RESPONSE TO PP22BB DETERMINES WHETHER THE LOOP|
| CYCLES AGAIN. IF PP22BB IS CODED ‘1’ (YES), THE    |
| LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP22BB  |
| IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T |
| KNOW), THE LOOP ENDS.                             |
----------------------------------------------------

BOX_14B
=======

----------------------------------------------------
| ASK THE EVENT ROSTER (EV) SECTION                  |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF THE EV SECTION,                  |
| CONTINUE WITH PP22BB                               |
----------------------------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME}
{STR-DT}
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) have any other visits to someone who practices alternative care (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

[Code One]

----------------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.     |
| DISPLAY ‘Between (START DATE) and (END DATE)’      |
| IF ROUND 5.                                       |
|----------------------------------------------------

END_LP12B
=======

----------------------------------------------------
| IF PP22BB IS CODED ‘1’ (YES), CYCLE TO COLLECT     |
| NEXT EVENT.                                       |
|----------------------------------------------------

----------------------------------------------------
| IF PP22BB IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR    |
| ‘-8’ (DON’T KNOW), END LOOP_12B AND CONTINUE WITH |
| PP23                                              |
|----------------------------------------------------
PP23
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-9.

{Since (START DATE)/Between (START DATE) and (END DATE)},
because of a health problem, did (PERSON) receive any home care
services such as the types listed on this card? Please include
home care services received for medical care, personal care,
supervision, and household help.

YES .................................... 1
NO ..................................... 2 {PP25}
REF ................................... -7 {PP25}
DK .................................... -8 {PP25}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
| ROUND 5.                                      |
------------------------------
LOOP_13
=========

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_15 - END_LP13.

LOOP DEFINITION: LOOP_13 COLLECTS ALL HOME HEALTH (HH) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP24 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP24 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP24 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_15
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP24
SHOW CARD PP-9.

{Since (START DATE)/Between (START DATE) and (END DATE)}, because of a health problem, did (PERSON) receive home care services such as the types listed on this card (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK ................................. -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

END_LP13

IF PP24 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP24 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_13 AND CONTINUE WITH PP25.
PP25
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-10.

{Since (START DATE)/Between (START DATE) and (END DATE)},
(were/was) (PERSON) a patient in any long term care facility,
such as the types of places listed on this card?

YES .................................... 1
NO ..................................... 2 {PP27}
REF  .................................... -7 {PP27}
DK  .................................... -8 {PP27}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
LOOP_14

| For each of the following: |
| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |
| ask BOX_16 - END_LP14. |

LOOP DEFINITION: LOOP_14 COLLECTS ALL INSTITUTIONAL (IC) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP26 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP26 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP26 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_16

| ASK THE EVENT ROSTER (EV) SECTION |

| AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP26 |
PP26
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-10.

{Since (START DATE)/Between (START DATE) and (END DATE)}, (were/was) (PERSON) a patient in any other long term care facility, such as the types of places listed on this card (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

----------------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |  
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF | 
| ROUND 5.                                      |  
----------------------------------------------------

END_LP14
=======

----------------------------------------------------
| IF PP26 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT |  
| EVENT.                                           |  
----------------------------------------------------

----------------------------------------------------
| IF PP26 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’|  
| (DON’T KNOW), END LOOP_14 AND CONTINUE WITH PP27 |  
----------------------------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-11.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) obtain eyeglasses, contact lenses, or diabetic equipment?

YES ....................................  1
NO .....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

--
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
| ROUND 5.                                      |
|--

--
| IF PP27 IS CODED ‘1’ (YES), CONTINUE WITH LOOP_15 |
|--

--
| IF PP27 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR |
| ‘-8’ (DON’T KNOW) AND CURRENT ROUND IS ROUND 3 OR |
| ROUND 5, GO TO PP29                           |
|--

--
| OTHERWISE, GO TO END_LP08                     |
|--
LOOP_15
========

For each of the following:

- EVENT 1
- EVENT 2
- EVENT 3
- EVENT 4

ask BOX_17 - END_LP15.

LOOP DEFINITION: LOOP_15 COLLECTS ALL OTHER MEDICAL EXPENSE (OM) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP28 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP28 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP28 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_17
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP28
PP28
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}

SHOW CARD PP-11.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) obtain any other medical supplies listed on this card (other than what you’ve already told me about)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

----------------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.      |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
| ROUND 5.                                          |
----------------------------------------------------

END_LP15
======

----------------------------------------------------
| IF PP28 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT |
| EVENT.                                           |
|                                                 |
----------------------------------------------------

----------------------------------------------------
| IF PP28 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’|
| (DON’T KNOW), END LOOP_15 AND CONTINUE WITH       |
| BOX_17A                                          |

----------------------------------------------------

8-55
NOW I WOULD LIKE YOU TO THINK ABOUT THE ENTIRE CALENDAR YEAR 2006, THAT IS FROM JANUARY 1, 2006 UNTIL DECEMBER 31, 2006.

PLEASE LOOK AT THE TYPES OF OTHER MEDICAL EXPENSES LISTED ON THIS CARD. *Did (PERSON) obtain any of these types of other medical expenses during the year 2006?*

PROBE: These could include ambulance services, canes, wheelchairs, corrective shoes, hearing aids or amplifiers for a telephone, artificial limbs, raised toilet seats, a modification to the house or a car because of some illness or injury, for example ramps or handrails, etc.

YES .................................... 1
NO ..................................... 2 {END_LP08}
REF ................................... -7 {END_LP08}
DK .................................... -8 {END_LP08}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
LOOP_16
========

For each of the following:

| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |

ask BOX_17B - END_LP16.

LOOP DEFINITION: LOOP_16 COLLECTS ALL OTHER TYPES OF MEDICAL EXPENSE (OM) EVENTS FOR THE YEAR 2006 NOT ALREADY RECORDED.

THE RESPONSE TO PP30 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP30 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP30 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_17B
========

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP30
PP30
====

{PERSON’S FIRST MIDDLE AND LAST NAME} JAN 01 DEC 31

SHOW CARD PP-12.

During the calendar year 2006, (have/has) (PERSON) obtained, purchased, or rented any of the types of other medical expenses listed on this card [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2
REF  .................................. -7
DK  .................................. -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

END_LP16
-------

| IF PP30 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT. |

| IF PP30 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_16 AND CONTINUE WITH END_LP08 |

8-58
END_LP08

---------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP  |
| DEFINITION.                                   |
---------------------------------------------

---------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_08 AND CONTINUE WITH BOX_18          |
---------------------------------------------

BOX_18

assert

---------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION.           |
---------------------------------------------
Old Public Related Insurance (PR) Section

---

| NOTE: FOR ROUND 5, THE END DATE (PERSON LEVEL FOR | THE MEDICARE QUESTIONS AND RU LEVEL FOR THE REMAINING QUESTIONS) WAS ADDED TO THE CONTEXT HEADER FOR ALL QUESTIONS IN THIS SECTION. |

---

BOX_01

---

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICARE
AND
- PERSON WAS COVERED BY MEDICARE DURING THE PREVIOUS ROUND,
CONTINUE WITH LOOP_01

---

OTHERWISE, GO TO BOX_02

---

LOOP_01

---

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK PR01A - END_LP01

---

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT THE COVERAGE PROVIDED THROUGH MEDICARE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICARE
AND
- PERSON WAS COVERED BY MEDICARE AT ANY TIME DURING THE PREVIOUS ROUND

---
During the last interview, it was recorded that (PERSON) (were/was) enrolled in Medicare. We would like to update information about (PERSON)’s Medicare coverage.

{Since (START DATE)/Between (START DATE) and (END DATE)}, {{(have/has)/(were/was)} (PERSON) {been} covered by the new Medicare prescribed drug coverage (also called Part D)?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF MEDICARE PART D.
NOTE: CURRENTLY ALL STATES OFFER MEDICARE MANAGED CARE PLANS.

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE PR02 AND PRO3 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO END LP01.

IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES OFFER A MEDICARE MANAGED CARE PLAN, CONTINUE WITH PR02

PR02

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}

{END-DT}

SHOW CARD PR-1.

As you may know, Medicare allows beneficiaries in certain parts of the country to enroll in managed care plans such as HMOs (health maintenance organizations) or PPOs (preferred provider organizations) to receive their Medicare funded health care. These plans have names like those listed on this card.

Is the name of (PERSON)’s insurance through Medicare{, between (START DATE) and (END DATE),} listed on this card?

YES .................................... 1
NO ..................................... 2 {PR03}
REF ............................................. -7 {PR03}
DK ............................................ -8 {PR03}

PRESS F1 FOR DEFINITION OF MEDICARE MANAGED CARE.

DISPLAY ‘, between (START DATE) and (END DATE),’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
Which insurance plan is (PERSON)’s Medicare managed care plan?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] .......... {END_LP01}
Even though (PERSON)’s Medicare plan was not listed on the card, ((are/is) (PERSON) currently/between (START DATE) and (END DATE) (were/was) (PERSON)) enrolled in a Medicare managed care plan such as an HMO (health maintenance organization) or PPO (preferred provider organization)? (When answering this question, please include only insurance from Medicare, not any privately purchased insurance.)

YES .................................... 1 {PR04}
NO ..................................... 2 {END_LP01}
REF .................................... -7 {END_LP01}
DK ..................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF MEDICARE MANAGED CARE.

-----------------------------------------------
| DISPLAY ‘(are/is) (PERSON) currently’ IF NOT   |
| ROUND 5. DISPLAY ‘between (START DATE) and    |
| (END DATE), (were/was)’ (PERSON) IF ROUND 5. |
-----------------------------------------------

OMITTED.
What is the name of the (PERSON)’s Medicare managed care plan?

[Enter Plan Name] ....................
REF ................................. -7
DK .................................... -8

---------------------------------------------
| FLAG INSURER CODED ABOVE AS ‘CURRENT RD’S |
| MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON- |
| PAIR.                                            |
---------------------------------------------

PR05
====
OMITTED.

PR06
====
OMITTED.

END_LP01
========

---------------------------------------------
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
| THE LOOP DEFINITION.                             |
---------------------------------------------

---------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS,   |
| END LOOP_01 AND CONTINUE WITH BOX_02          |
---------------------------------------------
IF ANY RU MEMBER HAD MEDICAID/SCHIP AS A SOURCE OF INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND, CONTINUE WITH PR07

OTHERWISE, GO TO BOX_05

PR07

{STR-DT}
{END-DT}

During the last interview, we recorded that (READ NAME(S) BELOW) (was/were) covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}.

Have all of these people been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} at any time {since (START DATE)/between (START DATE) and (END DATE)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ..............................  1
NO, ONLY SOME ..........................  2
NO, NONE ...............................  3
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘Medicaid’ DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.
DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY MEDICAID/SCHIP AT ANY TIME DURING THE PREVIOUS ROUND.

IF CODED ‘1’ (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS ‘COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND.’ THEN GO TO BOX_03

IF CODED ‘3’ (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS ‘NOT COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND.’

IF CODED ‘3’ (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR07, GO TO PR09

IF CODED ‘3’ (NO, NONE) AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR07, GO TO BOX_05

IF CODED ‘2’ (NO, ONLY SOME), CONTINUE WITH PR08
Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
FLAG ALL PERSONS SELECTED AS ‘COVERED BY MEDICAID DURING CURRENT ROUND.’ FLAG ALL PERSONS NOT SELECTED AS ‘NOT COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND.’

BOX_03 ======

IF ALL CURRENT RU MEMBERS ARE ALREADY FLAGGED AS COVERED OR NOT COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED AT PR07), GO TO LOOP_02

OTHERWISE, CONTINUE WITH PR09
Besides the family members we’ve just talked about, have any additional family members been covered by Medicaid/(STATE NAME FOR MEDICAID) or (STATE CHIP NAME) {since (START DATE)/between (START DATE) and (END DATE)}?

YES ................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF MEDICAID/SCHIP.

---

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

---

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

---

DISPLAY 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

---

IF CODED '2' (NO), '-7' (REFUSED), OR '8' (DON'T KNOW) AND AT LEAST ONE RU MEMBER IS FLAGGED AS 'COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND,' GO TO LOOP_02
IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND NO RU MEMBERS ARE FLAGGED AS ‘COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND,’ GO TO BOX_05

OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE WITH PR10

PR10

Who has been covered by (Medicaid/{STATE NAME FOR MEDICAID}) or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.
DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

-----------------------------
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON WAS NOT FLAGGED AS 'COVERED BY MEDICAID/SCHIP' DURING THE PREVIOUS ROUND

-----------------------------
FLAG ALL PERSONS SELECTED AS 'COVERED BY MEDICAID/SCHIP' DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY MEDICAID/SCHIP' DURING CURRENT ROUND.

LOOP_02
-------

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_04 - END_LP02

-----------------------------
LOOP DEFINITION: LOOP_02 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY MEDICAID/SCHIP. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICAID/SCHIP
AND
- PERSON IS COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND
BOX_04
======

----------------------------------------------------
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION   |
| FOR THIS PAIR.                                   |
|                                                  |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH   |
| END_LP02                                         |
----------------------------------------------------

END_LP02
======

----------------------------------------------------
| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-       |
| PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS     |
| STATED IN THE LOOP DEFINITION.                    |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END  |
| LOOP_02 AND CONTINUE WITH PR11                    |
----------------------------------------------------
{STR-DT}
{END-DT}

{PLAN NAME: {NAME OF PREV RD’S MEDICAID INSURER FOR RU}}

{Last time we recorded that (READ NAME(S) BELOW) may be covered by (PLAN NAME).}

{Since (START DATE)/Between (START DATE) and (END DATE)}, has there been any change in the plan name of the health insurance the family has through {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES .................................... 1
NO ..................................... 2 {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

PRESS F1 FOR A DEFINITION OF MEDICAID/SCHIP.
DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND.

IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG PREVIOUS ROUND’S INSURER AS ‘CURRENT RD’S MEDICAID/SCHIP INSURER’

NOTE: STATES THAT DO NOT OFFER MEDICAID MANAGED CARE PLANS ARE ALASKA, ARKANSAS, MISSISSIPPI, NEW HAMPSHIRE, AND WYOMING.

IF CODED ‘1’ (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, CODE PR12 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO PR13

IF CODED ‘1’ (YES) AND STATE IN WHICH DOES OFFER A MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR12
SHOW CARD PR-2.

Some people on Medicaid or Medicaid CHIP can enroll in plans called HMOs. These plans have names like those listed on this card.

Is the name of the health insurance through Medicaid or MedicaidCHIP, between (START DATE) and (END DATE), listed on this card?

YES .................................... 1
NO ..................................... 2 {PR13}
REF ................................... -7 {PR13}
DK .................................... -8 {PR13}

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY |
| ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM |
| NAME BY STATE, SEE BOX ON HX06. |

| DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, |
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX |
| ON HX06. |

| DISPLAY ', between (START DATE) and (END DATE),’ |
| IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |

27-291
PR12OV

Which plan is the health insurance through {Medicaid/{STATE NAME FOR MEDICAID}) or {STATE CHIP NAME)?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ........... {BOX_05}

----------------------------------------------------------------------------------------------------
| DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS | | | |
| BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY | | | |
| ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE | | | |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH | | | |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME | | | |
| ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM | | | |
| NAME BY STATE, SEE BOX ON HX06. | | | |

----------------------------------------------------------------------------------------------------
| DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, | | | |
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. | | | |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX | | | |
| ON HX06. | | | |

----------------------------------------------------------------------------------------------------
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY | | | |
| THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN | | | |
| SELECTED: {DISPLAY PLAN NAME SELECTED}.’ WHEN | | | |
| INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, | | | |
| PROCEED TO THE NEXT LOGICAL SCREEN. | | | |

| FOR ‘DISPLAY PLAN NAME SELECTED’, DISPLAY THE PLAN | | | |
| NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR | | | |
| THIS STATE. | | | |

----------------------------------------------------------------------------------------------------
| FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S | | | |
| INSURER FOR MEDICAID/SCHIP.’ | | | |
Under {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {(are/is)/(were/was)} (READ NAME(S) BELOW) signed up with an HMO, that is a Health Maintenance Organization {between (START DATE) and (END DATE)}?

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ARE ........................... 1 {PR15}
YES, SOME ARE .......................... 2 {PR15}
NO, NONE ARE ........................... 3
REF ................................. -7
DK ................................. -8

[Code One]

PRESS F1 FOR DEFINITION OF HMO.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME "Medicaid". DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.
DISPLAY '{are/is}' IF NOT ROUND 5. DISPLAY '{were/was}' IF ROUND 5.

DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND.
PR14
====

{STR-DT}
{END-DT}

{Does/Between (START DATE) and (END DATE), did} {Medicaid/{STATE NAME FOR MEDICAID}) or {STATE CHIP NAME} require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

TO SCROLL, USE ARROW KEYS. TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL REQUIRED ...................... 1
YES, SOME REQUIRED ..................... 2
NO, NONE REQUIRED ...................... 3 {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

[Code One]

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

---------------------------------------------------------------------
| DISPLAY ’Does’ IF NOT ROUND 5. DISPLAY ’Between (START DATE) and (END DATE), did’ IF ROUND 5. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| DISPLAY ’Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ’Medicaid’. DISPLAY ’STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ’Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06. |
---------------------------------------------------------------------
DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND.

IF CODED ‘3’ (NO, NONE REQUIRED), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT ROUND FOR MEDICAID/SCHIP.
What is the name of the Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP NAME} HMO/health insurance?

[Enter Plan Name] ....................
REF ................................... -7
DK .................................... -8

---
| DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY |
| ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM |
| NAME BY STATE, SEE BOX ON HX06. |
---

---
| DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, |
| SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX |
| ON HX06. |
---

---
| DISPLAY ‘HMO’ IF PR13 IS CODED ‘1’ (YES, ALL ARE) |
| OR ‘2’ (YES, SOME ARE). DISPLAY ‘HEALTH |
| INSURANCE’ IF PR14 IS CODED ‘1’ (YES, ALL |
| REQUIRED) OR ‘2’ (YES, SOME REQUIRED). |
---

FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S |
MEDICAID/SCHIP INSURER’. 
PR16
====
OMITTED.

PR17
====
OMITTED.

BOX_04A
=======
OMITTED.

PR18
====
OMITTED.

BOX_05
=======

----------------------------------------------------
| IF ANY RU MEMBER HAD TRICARE/CHAMPVA AS A SOURCE  |
| OF INSURANCE DURING PREVIOUS ROUND, CONTINUE WITH  |
| PR19                                              |
----------------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO BOX_08                        |
-----------------------------------------------
During the last interview, we recorded that (READ NAME(S) BELOW) (was/were) covered by TRICARE or CHAMPVA.

Have all of these people been covered by TRICARE or CHAMPVA at any time {since (START DATE)/between (START DATE) and (END DATE)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ..............................  1
NO, ONLY SOME ..............................  2
NO, NONE ..............................  3
REF .............................. -7 {BOX_08}
DK .............................. -8 {BOX_08}

PRESS F1 FOR DEFINITION OF TRICARE/CHAMPVA.

----------------------------------------------------
| IF CODED ‘3’ (NO, NONE), FLAG ALL RU MEMBERS      |
| LISTED HERE AS ‘NOT COVERED BY TRICARE/CHAMPVA     |
| DURING CURRENT ROUND.’                             |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘3’ (NO, NONE)                            |
| AND                                               |
| IF ANY CURRENT RU MEMBERS NOT LISTED IN PR19,     |
| GO TO PR21                                        |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘3’ (NO, NONE),                          |
| AND                                              |
| IF ALL CURRENT RU MEMBERS ARE LISTED IN PR19,    |
| GO TO BOX_08                                     |
----------------------------------------------------
DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS ROUND.

PR19A

{STR-DT}

Which plan is it? Is it...

INTERVIEWER:
CODE MORE THAN ONE PLAN ONLY IF DIFFERENT RU MEMBERS HAVE DIFFERENT PLANS.

TRICARE Standard; ...................... 1
TRICARE Prime; ......................... 2
TRICARE Extra; ......................... 3
TRICARE for Life; or ................... 4
CHAMPVA? ............................. 5

[Code All That Apply]

IF PR19 IS CODED ‘1’ (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS ‘COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND.’ THEN GO TO BOX_06

IF PR19 IS CODED ‘2’ (NO, ONLY SOME), CONTINUE WITH PR20
Who has been covered by TRICARE or CHAMPVA {since (START DATE)/
between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by TRICARE or CHAMPVA {since
(START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS ROUND.

FLAG ALL PERSONS SELECTED AS 'COVERED BY TRICARE/
CHAMPVA' DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY TRICARE/CHAMPVA ' DURING CURRENT ROUND.
Besides the family members we’ve just talked about, have any additional family members been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF TRICARE/CHAMPVA.
PR21A

{STR-DT}

Which plan is it? Is it...

INTERVIEWER:
CODE MORE THAN ONE PLAN ONLY IF DIFFERENT RU MEMBERS HAVE DIFFERENT PLANS.

TRICARE Standard; ......................... 1
TRICARE Prime; .......................... 2
TRICARE Extra; ........................... 3
TRICARE for Life; or ...................... 4
CHAMPVA? ............................... 5

[Code All That Apply]
Who has been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
LOOP_03
=========

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- | |
| PAIRS-ROSTER, ASK BOX_07 - END_LP03 | |

LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY TRICARE/ | |
| CHAMPVA. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON- | |
| PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS: | |
| - ESTABLISHMENT IS TRICARE/CHAMPVA | |
| AND | |
| - PERSON IS COVERED BY TRICARE/CHAMPVA DURING THE | |
| CURRENT ROUND | |

BOX_07
======

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION | |
| FOR THIS PAIR. | |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH | |
| END_LP03 | |

END_LP03
=========

| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT- | |
| PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS | |
| STATED IN THE LOOP DEFINITION. | |

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, | |
| END LOOP_03 AND CONTINUE WITH BOX_08 | |

27-305
IF ANY RU MEMBER HAD GOVT-HOSPITAL/PHYSICIAN AS A SOURCE OF INSURANCE AT ANY TIME DURING PREVIOUS ROUND, CONTINUE WITH PR23

OTHERWISE, GO TO BOX_11

 During the last interview, we recorded that (READ NAME(S) BELOW) (was/were) covered by a program sponsored by a state or local government agency which provided hospital and physician benefits.

Have all of these people been covered by a program sponsored by a state or local government agency at any time (since (START DATE)/between (START DATE) and (END DATE))?

YES, ALL .................................. 1
NO, ONLY SOME ............................ 2
NO, NONE .................................. 3
REF ....................................... -7 {BOX_11}
DK ........................................ -8 {BOX_11}

PRESS F1 FOR DEFINITION OF THIS TYPE OF PROGRAM.

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND.

IF CODED ‘1’ (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS ‘COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND. THEN GO TO BOX_09

IF CODED ‘3’ (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS ‘NOT COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND.

IF CODED ‘3’ (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR23, GO TO PR25

IF CODED ‘3’ (NO, NONE) AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR23, GO TO BOX_11

IF CODED ‘2’ (NO, NONE), CONTINUE WITH PR24
Who has been covered by this program {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by a program sponsored by a state or local government agency which provides hospital and physician benefits {since (START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5.   |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5.                                       |
----------------------------------------------------

-----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS   |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO    |
| WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME|
| DURING THE PREVIOUS ROUND.                         |
-----------------------------------------------------

-----------------------------------------------------
| FLAG ALL PERSONS SELECTED AS 'COVERED BY           |
| GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND.    |
| FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY   |
| GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND.    |
-----------------------------------------------------
BOX_09

------------------------------
| IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS |
| COVERED OR NOT COVERED BY THE GOVT-HOSPITAL/ |
| PHYSICIAN DURING CURRENT ROUND (I.E., ALL CURRENT |
| RU MEMBERS WERE LISTED IN PR23), GO TO LOOP_04 |
------------------------------

------------------------------
| OTHERWISE, CONTINUE WITH PR25 |
------------------------------
Besides the family members we’ve just talked about, have any additional family members been covered by this program {since (START DATE)/between (START DATE) and (END DATE)}?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS ‘COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND,’ GO TO LOOP_04

IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND NO RU MEMBERS FLAGGED AS ‘COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND, GO TO BOX_11

OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE WITH PR26
Who has been covered by this program?

PROBE: Who else has been covered by a program sponsored by a state or local government agency which provides hospital and physician benefits {since (START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
LOOP_04

--------------------------
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER, ASK BOX_10 - END_LP04               |  
--------------------------

--------------------------
| LOOP DEFINITION: LOOP_04 COLLECTS TIME PERIOD      |  
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT-   |  
| HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON           |  
| ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE  |  
| FOLLOWING CONDITIONS:                              |  
| - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN       |  
| AND                                               |  
| - PERSON IS FLAGGED AS COVERED BY GOVT-HOSPITAL/ |  
| PHYSICIAN DURING THE CURRENT ROUND                |  
--------------------------

BOX_10

--------------------------
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION   |  
| FOR THIS PAIR.                                    |  
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH    |  
| END_LP04                                          |  
--------------------------

END_LP04

--------------------------
| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON |  
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN  |  
| THE LOOP DEFINITION.                               |  
--------------------------

--------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END  |  
| LOOP_04 AND CONTINUE WITH PR27                    |  
--------------------------
PR27
====

{STR-DT}
{END-DT}

{PLAN NAME:  {NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN INSURER FOR RU}}

{Last time we recorded that (READ NAME(S) BELOW) may be covered by (PLAN NAME).}

{Since (START DATE)/Between (START DATE) and (END DATE)}, has there been any change in the plan name of the health insurance the family has through the program sponsored by a state or local government agency which provides hospital and physician benefits?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES .................................... 1
NO ..................................... 2 {PR32}
REF ................................. -7 {PR32}
DK ................................. -8 {PR32}

PRESS F1 FOR A DEFINITION OF THIS TYPE OF PROGRAM.

----------------------------------------------------
| DISPLAY 'PLAN NAME:  {NAME OF PREV RD’S GOVT- |
| HOSPITAL/PHYSICIAN INSURER FOR RU}' AND 'LAST |
| TIME .... (PLAN NAME).' IF THERE IS AN INSURER |
| ASSOCIATED WITH GOVT-HOSPITAL/PHYSICIAN IN THE |
| PREVIOUS ROUND. |
| FOR 'NAME OF PREV RD’S GOVT-HOSPITAL/PHYSICIAN |
| INSURER FOR RU’, DISPLAY THE NAME OF THE ACTUAL |
| INSURER RECORDED FOR GOVT-HOSPITAL/PHYSICIAN AT |
| ANY TIME DURING THE PREVIOUS ROUND. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'Between (START DATE) and (END DATE)' IF |
| ROUND 5. |
----------------------------------------------------
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND.

IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT ROUND’S INSURER FOR GOVT-HOSPITAL/PHYSICIAN.

NOTE: STATES THAT DO NOT OFFER GOVT-HOSPITAL/PHYSICIAN (MEDICAID) MANAGED CARE PLANS ARE ALASKA, ARKANSAS, MISSISSIPPI, NEW HAMPSHIRE AND WYOMING.

IF CODED ‘1’ (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A GOVT-HOSPITAL/PHYSICIAN (MEDICAID) MANAGED CARE PLAN, CODE PR28 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO PR29.

IF CODED ‘1’ (YES) AND STATE IN WHICH DOES OFFER A GOVT-HOSPITAL/PHYSICIAN MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR28.
SHOW CARD PR-2.

Is the name of the health insurance through the program sponsored by a state or local government agency which provides hospital and physician benefits, between (START DATE) and (END DATE), listed on this card?

YES .................................... 1
NO ..................................... 2 {PR29}
REF ................................. -7 {PR29}
DK ................................. -8 {PR29}

Which plan is the health insurance through this program?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ............ {PR32}
Under the program sponsored by a state or local government agency which provides hospital and physician benefits {(are/is)/(were/was)} (READ NAME(S) BELOW) signed up with an HMO, that is a Health Maintenance Organization {between (START DATE) and (END DATE)}?

[With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ARE ........................... 1 {PR31}
YES, SOME ARE .......................... 2 {PR31}
NO, NONE ARE ........................... 3
REF ................................. -7
DK ............................... -8

[Code One]

PRESS F1 FOR DEFINITION OF HMO.

DUCT ‘{are/is}’ IF NOT ROUND 5. DISPLAY ‘{(were/was)}’ IF ROUND 5.

DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND.
Does/Between (START DATE) and (END DATE), did the program sponsored by a state or local government agency which provides hospital and physician benefits require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

YES, ALL REQUIRED ...................... 1
YES, SOME REQUIRED ..................... 2
NO, NONE REQUIRED ...................... 3 {PR32}
REF ................................... -7 {PR32}
DK .................................... -8 {PR32}

[Code One]

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

------------------------------------------------------------------------------------------------------------------
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5. |
------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------
| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), OR '-8' (DON'T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT ROUND FOR GOVT-HOSPITAL/PHYSICIAN. |
------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND. |
------------------------------------------------------------------------------------------------------------------

27-317
What is the name of the {HMO/health insurance} from the program sponsored by a state or local government agency which provides hospital and physician benefits?

[Enter Plan Name] .................
REF ................................... -7
DK .................................... -8

______

| DISPLAY 'HMO' IF PR29 IS CODED '1' (YES, ALL ARE) |
| OR '2' (YES, SOME ARE). DISPLAY 'HEALTH |
| INSURANCE' IF PR30 CODED '1' (YES, ALL REQUIRED) |
| OR '2' (YES, SOME REQUIRED). |

______

| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |
| INSURER FOR GOVT-HOSPITAL/PHYSICIAN.' |

______
For the coverage through {(PLAN NAME)/the program sponsored by a state or local government agency which provides hospital and physician benefits), does anyone in the family pay anything for this coverage?

[Do not include the cost of any copayments, coinsurance, or deductibles anyone in the family may have had to pay.]

YES .................................... 1
NO ..................................... 2 {PR34}
REF ................................... -7 {BOX_11}
DK .................................... -8 {BOX_11}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
How much does anyone in the family pay for the (PLAN NAME)/that coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............
REF ................................... -7 {PR34}
DK .................................... -8 {PR34}
PR33OV1
======

ENTER UNIT OF COVERAGE:

- PER YEAR ........................................... 1 {PR34}
- QUARTERLY/EVERY 3 MONTHS .................. 2 {PR34}
- BIMONTHLY/EVERY 2 MONTHS ............... 3 {PR34}
- PER MONTH ....................................... 4 {PR34}
- PER WEEK ....................................... 5 {PR34}
- BIWEEKLY/EVERY 2 WEEKS .................... 6 {PR34}
- SEMI-ANNUALLY/2 TIMES PER YEAR ......... 7 {PR34}
- SEMI-MONTHLY/2 TIMES PER MONTH ......... 8 {PR34}
- OTHER .......................................... 91
- REF ........................................... -7 {PR34}
- DK ........................................... -8 {PR34}

[Code One]

PR33OV2
======

ENTER OTHER:

- [Enter Other Specify] ......................
- REF ........................................... -7
- DK ........................................... -8

BOX_10A
======

OMITTED.
Who {else} pays {some of/for} the premium or cost of this insurance?

FEDERAL GOVERNMENT ....................  1
STATE GOVERNMENT ......................  2
LOCAL GOVERNMENT ......................  3
SOME GOVERNMENT ........................  4
OTHER ................................. 91
REF  ................................ -7
DK  .................................... -8

[Code All That Apply]

DISPLAY ‘PLAN NAME: ...’ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{PLAN NAME ENTERED AT PR28OV}' IF A PLAN WAS ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR31 FOR '{NAME OF PLAN FROM PR31}' IF A PLAN NAME WAS ENTERED.

DISPLAY ‘else’ IF PR32 IS CODED ‘1’ (YES). OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘some of’ IF PR32 IS CODED ‘1’ (YES). DISPLAY ‘for’ IF PR32 IS CODED ‘2’ (NO).

---

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH PR34OV

---

OTHERWISE, GO TO BOX_11
ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK .................................... -8

---------------------------
| IF ANY RU MEMBER HAD OTHER PUBLIC (GROUP 1 OR 2) |
| AS A SOURCE OF INSURANCE AT ANY TIME DURING |
| PREVIOUS ROUND, CONTINUE WITH BOX_12           |
---------------------------

| OTHERWISE, GO TO BOX_18 |
---------------------------

---------------------------
| IF ANY CURRENT RU MEMBER HAD ANY GROUP 1 OTHER |
| PUBLIC INSURANCE AT ANY TIME DURING PREVIOUS |
| ROUND, CONTINUE WITH PR35                       |
---------------------------

| OTHERWISE, GO TO BOX_15 |
---------------------------

---------------------------
| NOTE: FOR BOTH GROUP 1 AND GROUP 2 PUBLIC |
| PROGRAMS, WE ASSUME THE PROGRAM IS THE SAME FROM |
| THE PREVIOUS ROUND. ALTHOUGH WE SHOW THE SHOW |
| CARD AND ASK IF THE FAMILY STILL HAD COVERAGE |
| FROM ANY OF THOSE PROGRAMS, WE DO NOT ASK WHICH |
| ONES. IF WE WERE TO ASK WHICH ONES, WE WOULD NEED |
| TO ADD SEVERAL QUESTIONS, LIKE THE OTHER PUBLIC |
| SERIES INHX. |
---------------------------

27-323
During the last interview, we recorded that (READ NAMES BELOW) were covered by one or more of the following programs:

{STATE NAME FOR PROGRAM #1....}
{STATE NAME FOR PROGRAM #2....}
{STATE NAME FOR PROGRAM #3....}
{STATE NAME FOR PROGRAM #4....}

Have all of these people been covered by any of these programs at any time {since (START DATE)/between (START DATE) and (END DATE)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL .................................. 1
NO, ONLY SOME .......................... 2
NO, NONE ................................. 3
REF .......................... -7 {BOX_15}
DK .......................... -8 {BOX_15}

PRESS F1 FOR DEFINITION STATE SPECIFIC PROGRAMS LISTED.
<table>
<thead>
<tr>
<th>IF PR35 IS CODED '1' (YES, ALL), MARK ALL RU MEMBERS LISTED HERE AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND. THEN GO TO BOX_13</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF PR35 IS CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY GROUP 1 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.</th>
</tr>
</thead>
</table>

<p>| IF CODED '3' (NO, NONE) |
| AND |</p>
<table>
<thead>
<tr>
<th>IF ANY CURRENT RU MEMBERS NOT LISTED AT PR35, GO TO PR37</th>
</tr>
</thead>
</table>

<p>| IF CODED '3' (NO, NONE), |
| AND |</p>
<table>
<thead>
<tr>
<th>IF ALL CURRENT RU MEMBERS ARE LISTED AT PR35, GO TO BOX_15</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR36</th>
</tr>
</thead>
</table>

27-325
Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED IN PR35), GO TO LOOP_05

OTHERWISE, CONTINUE WITH PR37
Besides the family members we’ve just talked about, have any additional family members been covered by any of the following programs (since (START DATE)/between (START DATE) and (END DATE))? (READ PROGRAM NAMES BELOW.)

{STATE NAME FOR PROGRAM #1....}
{STATE NAME FOR PROGRAM #2....}
{STATE NAME FOR PROGRAM #3....}
{STATE NAME FOR PROGRAM #4....}

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. |
| DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF STATE PROGRAMS (AS LISTED IN HX16) FOR 'STATE NAME FOR PROGRAM #N'. |

| IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON’T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO LOOP_05 |
| IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON’T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO BOX_15 |
Otherwise (i.e., if coded ‘1’ (Yes)), continue with PR38.

PR38

{STR-DT}
{END-DT}

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE:  Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

To turn check mark on/off, use arrow keys, press enter.  To leave, press ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

Display ‘since (START DATE)’ if not Round 5.  Display ‘between (START DATE) and (END DATE)’ if Round 5.

Roster definition: This item displays all persons on the RU-Members-Roster who meet the following condition:
- Person was not flagged as covered by Group 1 other public insurance at any time during the previous round.

Flag all persons selected as ‘covered by Group 1 other public insurance’ during current round.
Flag all persons not selected as ‘not covered by Group 1 other public insurance during current round.’
LOOP_05
=======

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_14 - END_LP05 |

LOOP DEFINITION: LOOP_05 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GROUP 1 OTHER PUBLIC INSURANCE AND
- PERSON IS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING THE CURRENT ROUND

BOX_14
======

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR. |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP05 |

END_LP05
========

| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_15 |
BOX_15

| IF ANY CURRENT RU MEMBER HAD ANY ELIGIBLE GROUP 2 |
| OTHER PUBLIC INSURANCE AT ANY TIME DURING THE |
| PREVIOUS ROUND, CONTINUE WITH PR39 |

| OTHERWISE, GO TO BOX_18 |

PR39

{STR-DT}
{END-DT}

SHOW CARD PR-3.

During the last interview, we recorded that (READ NAMES BELOW) were covered by one or more of the public programs listed on this card.

Have all of these people been covered by any of these programs at any time {since (START DATE)/between (START DATE) and (END DATE)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL .........................  1
NO, ONLY SOME ....................  2
NO, NONE ..........................  3
REF .............................. -7 BOX_18
DK ............................... -8 BOX_18

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

-------

| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5. |

27-331
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND.

IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. THEN GO TO BOX_16

IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.

IF CODED '3' (NO, NONE) AND IF ANY CURRENT RU MEMBERS NOT LISTED AT PR39, GO TO PR41

IF CODED '3' (NO, NONE), AND IF ALL CURRENT RU MEMBERS ARE LISTED AT PR39, GO TO BOX_18

IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR40

27-332
SHOW CARD PR-3.

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
| IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS    |
| COVERED OR NOT COVERED BY GROUP 2 OTHER PUBLIC  |
| INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT|
| RU MEMBERS WERE LISTED AT PR39), GO TO LOOP_06  |

| OTHERWISE, CONTINUE WITH PR41                  |
Besides the family members we’ve just talked about, have any additional family members been covered by any of these programs (since (START DATE)/between (START DATE) and (END DATE))? 

YES .................................  1 
NO ....................................  2 
REF ................................. -7  
DK ................................. -8  

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  |
| DISPLAY 'between (START DATE) and (END DATE)' IF |  |
| ROUND 5. |  |

| IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON’T |  |
| KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS |  |
| COVERED BY GROUP 2 OTHER PUBLIC INSURANCE |  |
| DURING CURRENT ROUND, GO TO LOOP_06 |  |

| IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON’T |  |
| KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY |  |
| GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT |  |
| ROUND, GO TO BOX_18 |  |

| OTHERWISE (I.E., IF CODED ’1’ (YES)), CONTINUE |  |
| WITH PR42 |  |
SHOW CARD PR-3.

Who has been covered by any of these programs \{since (START DATE)\}/between (START DATE) and (END DATE)\}?

PROBE: Who else has been covered by any of these programs \{since (START DATE)\}/between (START DATE) and (END DATE)\}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

-----

DISPLAY \‘since (START DATE)\’ IF NOT ROUND 5.
DISPLAY \‘between (START DATE) and (END DATE)\’ IF ROUND 5.

-----

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON WAS NOT MARKED AS BEING COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND

-----

FLAG ALL PERSONS SELECTED AS \‘COVERED BY GROUP 2 OTHER PUBLIC INSURANCE\’ DURING CURRENT ROUND.
FLAG ALL PERSONS NOT SELECTED AS \‘NOT COVERED BY GROUP 2 OTHER PUBLIC INSURANCE\’ DURING CURRENT ROUND.'
LOOP_06
=======

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_17 - END_LP06

LOOP DEFINITION: LOOP_06 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GROUP 2 OTHER PUBLIC INSURANCE
- PERSON IS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING THE CURRENT ROUND

BOX_17
======

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP06

END_LP06
======

CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_18
RETURN TO THE HEALTH INSURANCE (HX) SECTION.
INTERVIEWER: IS THE PROVIDER (ASSOCIATED WITH THIS EVENT) A PERSON OR A FACILITY (INCLUDING GROUP PRACTICES AND HMOs)?

PERSON ................................. 1
FACILITY ............................... 2 [BOX_01]

PRESS F1 FOR DEFINITION OF PERSON/FACILITY.
**EDIT:** IF EVENT TYPE IS HS, ER, OP, OR IC, PV01 CANNOT BE CODED ‘1’ (PERSON). IF PV01 IS CODED ‘1’ (PERSON) FOR AN HS, ER, OP, OR IC EVENT, DISPLAY THE FOLLOWING MESSAGE: ‘A FACILITY MUST BE ASSOCIATED WITH {EV} TYPE. VERIFY PROVIDER AND RE-ENTER.’

---

**PV02**

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

SELECT CORRECT (USUAL SOURCE OF CARE) PROVIDER {ASSOCIATED WITH THE EVENT}.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. PERSON-TYPE-PROVIDER</th>
<th>PV02_02. FACILITY</th>
<th>PV02_03. STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Display Truncated Person-Provider-25]</td>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
<tr>
<td>2. [Display Truncated Person-Provider-25]</td>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
<tr>
<td>3. [Display Truncated Person-Provider-25]</td>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
</tbody>
</table>

---

DISPLAY 'USUAL SOURCE OF CARE' IF THE PROVIDER 
ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO 
CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'ASSOCIATED WITH THE EVENT' IF THE 
PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM 
THE ACCESS TO CARE (AC) SECTION. IF THE PV 
SECTION WAS CALLED FROM THE AC SECTION, USE A NULL 
DISPLAY.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY 
   LISTED OR SELECT 'NONE OF THE ABOVE.'
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CANNOT ADD AT THIS SCREEN. 
   PROVIDERS ARE 'ADDED' BY USING THE 'NONE OF 
   THE ABOVE' SELECTION.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN 
   (I.E., CTRL/D).
5. IF NO FACILITY IS ASSOCIATED WITH THE 
   PERSON-PROVIDER, LEAVE THE FACILITY COLUMN 
   BLANK FOR THAT PERSON-TYPE-PROVIDER.

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON 
ROSTER.

IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV04

OTHERWISE, CONTINUE WITH PV03
MEPS FAMES Panel 10 Round 5 Provider Roster (PV) Section
November 20, 2006

PV03
====

{PERSON'S FIRST MIDDLE AND LAST NAME} (EV)

Is the address of (READ NAME AND ADDRESS OF PROVIDER BELOW)...

{PERSON-TYPE-PROVIDER NAME SELECTED AT PV02}
{FACILITY-PROVIDER W/ PERSON-TYPE-PROVIDER}
{PERSON-TYPE-PROVIDER STREET ADDRESS LINE1}
{PERSON-TYPE-PROVIDER STREET ADDRESS LINE2}

ADDRESS {& FACILITY NAME} CORRECT ...... 1 {BOX_02}
ADD NEW ADDRESS FOR PROVIDER .......... 2 {PV06}
ADD NEW/DIFFERENT FACILITY FOR
   PROVIDER ............................. 3 {BOX_01}
ABOVE PROVIDER NAME/ADDRESS
   (OR FACILITY NAME) NEEDS SPELLING
   OR MINOR CORRECTION ................. 4 {BOX_02}
SELECTED WRONG PROVIDER/ADDRESS ...... 5
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

-----------------------------------------------
| FOR: {PERSON-TYPE-PROVIDER NAME SELECTED AT PV02}, |
| DISPLAY THE PERSON-TYPE-PROVIDER NAME SELECTED AT |
| PV02. |
| FOR: {FACILITY-PROVIDER W/ PERSON-TYPE-PROVIDER.}, |
| DISPLAY THE FACILITY-PROVIDER NAME ASSOCIATED WITH |
| THE PERSON-TYPE-PROVIDER SELECTED AT PV02. IF NO |
| FACILITY-PROVIDER NAME ASSOCIATED WITH THIS |
| PERSON-TYPE-PROVIDER, USE A NULL DISPLAY. |
| FOR: {PERSON-TYPE-PROVIDER STREET ADDRESS LINE1.}|
| AND {PERSON-TYPE-PROVIDER STREET ADDRESS LINE2.}, |
| DISPLAY LINES 1 & 2 OF THE PERSON-TYPE-PROVIDER’S |
| ADDRESS FOR THE PERSON-TYPE-PROVIDER SELECTED AT |
| PV02. |
| |
| DISPLAY ‘& FACILITY NAME’ AND ‘OR FACILITY NAME’ |
| IF FACILITY-PROVIDER NAME ASSOCIATED WITH THE |
| PERSON-TYPE-PROVIDER SELECTED AT PV02. IF NO |
| FACILITY-PROVIDER NAME ASSOCIATED WITH THIS |
| PERSON-TYPE-PROVIDER, USE A NULL DISPLAY. |

-----------------------------------------------
| IF CODED '5' (SELECTED WRONG PROVIDER/ADDRESS), |
| CAPI REDISPLAYS PV02 TO ALLOW INTERVIEWER TO    |
| SELECT CORRECT PROVIDER.                        |

| IF CODED '4' (ABOVE PROVIDER NAME/ADDRESS       |
| {OR FACILITY NAME} NEEDS SPELLING OR MINOR      |
| CORRECTIONS), DISPLAY THE FOLLOWING MESSAGE:    |
| 'THIS OPTION IS DISABLED. PLEASE RECORD         |
| INFORMATION IN COMMENTS.'                      |

PV04
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

ENTER NAME OF PROVIDER {ASSOCIATED WITH EVENT}.

ENTER COMPLETE PROVIDER NAME AND VERIFY SPELLING.

[Enter Provider Name-65] ...............
PV05
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}

Is (PROVIDER) in a group practice, that is, do other doctors practice at the same office (or are part of an HMO)?

YES ........................................ 1 {BOX_01}
NO ....................................... 2
REF ...................................... -7
DK ...................................... -8

-----------------------------------------------------
  IF CODED '1' (YES), FLAG PERSON-TYPE-PROVIDER AS
  'PERSON-IN-FACILITY-PROVIDER'.
-----------------------------------------------------

PV06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}

ENTER {NEW} STREET ADDRESS FOR (PROVIDER).

ENTER STREET ADDRESS AND VERIFY SPELLING. IF PROVIDER HAS MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

PROVIDER_STR1 (PV06_01):  [___________]
PROVIDER_STR2 (PV06_02):  [___________]

-----------------------------------------------------
  DISPLAY 'NEW' IF PV03 IS CODED '2' (ADD NEW ADDRESS FOR PROVIDER). OTHERWISE, USE A NULL DISPLAY.
-----------------------------------------------------

-----------------------------------------------------
  CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON EACH FORM ITEM.
-----------------------------------------------------

-----------------------------------------------------
  IF PV04 WAS ASKED, ASSOCIATE ADDRESS WITH PERSON-TYPE-PROVIDER ENTERED AT PV04.
-----------------------------------------------------
IF PV03 WAS CODED ‘2’ (ADD NEW ADDRESS FOR PROVIDER), WRITE ANOTHER RECORD FOR PROVIDER IN RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS WITH THAT NEW PROVIDER RECORD. SET PROVIDER TYPE TO ‘PERSON-TYPE-PROVIDER’.


GO TO BOX_02

PV07
====
OMITTED.

IF NO PROVIDERS THAT ARE TYPE ‘FACILITY-PROVIDERS’ ON RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV10

OTHERWISE, CONTINUE WITH PV08
{PERSON'S FIRST MIDDLE AND LAST NAME}  {EV}

SELECT CORRECT {USUAL SOURCE OF CARE} {PROVIDER/FACILITY}
{ASSOCIATED WITH THE EVENT}.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. FACILITY-PROVIDERS</th>
<th>PV08 02. STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
<tr>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
<tr>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
</tbody>
</table>

-------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| PROVIDERS ON THE RU-MEDICAL-PROVIDERS-ROSTER THAT |
| ARE TYPE FACILITY-PROVIDERS. |
-------------------------------

-------------------------------
| DISPLAY 'USUAL SOURCE OF CARE' IF THE PROVIDER |
| ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO |
| CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY 'PROVIDER' IF PV01 IS CODED '2' |
| (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED |
| '1' (PERSON). |
| DISPLAY 'ASSOCIATED WITH THE EVENT' IF THE |
| PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM |
| THE ACCESS TO CARE (AC) SECTION. IF THE PV |
| SECTION WAS CALLED FROM THE AC SECTION, USE A NULL |
| DISPLAY. |
-------------------------------
ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY LISTED OR SELECT 'NONE OF THE ABOVE.'
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CANNOT ADD AT THIS SCREEN.
   PROVIDERS ARE 'ADDED' BY USING THE 'NONE OF THE ABOVE' SELECTION.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E., CTRL/D).

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON ROSTER.

IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV10

OTHERWISE, CONTINUE WITH PV09
Is the address of (READ NAME AND ADDRESS OF (PROVIDER/FACILITY) BELOW)...

{FACILITY NAME SELECTED AT PV08}
{FACILITY STREET ADDRESS LINE1.}
{FACILITY STREET ADDRESS LINE2.}

FACILITY NAME AND ADDRESS CORRECT ...... 1 {BOX_02}
ADD NEW ADDRESS FOR FACILITY ........... 2
ABOVE NAME/ADDRESS NEEDS SPELLING OR
   MINOR CORRECTION ..................... 3 {BOX_02}
SELECTED WRONG FACILITY/ADDRESS ........ 4
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

---------------------------------------------------------------------
| DISPLAY 'PROVIDER' IF PV01 IS CODED '2'                           |
| (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED '1' (PERSON).    |
| FOR: (FACILITY NAME SELECTED AT PV08), DISPLAY                  |
| THE FACILITY-PROVIDER NAME SELECTED AT PV08.                    |
| FOR: (FACILITY STREET ADDRESS LINE1.) AND                       |
| {FACILITY STREET ADDRESS LINE2.}, DISPLAY LINES                  |
| 1 AND 2 OF THE FACILITY-PROVIDER’S ADDRESS FOR THE             |
| FACILITY-PROVIDER SELECTED AT PV08.                             |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED '1' (FACILITY NAME AND ADDRESS CORRECT)                |
| OR '3' (ABOVE NAME/ADDRESS FOR FACILITY NEEDS                  |
| SPELLING OR MINOR CORRECTION) AND PV01 IS CODED                |
| '1' (PERSON), LINK THE FACILITY SELECTED AT PV08               |
| TO THE PERSON-TYPE-PROVIDER FLAGGED AS                         |
| 'PERSON-IN-FACILITY-PROVIDER'.                                 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED '4' (SELECTED WRONG FACILITY/ADDRESS),                |
| CAPI REDISPLAYS PV08 TO ALLOW INTERVIEWER TO                  |
| SELECT CORRECT FACILITY.                                       |
---------------------------------------------------------------------

10-10
IF CODED '3' (ABOVE NAME/ADDRESS NEEDS SPELLING OR MINOR CORRECTIONS), DISPLAY THE FOLLOWING MESSAGE: 'THIS OPTION IS DISABLED. PLEASE RECORD INFORMATION IN COMMENTS.'

---

PV10

---

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.......} {EV}

ENTER {NEW} NAME AND ADDRESS OF ({PROVIDER/FACILITY}).

ENTER NAME AND STREET ADDRESS AND VERIFY SPELLING. IF ({PROVIDER/FACILITY}) HAS MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

FACILITY_NAME (PV10_01): [_____________
FACILITY_STR1 (PV10_02): [_____________
FACILITY_STR2 (PV10_03): [_____________

---

DISPLAY 'NEW' IF PV09 IS CODED '2' (ADD NEW ADDRESS FOR FACILITY). OTHERWISE, USE A NULL DISPLAY. DISPLAY 'PROVIDER' IF PV01 IS CODED '2' (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED '1' (PERSON). DISPLAY 'NAME AND' IF 'NONE OF THE ABOVE' WAS SELECTED AT PV08 OR PV08 WAS NOT ASKED. IF 'NONE OF THE ABOVE' WAS SELECTED AT PV08 OR PV08 WAS NOT ASKED, THE CONTEXT HEADER WILL NOT DISPLAY THE NAME OF THE MEDICAL CARE PROVIDER. THE CONTEXT HEADER WILL ONLY HAVE THE NAME OF THE PROVIDER(S) ASSOCIATED WITH THE EVENT IF PV09 WAS CODED '2' (ADD NEW ADDRESS FOR FACILITY).

---

CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON PV10_02 AND PV10_03 ONLY.

---

IF PV09 IS CODED '2' (ADD NEW ADDRESS FOR FACILITY), PV10 WILL NOT COLLECT THE FACILITY NAME.

---

10-11
IF FACILITY-PROVIDER NOT-selected AT PV08 (i.e., PV08 WAS NOT ASKED OR 'NONE OF THE ABOVE' WAS SELECTED), WRITE NAME AND ADDRESS ENTERED ABOVE TO FACILITY-PROVIDER NAME COLUMN AND ADDRESS COLUMN OF THE RU-MEDICAL-PROVIDERS-ROSTER.

IF FACILITY-PROVIDER SELECTED AT PV08 AND PV09 WAS CODED '2' (ADD NEW ADDRESS FOR FACILITY), WRITE ANOTHER RECORD FOR THE FACILITY-PROVIDER TO THE RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS WITH THAT NEW PROVIDER RECORD.

IF PV01 IS CODED '1' (PERSON), LINK THE FACILITY TO THE PERSON-TYPE-PROVIDER FLAGGED AS 'PERSON-IN-FACILITY-PROVIDER'.

GO TO BOX_02

PV11

OMITTED.

BOX_02

RETURN TO QUESTIONNAIRE SECTION FROM WHICH THE PROVIDER ROSTER (PV) SECTION WAS CALLED.
RU CLASSIFICATIONS:

THE FOLLOWING RU CLASSIFICATIONS ARE USED THROUGHOUT THE REENUMERATION SECTION IN SKIP AND WORD FILL SPECIFICATIONS:

STANDARD RU - AN RU (OTHER THAN A STUDENT RU) THAT EXISTED IN THE PREVIOUS ROUND. DURING THE INTERVIEW WITH THE STANDARD RU, INFORMATION MAY BE OBTAINED THAT IDENTIFIES A "NEW RU" OR A "STUDENT RU" AND A NEW CASE IS CREATED. SEE DEFINITIONS BELOW.

NEW RU - WHEN ONE OR MORE RU MEMBERS ARE IDENTIFIED AS HAVING LEFT THE RU AND FORMED ONE OR MORE NEW RUs, A NEW CASE IS CREATED FOR EACH OF THE NEW RUs WHERE AT LEAST ONE KEY RU MEMBER LIVES. IN THE CURRENT ROUND, THE CASE IS CLASSIFIED AS A "NEW RU" UNLESS IT SATISFIES THE CONDITIONS FOR A "STUDENT RU" (SEE DEFINITION BELOW). IN THE NEXT ROUND, THE NEW RU WILL BE RECLASSIFIED AS A "STANDARD RU" SINCE IT EXISTED IN THE PREVIOUS ROUND.

STUDENT RU - WHEN AN RU MEMBER IS IDENTIFIED IN A STANDARD OR NEW RU AS BEING AGE 17-23 (INCLUSIVE), NEVER MARRIED, NON-MILITARY, AND LIVING AWAY FROM THE STANDARD/NEW RU AT POST-SECONDARY SCHOOL WITHIN THE U.S., AN RU IS CREATED AND CLASSIFIED AS A "STUDENT RU". THE "STUDENT RU" REMAINS CLASSIFIED AS A "STUDENT RU" UNTIL ONE OF THE CRITERIA FOR A STUDENT RU CLASSIFICATION IS VIOLATED (E.G., AGE RANGE OR MARITAL STATUS). (NOTE: A STUDENT RU IS ALWAYS A SINGLE-PERSON RU.)

NOTE: THE NHIS ORIGINAL RUs ARE DETERMINED FROM IN-HOUSE PRE-PROCESSING AND ARE CLASSIFIED AS STANDARD RUs.
NOTE: REFERENCES TO THE RU-MEMBERS-ROSTER AND ‘RU MEMBERS’ IN THESE SPECIFICATIONS INDICATE THE ROSTER IN ITS CURRENT STATE; THAT IS, INCLUDING ALL ADDITIONS TO AND DELETIONS FROM THE ROSTER THAT OCCUR UP TO THE POINT AT WHICH THE REFERENCE IS MADE.


IN ALL ROUNDS, FOR A CASE THAT HAS HAD A BREAKOFF, THE ROSTER INCLUDES PERSONS ELIGIBLE OR INSTITUTIONALIZED AT THE END OF RE. FOR A SPLIT RU, THE ROSTER INCLUDES RU MEMBERS WHO SPLIT FROM THE ORIGINAL RU.
YOU HAVE SELECTED THE {STUDENT RU} CASE FOR {FULL NAME OF REFERENCE PERSON}. THE RU MEMBERS ARE LISTED BELOW.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

| 1. First Name,[Middle Name],LastName-65 |
| 2. First Name,[Middle Name],Last Name-65 |
| 3. First Name,[Middle Name],Last Name-65 |

HAVE YOU SELECTED THE CORRECT CASE?

YES .................................... 1
NO ..................................... 2

-------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER. |
-------------------------------

-------------------------------
| DISPLAY ‘STUDENT RU’ IF STUDENT RU. OTHERWISE, USE NULL DISPLAY. |
| FOR '{FULL NAME OF REFERENCE PERSON}’ DISPLAY THE FULL NAME OF PREVIOUS ROUND REFERENCE PERSON IF STANDARD RU OR STUDENT RU. DISPLAY FULL NAME OF OLDEST PERSON IN RU, IF NEW RU. |
-------------------------------

-------------------------------
| IF CODED ‘2’ (NO), DISPLAY THE FOLLOWING MESSAGE: ‘PRESS ENTER TO RETURN TO ‘ENTER ID’ SCREEN.’ |
-------------------------------

-------------------------------
| OTHERWISE (CORRECT CASE SELECTED), CONTINUE WITH RE02 |
-------------------------------
RE02
====

{INTERVIEWER: READ INTRODUCTION JOB AID BEFORE CODING.}

{PLEASE NOTE: THIS IS A ROUND 5 INTERVIEW. QUESTIONS ARE ASKED AS OF DEC 31, 2006 RATHER THAN 'TODAY'.}

{THE RESPONDENT MUST HAVE BEEN LIVING IN THE RU ON DEC 31, 2006 TO BE CODED AS AN RU MEMBER RESPONDENT. OTHERWISE, CODE AS A PROXY.}

IS RESPONDENT:

RU MEMBER OR ......................... 1
PROXY APPROVED BY SUPERVISOR? ........... 2

[Code One]

PRESS F1 FOR RESPONDENT RULES.

----------------------------------------------------
<p>| DISPLAY 'INTERVIEWER: READ INTRODUCTION JOB AID |
| BEFORE CODING.' IF NOT ROUND 1. OTHERWISE, USE |
| NULL DISPLAY.                                    |
|                                                   |
| DISPLAY 'PLEASE NOTE: THIS IS A ROUND 5         |
| INTERVIEW. QUESTIONS ARE ASKED AS OF DEC 31, 2006|
| RATHER THAN 'TODAY'. ' IF ROUND 5. OTHERWISE, USE|</p>
<table>
<thead>
<tr>
<th>A NULL DISPLAY.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF ROUND 1 AND CODED '1' (RU MEMBER) AND STANDARD |</p>
<table>
<thead>
<tr>
<th>RU, GO TO RE05</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF ROUND 1 AND CODED '1' (RU MEMBER) AND NEW RU, |</p>
<table>
<thead>
<tr>
<th>GO TO RE05A</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF ROUND 1 AND CODED '1' (RU MEMBER) AND STUDENT |</p>
<table>
<thead>
<tr>
<th>RU, GO TO RE05B</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF NOT ROUND 1 AND CODED '1' (RU MEMBER) AND     |
| STUDENT RU, GO TO RE06 AND SELECT STUDENT        |</p>
<table>
<thead>
<tr>
<th>AUTOMATICALLY BY CAPI, THEN GO TO RE09</th>
</tr>
</thead>
</table>

3-4
| IF NOT ROUND 1 AND CODED ‘1’ (RU MEMBER) AND |
| STANDARD OR NEW RU, GO TO RE06              |

| OTHERWISE (PROXY APPROVED BY SUPERVISOR), |
| CONTINUE WITH RE03                         |

BOX_01A
=======
OMITTED.

BOX_01B
=======
OMITTED.

RE03
====

INTERVIEWER: SINCE THIS IS AN INTERVIEW WITH A PROXY, PLEASE EXPLAIN THE REASON(S) AN RU MEMBER CANNOT BE THE RESPONDENT.

[Enter Text]

| IF ROUND 1 AND STANDARD RU, GO TO RE05     |

| IF ROUND 1 AND NEW RU, GO TO RE05A         |

| IF ROUND 1 AND STUDENT RU, GO TO RE05B     |

| OTHERWISE (NOT ROUND 1), GO TO RE07        |
(As I mentioned earlier, ) my records show that (PERSON) ’ s household took part in the National Health Interview Survey on (MONTH, DAY, YEAR OF NHIS INTERVIEW) and, at that time, the Census Bureau interviewer mentioned that (PERSON) ’ s family might be contacted again for another health related survey.

IF NEEDED, READ ALL OR PART OF THE FOLLOWING:

This survey, the Medical Expenditure Panel Survey, is also for the U.S. Public Health Service [specifically, the Agency for Healthcare Research and Quality and the National Center for Health Statistics]. The information you provide will be kept completely confidential and private as required by law.

PRESS ENTER TO CONTINUE.
(As I mentioned earlier,) my records show that (PERSON) (were/was) a member of a household that took part in the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW} and, at that time, the Census Bureau interviewer mentioned that members of that household might be contacted again for another health related survey. Since (PERSON) (are/is) no longer living with that household, we will interview this new household separately.

IF NEEDED, READ ALL OR PART OF THE FOLLOWING:

This survey, the Medical Expenditure Panel Survey, is also for the U.S. Public Health Service [specifically, the Agency for Healthcare Research and Quality and the National Center for Health Statistics]. The information you provide will be kept completely confidential and private as required by law.

PRESS ENTER TO CONTINUE.
(As I mentioned earlier,) my records show that (PERSON) (were/was) a member of a household that took part in the National Health Interview Survey on (MONTH, DAY, YEAR OF NHIS INTERVIEW) and, at that time, the Census Bureau interviewer mentioned that members of that household might be contacted again for another health related survey. Since (PERSON) (are/is) now a student and no longer living with that household, we will interview (PERSON) separately.

IF NEEDED, READ ALL OR PART OF THE FOLLOWING:

This survey, the Medical Expenditure Panel Survey, is also for the U.S. Public Health Service [specifically, the Agency for Healthcare Research and Quality and the National Center for Health Statistics]. The information you provide will be kept completely confidential and private as required by law.

PRESS ENTER TO CONTINUE.

---------------------------------------------------
| NOTE: THE NAME OF THE REFERENCE PERSON DISPLAYED | |
| IN THE CONTEXT HEADER IS THE FULL NAME OF THE   | |
| STUDENT.                                       | |
---------------------------------------------------

---------------------------------------------------
| IF RE02 CODED '1' (RU MEMBER), SELECT STUDENT AT |
| RE06 AUTOMATICALLY BY CAPI, THEN GO TO RE09      | |
---------------------------------------------------

---------------------------------------------------
| IF RE02 CODED '2' (PROXY APPROVED BY SUPERVISOR),| |
| GO TO RE08                                       | |
---------------------------------------------------
SELECT THE RESPONDENT.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBERS</th>
<th>RE06_02. RUID</th>
<th>RE06_03. GENDER</th>
<th>RE06_04. AGE</th>
<th>RE06_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

PRESS F1 FOR RESPONDENT RULES.

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSTER DEFINITION: THIS ITEM DISPLAYS THE DU-</td>
<td>MEMBERS-ROSTER.</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY &quot;NEW RU MEMBER NOT YET LISTED&quot; AS THE</td>
<td>LAST ENTRY ON THIS ROSTER.</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
</tbody>
</table>
**MATRIX BEHAVIOR SPECIFICATIONS:**

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. THE MATRIX COLUMNS ARE DISPLAY-ONLY. THAT IS, NO CHANGES ARE ALLOWED TO THE INFORMATION.
3. THE ‘INTERVIEW COMPLETED THIS ROUND’ COLUMN DISPLAYS AN ‘X’ FOR EACH PERSON WHO HAS ALREADY BEEN INTERVIEWED THIS ROUND IN THE STANDARD RU OR ANOTHER RU IN THIS DU.
4. IF PERSON WITH AN ‘X’ IN ‘INTERVIEW COMPLETED THIS ROUND’ COLUMN IS SELECTED, DISPLAY MESSAGE: ‘PERSON CANNOT BE SELECTED. HAS ALREADY BEEN INTERVIEWED WITH ANOTHER RU.’
5. IF AN RU MEMBER UNDER 18 IS SELECTED AS THE RESPONDENT, DISPLAY MESSAGE ‘RESPONDENT < 18. S/HE MUST BE APPROVED BY SUPERVISOR. RESELECT TO VERIFY.’
6. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER RU, DISPLAY THE MESSAGE: ‘PERSON IS MEMBER OF ANOTHER RU. VERIFY THAT PERSON JOINED OR CORRECT SELECTION.’

---

IF PERSON FROM ANOTHER RU IS SELECTED AND VERIFIED AS THE RESPONDENT, ADD PERSON TO RU-MEMBERS-ROSTER.

---

IF ‘NEW RU MEMBER NOT YET LISTED’ IS SELECTED, CONTINUE WITH RE08

---

OTHERWISE (PERSON SELECTED AS RESPONDENT WAS ALREADY IN DU IN THE PREVIOUS ROUND), GO TO RE09

---

BOX_03

OMITTED.
SELECT Proxy.

To turn check mark on/off, use arrow keys, press enter.
To leave, press esc.

[1. First Name,[Middle Name],Last Name-65] .........................
[2. First Name,[Middle Name],Last Name-65] .........................
[3. First Name,[Middle Name],Last Name-65] .........................

[Code One]

ROSTER DEFINITION: This item displays the persons in the persons-roster (RU-level) that meet the following condition:
- Person was proxy in previous round

DISPLAY 'NEW PROXY APPROVED BY SUPERVISOR' AS THE LAST ENTRY ON THIS ROSTER.

ROSTER BEHAVIOR SPECIFICATIONS:

1. Interviewer may select a person(s) already listed on the roster.
2. Interviewer should not be able to edit any of the names.
3. Interviewer should not be able to add new persons.
4. Interviewer should not be able to delete any persons.

If 'NEW PROXY APPROVED BY SUPERVISOR' is selected, continue with RE08

Otherwise, go to RE09
RE08

ENTER NAME OF {RU MEMBER/PROXY} RESPONDENT.

May I have your full name?

VERIFY SPELLING.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

[Enter First Name,[Middle Name],Last Name-65] .....
VERIFY LOCATING ADDRESS BELOW WITH RESPONDENT.

STREET ADDRESS1: {RU’S MOST RECENT ST. ADDRESS1}
STREET ADDRESS2: {RU’S MOST RECENT ST. ADDRESS2}
  CITY: {RU’S MOST RECENT CITY}
  STATE: {ST}
  ZIP CODE: {ZIP CODE}

CORRECT ADDRESS ......................... 1 (RE10A)
SAME ADDRESS - MINOR CORRECTIONS .... 2
NEW ADDRESS ............................. 3

[Code One]

PRESS F1 FOR DEFINITION OF LOCATING ADDRESS.

MAKE CORRECTIONS TO LOCATING ADDRESS BELOW.  
IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.  
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.  
TO DELETE A FIELD, TYPE THREE Xs (XXX).

   Current Info:   [STREET ADDRESS1]   
                   [STREET ADDRESS2]   
                   [CITY]   
                   [STATE]   
                   [ZIP CODE]

STREET ADDRESS1 (RE10_01): [___________]  
STREET ADDRESS2 (RE10_02): [___________]  
  CITY (RE10_03): [___________]  
  STATE (RE10_04): [___________]  
  ZIP CODE (RE10_05): [___________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

------------------------------------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED AT ALL FIELDS.                        |
RE10A
=====

RECORD THE NAME OF THE COUNTY WHERE THIS RU IS LOCATED.

[Enter County Name -25] .........................
REF ............................................. -7
DK .............................................. -8

RE11
=====

VERIFY TELEPHONE NUMBER BELOW WITH RESPONDENT.

IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.
IF NO TELEPHONE, ENTER ‘000’.

Current Info: [TELEPHONE NUMBER]

TELEPHONE NUMBER:  [                     ]
REF ........................................... -7
DK ......................................... -8

--------------------------------------------------------------------------
| IF CURRENT INFO IS NOT AVAILABLE, ENTRY IS REQUIRED FOR TELEPHONE NUMBER. (REFUSED AND DON’T KNOW ARE ALLOWED AT ALL FIELDS.) |
--------------------------------------------------------------------------

--------------------------------------------------------------------------
| IF ROUND 1 AND STANDARD SINGLE-PERSON RU OR NEW SINGLE-PERSON RU (THAT IS, ANY NON-STUDENT SINGLE-PERSON RU), AND RE02 CODED ‘1’ (RESPONDENT IS AN RU MEMBER), GO TO RE47 |
--------------------------------------------------------------------------

--------------------------------------------------------------------------
| IF ROUND 1 AND STANDARD SINGLE-PERSON RU OR NEW SINGLE-PERSON RU (THAT IS, ANY NON-STUDENT SINGLE-PERSON RU) AND RE02 CODED ‘2’ (RESPONDENT IS A PROXY APPROVED BY SUPERVISOR), GO TO RE20 |
--------------------------------------------------------------------------
IF ROUND 1 AND MULTI-PERSON RU (WHETHER STANDARD OR NEW), GO TO RE20

IF NOT ROUND 1 AND NOT A STUDENT RU, GO TO BOX_09

IF STUDENT RU, CONTINUE WITH RE11A

RE11A

{PERSON’S FIRST MIDDLE AND LAST NAME}

My records show that (PERSON) (are/is) a student at post-secondary school. (Are/Is) (PERSON) attending school full-time or part-time?

PART-TIME ........................................ 1
FULL-TIME ........................................... 2
NOT ATTENDING SCHOOL ....................... 3
REF ..................................................... -7
DK ...................................................... -8

[Code One]

BOX_03A

IF STUDENT RU NOT CREATED IN CURRENT ROUND AND RE11A CODED ‘3’ (NOT ATTENDING SCHOOL), CONTINUE WITH BOX_03B

OTHERWISE, GO TO RE12
| RU CLASSIFICATION CHANGE: CHANGE RU |
| CLASSIFICATION FROM STUDENT RU TO STANDARD RU |
| SINCE PERSON IS NO LONGER ATTENDING SCHOOL. |

| GO TO RE47 |
VERIFY INFORMATION WITH RESPONDENT. CORRECT IF NECESSARY.

GENDER: 1 = MALE, 2 = FEMALE

IF AGE IS INCORRECT AND DATE OF BIRTH KNOWN, RE-ENTER DATE OF BIRTH.

IF AGE IS INCORRECT AND DATE OF BIRTH NOT KNOWN, PROBE FOR AGE AND ENTER IF KNOWN.

{NOTE: FOR ROUND 5, AGE IS CALCULATED AS OF DEC 31, 2006.}

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE12_01. GENDER</th>
<th>RE12_02. DATE OF BIRTH</th>
<th>RE12_03. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name</td>
<td>[Display/Correct Selection]</td>
<td>[Display/Correct Date]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

-------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED IN ALL COLUMNS |
| EXCEPT 'RU MEMBER’ COLUMN.                    |
-------------------------------------------

-------------------------------------------
| DISPLAY ‘NOTE: FOR ROUND 5, AGE IS CALCULATED AS |
| OF DEC 31, 2006.’ IF ROUND 5. OTHERWISE, USE A |
| NULL DISPLAY.                                   |
-------------------------------------------

-------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-MEMBERS-ROSTER.                         |
-------------------------------------------
MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE LEFT AND RIGHT ARROW KEYS TO MOVE CURSOR AMONG CELLS.
2. ALLOW INTERVIEWERS TO CORRECT GENDER, DATE OF BIRTH, AND AGE (WHEN AGE NOT CALCULATED BY CAPI). THE NAME CANNOT BE EDITED.
3. INTERVIEWERS SHOULD NOT BE ALLOWED TO CHANGE ‘REAL’ DATA TO ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW). IF INTERVIEWER TRIES TO DO SO, DISPLAY MESSAGE ‘DO NOT REPLACE EXISTING INFORMATION WITH REFUSED OR DON’T KNOW.’
4. IF DATE OF BIRTH IS CHANGED, CALCULATE AGE AUTOMATICALLY BY CAPI USING NEW DATE OF BIRTH AND DISPLAY CALCULATED AGE IN AGE COLUMN.

NOTE: BECAUSE THIS IS A STUDENT RU, THERE IS ONLY ONE RU MEMBER AND ONLY ONE ROW IN THE MATRIX.

NOTE: FOR ROUND 5, AGE IS CALCULATED AS OF DECEMBER 31, 2006. ALL AGE SKIPS (THROUGHOUT THE QUESTIONNAIRE) WILL BE BASED ON THIS AGE.

BOX_04
-------

IF STUDENT RU NOT CREATED THIS ROUND AND AGE > 23, CONTINUE WITH BOX_05

OTHERWISE, GO TO RE13
BOX_05
======

| RU CLASSIFICATION CHANGE: CHANGE RU |
| CLASSIFICATION FROM STUDENT RU TO STANDARD RU |
| SINCE STUDENT IS OUTSIDE OF DESIGNATED STUDENT RU |
| AGE RANGE. |

| GO TO RE47 |

RE13
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

My records show that {as of December 31, 2006} (PERSON) {(have/has)/had} never been married. Is that correct?

YES ..................................... 1 {RE14}
NO ..................................... 2
REF ..................................... -7 {RE14}
DK ..................................... -8 {RE14}

| DISPLAY ’as of December 31, 2006’ IF ROUND 5. |
| OTHERWISE, USE NULL DISPLAY. |
| DISPLAY (have/has) IF NOT ROUND 5. IF ROUND 5, |
| DISPLAY ’had’. |
RE130V
======

{(Are/Is)/On December 31, 2006, (were/was)} (PERSON) {now} married, widowed, divorced, or separated?

MARRIED ................................ 1
WIDOWED ................................ 2
DIVORCED ............................... 3
SEPARATED .............................. 4
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

-----------------------------------------------------------------------------------
| DISPLAY '{Are/Is}' IF NOT ROUND 5. DISPLAY 'On |
| December 31, 2006, (were/was)' IF ROUND 5. |
| DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A |
| NULL DISPLAY. |
-----------------------------------------------------------------------------------

BOX_06
======

-----------------------------------------------------------------------------------
| RU CLASSIFICATION CHANGE: CHANGE RU |
| CLASSIFICATION FROM STUDENT RU TO STANDARD RU |
| SINCE STUDENT’S MARITAL STATUS IS NO LONGER |
| ‘NEVER MARRIED’. |
-----------------------------------------------------------------------------------

-----------------------------------------------------------------------------------
| GO TO RE47 |
-----------------------------------------------------------------------------------
RE14
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

{(Are/Is)/(Were/Was)} (PERSON) on full-time active duty with the Armed Forces of the United States {on December 31, 2006}?

YES .................................... 1
NO ..................................... 2 {RE18A}
REF ................................... -7 {RE18A}
DK .................................... -8 {RE18A}

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

-----------------------------------------------
| DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY |  
| ‘(Were/Was)’ IF ROUND 5. DISPLAY ‘on December 31, |  
| 2006’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |  
-----------------------------------------------

RE15
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) enter full-time active duty service in the Armed Forces?

[Enter Month, Day, Year-4] ..........  
REF ................................... -7  
DK .................................... -8  

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

-----------------------------------------------
| REMOVE PERSON FROM THE RU-MEMBERS-ROSTER AND FLAG |  
| PERSON AS REMOVED AT RE15. PERSON IS INELIGIBLE |  
| FOR DATA COLLECTION IN THIS ROUND. |  
-----------------------------------------------
At this time, we are only collecting information about persons who are not on full-time active duty with the Armed Forces of the United States. Therefore, that is all the information we need.

PRESS ENTER TO CONTINUE.

Thank you for your participation in this important study.

PRESS ENTER TO CONTINUE.

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.
RE17B

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON ......................... 1
TELEPHONE ......................... 2

(Code One)

GO TO BOX_27

RE18

OMITTED.

RE18A

(PERSON’S FIRST MIDDLE AND LAST NAME)

(Have/Has) (PERSON) ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

GO TO BOX_27

BOX_08

OMITTED.
BOX_09

=======

| IF ON DATE OF PREVIOUS ROUND INTERVIEW AT LEAST |
| ONE KEY RU MEMBER WAS CODED AS INSTITUTIONALIZED |
| IN A HEALTH CARE FACILITY (RE36 = 1 OR 2 -OR- |
| RE19 = 1), CONTINUE WITH LOOP_02 |

---------------------

| IF STANDARD SINGLE-PERSON RU OR NEW SINGLE-PERSON |
| RU (THAT IS, ANY NON-STUDENT SINGLE-PERSON RU), |
| AND RE02 CODED '1' (RESPONDENT IS AN RU MEMBER), |
| GO TO RE47 |

---------------------

| OTHERWISE, GO TO RE20 |

---------------------

LOOP_02

=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| BOX_09A-END_LP02 |

---------------------

LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION 
TO DETERMINE THE LOCATION AND ELIGIBILITY OF KEY 
RU MEMBERS WERE INSTITUTIONALIZED AT A HEALTH CARE FACILITY ON THE DATE OF THE PREVIOUS ROUND INTERVIEW. THIS LOOP CYCLES ON RU MEMBERS WHO MEET ALL OF THE FOLLOWING CONDITIONS:

- PERSON IS KEY
- PERSON WAS INSTITUTIONALIZED AT A HEALTH CARE FACILITY ON THE DATE OF THE PREVIOUS ROUND INTERVIEW (RE36 = 1 OR 2 -OR- RE19 = 1).
BOX_09A

<table>
<thead>
<tr>
<th>IF PERSON BEING ASKED ABOUT IS AN RU MEMBER</th>
<th>RESPONDENT (RE02 = 1), CODE 'NO' AT RE19</th>
<th>AUTOMATICALLY BY CAPI, THEN CONTINUE WITH BOX_09B</th>
</tr>
</thead>
</table>

| OTHERWISE, CONTINUE WITH RE19 |

RE19

{PERSON’S FIRST MIDDLE AND LAST NAME}

My records indicate that (PERSON) was institutionalized in a health care facility at the time of the last interview. {Is/On December 31, 2006, was} (PERSON) **still** institutionalized in a health care facility?

YES .................................... 1 {END_LP02}
NO ..................................... 2
REF ................................... -7 {END_LP02}
DK .................................... -8 {END_LP02}

PRESS F1 FOR DEFINITION OF INSTITUTIONALIZED IN A HEALTH CARE FACILITY.

| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'On December 31, 2006, was' IF ROUND 5. |

3-25
BOX_09B
=======

----------------------------------------------------
| IF PERSON BEING ASKED ABOUT IS AN RU MEMBER       |
| RESPONDENT (RE02 = 1), CODE 'LIVING WITH THIS     |
| FAMILY' AT RE19A AUTOMATICALLY BY CAPI, THEN      |
| CONTINUE WITH RE19B                               |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH RE19A                     |
----------------------------------------------------

----------------------------------------------------
| NOTE: SINCE THE NUMBER OF PEOPLE WHO ENTER AND     |
| LEAVE AN INSTITUTION IS SO SMALL, WE WILL INSTRUCT|
| THE INTERVIEWER TO MAKE A COMMENT ABOUT            |
| INDIVIDUALS WHO ARE NOT ACCOMMODATED BY THIS       |
| SERIES (E.G., PERSON IS THE RESPONDENT, BUT LEFT  |
| INSTITUTION AFTER 12/31/2006).                    |
----------------------------------------------------
RE19A

{PERSON’S FIRST MIDDLE AND LAST NAME}

IF RESPONDENT VOLUNTEERS THAT PERSON IS DECEASED, CODE ‘3’ WITHOUT ASKING.

{Is/On December 31, 2006, was} (PERSON) {now} living here with this family, or {does/did} (PERSON) have a usual place of residence somewhere else?

LIVING WITH THIS FAMILY .............. 1  
USUAL PLACE OF RESIDENCE  
   SOMewhere ELSE ...................... 2 {RE19D}  
DECEASED .............................. 3 {RE19C}  
REF ................................. -7 {RE19D}  
DK ................................... -8 {RE19D}  

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| DISPLAY ‘is’ AND ‘does’ IF NOT ROUND 5. DISPLAY |
| ‘On December 31, 2006, was’ AND ‘did’ IF ROUND 5. |
| DISPLAY ‘now’ IF NOT ROUND 5. OTHERWISE, USE A |
| NULL DISPLAY. |

| IF CODED ‘1’ (LIVING WITH THIS FAMILY), FLAG |
| PERSON WITH THE NUMBER OF THE ROUND PERSON |
| REJOINED RU, THEN CONTINUE WITH RE19B |

3-27
RE19B
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-4] .............
REF .............................. -7
DK .............................. -8

PRESS F1 FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.

---------------------------------------------
| EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR |
| BEFORE 12/31/2006. IF A DATE AFTER 12/31/2006 IS |
| ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘DATE |
| MUST BE ON OR BEFORE 12/31/2006. IF LEFT |
| INSTITUTION AFTER 12/31/2006, USE CTRL/B TO |
| BACK-UP AND RE-CODE RE19 TO ‘YES’.’ |
---------------------------------------------

---------------------------------------------
| NOTE: THE DATE ENTERED HERE DETERMINES THE START |
| OF THE REFERENCE PERIOD FOR THIS PERSON. |
---------------------------------------------

RE19BOV
=====

On what date did (PERSON) return to live with this family?

[Enter Month Day Year-4]
REF .............................. -7
DK .............................. -8

---------------------------------------------
| EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR |
| BEFORE 12/31/2006. IF A DATE AFTER 12/31/2006 IS |
| ENTERED, DISPLAY THE FOLLOWING MESSAGE: ‘DATE |
| MUST BE ON OR BEFORE 12/31/2006. IF JOINED RU |
| AFTER 12/31/2006, USE CTRL/B TO BACK-UP AND |
| RE-CODE RE19A.’ |
---------------------------------------------

---------------------------------------------
| GO TO END_LP02 |
---------------------------------------------
RE19C
=======

(Person’s First Middle and Last Name)

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-4] ..............
REF .................................. -7
DK .................................. -8

Press F1 for definition of leave the health care facility.

Edit (For Round 5): Date entered must be on or before 12/31/2006. If a date after 12/31/2006 is entered, display the following message: 'Date must be on or before 12/31/2006. If left in institution after 12/31/2006, use Ctrl/B to back-up and re-code RE19 to 'yes'.

Note: The date entered here determines the start of the reference period for this person.

---

RE19COV
=======

On what date did (PERSON) die?

[Enter Month Day Year-4] ..............
REF .................................. -7
DK .................................. -8

Edit (For Round 5): Date entered must be on or before 12/31/2006. If a date after 12/31/2006 is entered, display the following message: 'Date must be on or before 12/31/2006. If died after 12/31/2006, use Ctrl/B to back-up and re-code RE19A.'

---

Go to END_LP02

---

3-29
RE19D
=====

(Person’s First Middle and Last Name)

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-4] ..............

REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.

------------------------------------------
| EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR |
| BEFORE 12/31/2006. IF A DATE AFTER 12/31/2006 IS |
| ENTERED, DISPLAY THE FOLLOWING MESSAGE: `DATE |
| MUST BE ON OR BEFORE 12/31/2006. IF LEFT |
| INSTITUTION AFTER 12/31/2006, USE CTRL/B TO |
| BACK-UP AND RE-CODE RE19 TO `YES`.` |

------------------------------------------

| NOTE: THE DATE ENTERED HERE DETERMINES THE START |
| OF THE REFERENCE PERIOD FOR THIS PERSON. |

------------------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME}

Where {is (PERSON) now/was (PERSON) on December 31, 2006}?

INSTITUTIONALIZED IN A HEALTH CARE FACILITY .......................... 1

INSTITUTIONALIZED IN A NON-HEALTH CARE FACILITY ...................... 2 {RE19I}

STUDENT UNDER 24 LIVING AWAY AT SCHOOL IN GRADES 1-12 ................. 3 {RE19I}

STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL .............. 4

ANOTHER HOUSEHOLD - CURRENTLY NOT FULL-TIME MILITARY .............. 5

ANOTHER HOUSEHOLD/MILITARY FACILITY - CURRENTLY FULL-TIME MILITARY .... 6 {RE19H}

REF ........................................ -7

DK ........................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

| DISPLAY ‘is (PERSON) now’ IF NOT ROUND 5. DISPLAY ‘was (PERSON) on December 31, 2006’ IF ROUND 5. |

| DISALLOW FINAL ENTRY OF CODE ‘1’ (INSTITUTIONALIZED IN HEALTH CARE FACILITY). IF INTERVIEWER ENTERS CODE ‘1’, DISPLAY THE FOLLOWING MESSAGE ‘VERIFY FACILITY TYPE. IF HEALTH CARE FACILITY USE CTRL/J TO CORRECT RE19 TO YES.’ |
{PERSON’S FIRST MIDDLE AND LAST NAME}

{Is/Was} {PERSON} living within the U.S. or outside the U.S. {on December 31, 2006}?

WITHIN U.S. ......................... 1
OUTSIDE U.S. ......................... 2
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.
RE19G
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

{(Are/Is)/On December 31, 2006, (were/was)} (PERSON) attending ...

  grades 1-12, .............................. 1
  a college or university, or ............ 2
  some other training school after high
  school? .................................... 3
  REF ..................................... -7
  DK ....................................... -8

  [Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---------------------------------------------------------------------
| DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘On |
| ‘December 31, 2006, (were/was)’ IF ROUND 5. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| DISALLOW FINAL ENTRY OF CODE ‘1’ (GRADES 1-12). |
| IF INTERVIEWER TRIES TO ENTERS CODE ‘1’, DISPLAY |
| THE FOLLOWING MESSAGE: ‘USE CTRL/J TO CORRECT |
| RE19E TO STUDENT < 24 LIVING AWAY AT SCHOOL |
| GRADES 1-12).’|
---------------------------------------------------------------------

---------------------------------------------------------------------
| GO TO RE19I |
---------------------------------------------------------------------
RE19H
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

{Is/Was} (PERSON) living in another household or in a military facility {on December 31, 2006}?

ANOTHER HOUSEHOLD ................... 1
MILITARY FACILITY ................... 2
REF ................................ -7
DK .................................. -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

------------------------------
|  DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF  |
|  ROUND 5. DISPLAY 'on December 31, 2006' IF ROUND |
|  5. OTHERWISE, USE A NULL DISPLAY.          |
------------------------------

RE19HOV
=======

{Is/Was} (PERSON) living within the U.S. or outside the U.S. {on December 31, 2006}?

WITHIN U.S. ........................ 1
OUTSIDE U.S. ......................... 2
REF ............................. -7
DK ............................. -8

[Code One]

------------------------------
|  DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF  |
|  ROUND 5. DISPLAY 'on December 31, 2006' IF ROUND |
|  5. OTHERWISE, USE A NULL DISPLAY.          |
------------------------------
RE19I
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) {enter the non-health care facility/start living away at school/start living in another household/start living at a military facility/leave the United States}?

[Enter Month, Day, Year-4] ..............
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| DISPLAY ‘enter the non-health care facility’ IF |
| RE19E CODED ‘2’ (INSTITUTIONALIZED IN NON-HEALTH |
| CARE FACILITY).                                 |

| DISPLAY ‘start living away at school’ IF RE19E |
| CODED ‘3’ (STUDENT UNDER 24 LIVING AWAY AT SCHOOL |
| IN GRADES 1-12) OR IF RE19E CODED ‘4’ (STUDENT |
| UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL)   |
| AND RE19F CODED ‘1’ (WITHIN U.S.), ‘-7’ (REF), |
| OR ‘-8’ (DK).                                    |

| DISPLAY ‘start living in another household’ IF |
| RE19E CODED ‘5’ (ANOTHER HOUSEHOLD – CURRENTLY |
| NOT FT MILITARY) AND RE19F CODED ‘1’ (WITHIN |
| U.S.), ‘-7’ (REF), OR ‘-8’ (DK) OR IF RE19E CODED |
| ‘6’ (ANOTHER HOUSEHOLD/MILITARY FACILITY – |
| CURRENTLY FULL-TIME MILITARY AND RE19H CODED ‘1’ |
| (ANOTHER HOUSEHOLD), ‘-7’ (REF), OR ‘-8’ (DK) AND |
| RE19HOV CODED ‘1’ (WITHIN U.S.), ‘-7’ (REF), OR |
| ‘-8’ (DK).                                       |

| DISPLAY ‘start living at a military facility’ IF |
| RE19E CODED ‘6’ (ANOTHER HOUSEHOLD/MILITARY |
| FACILITY – CURRENTLY FULL-TIME MILITARY AND RE19H |
| CODED ‘2’ (MILITARY FACILITY) AND RE19HOV CODED |
| ‘1’ (WITHIN U.S.), ‘-7’ (REF), OR ‘-8’ (DK).    |

| DISPLAY ‘leave the U.S.’ IF RE19E CODED ‘4’ |
| (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY |
| SCHOOL) AND RE19F CODED ‘2’ (OUTSIDE U.S.) OR IF |
| RE19E CODED ‘5’ (ANOTHER HOUSEHOLD – CURRENTLY |
| NOT FULL-TIME MILITARY) AND RE19F CODED ‘2’ |
| (OUTSIDE U.S.) OR IF RE19E CODED ‘6’ (ANOTHER |
| HOUSEHOLD/MILITARY FACILITY – CURRENTLY FULL-TIME |
| MILITARY) AND RE19HOV CODED ‘2’ (OUTSIDE U.S.). |

----------------------------------------------------

END_LP02

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH RE20
Before we begin the health interview, {I’d like to ask some questions about this household./I’d like you to think about the people living here on December 31, 2006, regardless of whether they are living here now.}

My records indicate that {on} {DATE OF PREVIOUS ROUND INTERVIEW}, {the people listed on the bottom of this form (HAND HOUSEHOLD SUMMARY) were/are} living together as a family. {Do/Did} (READ NAMES BELOW) still live together as a family {on December 31, 2006}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

| DISPLAY INTERVIEWER INSTRUCTION IF RESPONDENT IS A PROXY. OTHERWISE, USE NULL DISPLAY. |
DISPLAY 'I’d like to ... this household.' IF NOT ROUND 5. DISPLAY 'I’d like you ... here now.' IF ROUND 5.

DISPLAY 'on {DATE OF PREVIOUS ROUND INTERVIEW}' IF STANDARD RU. OTHERWISE, USE NULL DISPLAY.

FOR '{DATE OF PREVIOUS ROUND INTERVIEW}', DISPLAY DATE OF NHIS INTERVIEW IF ROUND 1. OTHERWISE, DISPLAY DATE OF PREVIOUS ROUND MEPS INTERVIEW.

DISPLAY 'were' IF STANDARD RU. OTHERWISE, DISPLAY 'are'.

DISPLAY 'Do' IF NOT ROUND 5. DISPLAY 'Did' IF ROUND 5.

DISPLAY 'on December 31, 2006' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

---

ROSTER DEFINITION:
IF ROUND 1, THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITION:
- PERSON NOT ADDED TO RU-MEMBERS-ROSTER THIS ROUND

IF NOT ROUND 1, THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON NOT ADDED TO RU-MEMBERS-ROSTER THIS ROUND
- PERSON NOT INSTITUTIONALIZED ON DATE OF PREVIOUS ROUND INTERVIEW

---

IF RE20 CODED ‘1’ (YES), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), CODE RE21_02 AS ‘1’ (IN RU) FOR ALL RU MEMBERS AUTOMATICALLY BY CAPI, AND GO TO RE42

---

OTHERWISE (RE20 CODED ‘2’ (NO)), CONTINUE WITH RE21

3-38
Who {is/was} not living here with the family {on December 31, 2006}?

CHANGE RU STATUS AS NECESSARY. 1 = IN RU, 2 = LEFT RU, 3 = INCORRECTLY LISTED IN RU DURING {NHIS/PREVIOUS ROUND} TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE21_02. RU STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Enter RU Status]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Enter RU Status]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Enter RU Status]</td>
</tr>
</tbody>
</table>

PRESS F1 FOR HH MEMBERSHIP RULES.

<table>
<thead>
<tr>
<th>REFUSED AND DON’T KNOW DISALLOWED.</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------</td>
</tr>
</tbody>
</table>

| DISPLAY ‘is’ IF NOT ROUND 5. DISPLAY ‘was’ IF ROUND 5. DISPLAY ‘on December 31, 2006’ IF ROUND |
| 5. OTHERWISE, USE A NULL DISPLAY. |

| DISPLAY ‘NHIS’ IF ROUND 1. OTHERWISE, DISPLAY |
| ‘PREVIOUS ROUND’. |

3-39
ROSTER DEFINITION: This item uses the RU-MEMBERS-ROSTER to display all RU members who meet the following condition:
- Person not added to RU-MEMBERS-ROSTER this round

----------------------------------------

MATRIX BEHAVIOR SPECIFICATIONS:

1. Display code ‘1’ (in RU) at RE21_02 for each RU member.
2. Allow interviewer to use up and down arrow keys to move cursor among rows.
3. RU members column is protected. Cursor will not enter this column, so no changes are allowed to RU members at this screen.
4. Interviewers should not be allowed to leave screen if all persons coded ‘1’ (in RU) at RE21_02. If the interviewer attempts to leave screen with RE21_02 coded ‘1’ for all RU members, display the message: ‘If everyone is still in RU, use CTRL/B to correct previous screen.’

----------------------------------------

If person is coded ‘3’ (incorrectly listed in RU during {NHIS/previous interview}) at RE21_02, remove person from RU-MEMBERS-ROSTER and if round 1, flag person as ‘not in RU - incorrectly listed in RU during NHIS.’ Otherwise flag as ‘not in RU - incorrectly listed in RU during previous interview.’ Person is ineligible and out-of-scope. No further information will be collected for person.

----------------------------------------

If RE21_02 coded ‘2’ (left RU) for at least one RU member, continue with loop_04.

----------------------------------------

Otherwise (no RU member coded ‘2’ (left RU) and at least one RU member coded ‘3’ (incorrectly listed in RU during NHIS)), go to box_22.
BOX_11A
 ======
 OMITTED.

BOX_12
 ======
 OMITTED.

RE22
 ===
 OMITTED.

RE23
 ===
 OMITTED.

BOX_13
 ======
 OMITTED.

LOOP_02
 ======
 USED ELSEWHERE.

RE24
 ===
 OMITTED.

RE25
 ===
 OMITTED.

END_LP02
 ======
 USED ELSEWHERE.

BOX_14
 ======
 OMITTED.

RE26
 ===
 OMITTED.

RE27
 ===
 OMITTED.

BOX_15
 ======
 OMITTED.
RE28
====
OMITTED.

RE29
====
OMITTED.

BOX_16
=====
OMITTED.

RE30
====
OMITTED.

RE31
====
OMITTED.

BOX_17
=====
OMITTED.

LOOP_03
=====
OMITTED.

RE32
====
OMITTED.

RE33
====
OMITTED.

BOX_18
=====
OMITTED.

RE34
====
OMITTED.

END_LP03
=====
OMITTED.

BOX_19
=====
OMITTED.
LOOP_04

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
RE35-END_LP04

LOOP DEFINITION: LOOP_04 DETERMINES THE LOCATION
OF RU MEMBERS WHO HAVE LEFT THE RU AND THE DATE
SUCH PERSONS LEFT. THIS INFORMATION IS USED TO
DETERMINE WHETHER SUCH PERSONS ARE ELIGIBLE FOR
THIS INTERVIEW (THAT IS, REMAIN ON THE RU-MEMBERS-
ROSTER) AND TO DEFINE THE REFERENCE PERIOD, IF
ANY, FOR SUCH PERSONS. THIS LOOP CYCLES ON RU
MEMBERS WHO MEET THE FOLLOWING CONDITION:
- PERSON LEFT RU (RE21_02 CODED ‘2’)

BOX_20

OMITTED.
RE35
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Why {(are/is)/was} (PERSON) no longer living here with this family {on December 31, 2006}?

- DECEASED ................................ 1 {RE41}
- INSTITUTIONALIZED ....................... 2
- STUDENT UNDER 24 LIVING AWAY AT SCHOOL
  IN GRADES 1-12 ........................... 3 {RE41}
- STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL ..................... 4 {RE37}
- MOVED – CURRENTLY NOT IN MILITARY ........ 5 {RE37}
- MOVED – CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES ............... 6 {RE38}
- REF ..................................... -7 {RE41}
- DK ..................................... -8 {RE41}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

--------------------------------------------------------------------------------------
| DISPLAY ‘(are/is)’ IF NOT ROUND 5. DISPLAY ‘was’ | | IF ROUND 5. DISPLAY ‘on December 31, 2006’ IF | | ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
--------------------------------------------------------------------------------------
RE36
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

What type of institution {is/was} (PERSON) living in {now/on December 31, 2006}?

NURSING HOME ......................... 1 [RE40]
OTHER LONG-TERM HEALTH CARE
   INSTITUTION (EXCLUDE COMMUNITY
   BASED HOSPITAL) .................... 2 [RE40]
OTHER NON-HEALTH CARE INSTITUTION .. 3 [RE41]
REF ...................................... -7 [RE40]
DK ....................................... -8 [RE40]

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
(PERSON’S FIRST MIDDLE AND LAST NAME)

(Is/Was) (PERSON) living within the U.S. or outside the U.S. (on December 31, 2006)?

WITHIN U.S. ......................... 1 {RE41}
OUTSIDE U.S. ......................... 2 {RE41}
REF ..................................... -7 {RE41}
DK ...................................... -8 {RE41}

[Code One]

PRESS F1 FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

--------------------------------------------------------------------------------
| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |
| ROUND 5. DISPLAY 'on December 31, 2006' IF ROUND |
| 5. OTHERWISE, USE A NULL DISPLAY. |
--------------------------------------------------------------------------------

--------------------------------------------------------------------------------
| IF RE35 CODED '4' (STUDENT AWAY AT POST-SECONDARY |
| SCHOOL) |
| AND |
| RE37 CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR |
| '-8' (DON'T KNOW), |
| FLAG PERSON AS A 'NEW STUDENT'. |
--------------------------------------------------------------------------------

--------------------------------------------------------------------------------
| IF RE35 CODED '5' (MOVED - CURRENTLY NOT IN |
| MILITARY) |
| AND |
| RE37 CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR |
| '-8' (DON'T KNOW), |
| FLAG PERSON AS A 'NON-MILITARY MOVER IN U.S.' |
--------------------------------------------------------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME}

{Is/Was} (PERSON) living in another household or in a military facility (on December 31, 2006)?

ANOTHER HOUSEHOLD ................... 1
MILITARY FACILITY ................... 2 [RE41]
REF ................................ -7
DK ................................. -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---------------------------------------------------------------------
| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |
| ROUND 5. DISPLAY 'on December 31, 2006' IF ROUND |
| 5. OTHERWISE, USE A NULL DISPLAY. |
---------------------------------------------------------------------

RE38OV

{Is/Was} (PERSON) living within the U.S. or outside the U.S. (on December 31, 2006)?

WITHIN U.S. .......................... 1 [RE41]
OUTSIDE U.S. .......................... 2 [RE41]
REF ................................. -7 [RE41]
DK ................................. -8 [RE41]

[Code One]

---------------------------------------------------------------------
| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |
| ROUND 5. DISPLAY 'on December 31, 2006' IF ROUND |
| 5. OTHERWISE, USE A NULL DISPLAY. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR |
| '-8' (DON'T KNOW), FLAG PERSON AS 'FULL-TIME |
| MILITARY IN U.S. AND NOT ON MILITARY FACILITY’ |
---------------------------------------------------------------------
Please give me the name and address of the nursing home or long term care facility where (PERSON) {is/was} living {now/on December 31, 2006}.

- PLACE NAME (RE40_01): [_____________]
- STREET ADDRESS1 (RE40_02): [_____________]
- STREET ADDRESS2 (RE40_03): [_____________]
- CITY (RE40_04): [_____________]
- STATE (RE40_05): [_____________]
- ZIP CODE (RE40_06): [_____________]

Press F1 for list of state abbreviations.

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5. DISPLAY 'now' IF NOT ROUND 5. DISPLAY 'on December 31, 2006' IF ROUND 5. |
| CODES '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED ON EACH FORM ITEM. |
{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did {PERSON} {die/enter the institution/start living away at school/move/leave the United States/leave the household}?  

[Enter Month, Day, Year-4] ..............  
REF ................................... -7  
DK .................................... -8

DISPLAY ‘die’ IF RE35 CODED ‘1’ (DECEASED).  
DISPLAY ‘enter the institution’ IF RE35 CODED ‘2’ (INSTITUTIONALIZED).  
DISPLAY ‘start living away at school’ IF RE35 CODED ‘3’ (STUDENT UNDER 24 LIVING AWAY AT SCHOOL IN GRADES 1-12) OR ‘4’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL).  
DISPLAY ‘move’ IF RE35 CODED ‘5’ (MOVED - CURRENTLY NOT IN MILITARY) AND RE37 CODED ‘1’ (WITHIN U.S.), ‘-7’ (REF), OR ‘-8’ (DK) OR IF RE35 CODED ‘6’ (MOVED - CURRENTLY FULL-TIME ACTIVE DUTY IN THE ARMED FORCES).  
DISPLAY ‘leave the U.S.’ IF RE35 CODED 5’ (MOVED - CURRENTLY NOT IN MILITARY) AND RE37 CODED ‘2’ (OUTSIDE U.S.).  
DISPLAY ‘leave the household’ IF RE35 CODED ‘-7’ (REF) OR ‘-8’ (DK).

IF DATE IS PRIOR TO 01/01/2005 AND PERSON MEETS
ONE OF THE FOLLOWING SETS OF CONDITIONS:
- RE35 CODED '1' (DECEASED), '2'
  (INSTITUTIONALIZED), '-7' (REFUSED), OR '-8'
  (DON'T KNOW)
OR
- (RE35 CODED '4' (STUDENT UNDER 24 LIVING AWAY
  AT POST-SECONDARY SCHOOL) OR '5' (MOVED -
  CURRENTLY NOT IN MILITARY))
  AND
  RE37 CODED '2' (OUTSIDE U.S.)
OR
- RE35 CODED '6' (MOVED - CURRENTLY ON FULL-TIME
  ACTIVE DUTY IN ARMED FORCES)
  AND
  RE38 CODED '2' (MILITARY FACILITY)
OR
- RE35 CODED '6' (MOVED - CURRENTLY ON FULL-TIME
  ACTIVE DUTY IN ARMED FORCES)
  AND
  (RE38 CODED '1' (ANOTHER HOUSEHOLD), '-7'
  (REFUSED), OR '-8' (DON'T KNOW))
  AND
  RE380V CODED '2' (OUTSIDE U.S.)

REMOVE PERSON FROM THE RU-MEMBERS-ROSTER AND
FLAG PERSON AS REMOVED AT RE41. PERSON IS OUT OF
SCOPE AND INELIGIBLE. INFORMATION WILL NOT BE
COLLECTED FOR THIS PERSON.
IF PERSON IS FLAGGED DURING THIS INTERVIEW AS ONE OF THE FOLLOWING:
- ‘NEW STUDENT’ (THAT IS, RE35 CODED ‘4’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) AND (RE37 CODED ‘1’ (WITHIN U.S.), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW))
OR
- ‘NON-MILITARY MOVER IN U.S.’ (THAT IS, RE35 CODED ‘5’ (MOVED - CURRENTLY NOT IN MILITARY) AND (RE37 CODED ‘1’ (WITHIN U.S.), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW))
OR
- ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’ (THAT IS, RE35 CODED ‘6’ (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES) AND (RE38 CODED ‘2’ (ANOTHER HOUSEHOLD), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)) AND (RE38OV CODED ‘1’ (WITHIN U.S.), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)),

REMOVE PERSON FROM RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED AT RE41. THE RE SECTION WILL COLLECT LOCATING AND OTHER PERTINENT INFORMATION FOR PERSON BUT PERSON WILL NOT BE INCLUDED IN THIS INTERVIEW AFTER THE RE SECTION. INFORMATION FOR PERSON MAY BE COLLECTED AS PART OF ANOTHER RU.
IF DATE IS = OR AFTER 01/01/2005 AND PERSON MEETS
ONE OF THE FOLLOWING SETS OF CONDITIONS:
- RE35 CODED ‘1’ (DECEASED)
OR
- RE35 CODED ‘2’ (INSTITUTIONALIZED)
OR
- (RE35 CODED ‘4’ (STUDENT UNDER 24 LIVING AWAY
AT POST-SECONDARY SCHOOL) OR ‘5’ (MOVED -
CURRENTLY NOT IN MILITARY))
AND
RE37 CODED ‘2’ (OUTSIDE U.S.)
OR
- RE35 CODED ‘6’ (MOVED - CURRENTLY ON FULL-TIME
ACTIVE DUTY IN ARMED FORCES)
AND
RE38 CODED ‘2’ (MILITARY FACILITY)
OR
- RE35 CODED ‘6’ (MOVED - CURRENTLY ON FULL-TIME
ACTIVE DUTY IN ARMED FORCES)
AND
(RE38 CODED ‘1’ (ANOTHER HOUSEHOLD), ‘7’
(REFUSED), OR ‘8’ (DON’T KNOW))
AND
RE38OV CODED ‘2’ (OUTSIDE U.S.)
OR
- RE35 CODED ‘7’ (REFUSED) OR ‘8’ (DON’T KNOW)

FLAG PERSON AS ‘REMOVE FROM RU BEFORE NEXT ROUND’.
INFORMATION MAY BE COLLECTED FOR PERSON DURING
THIS ROUND UP UNTIL THE DATE PERSON LEFT THE RU.
(PERSON’S REFERENCE PERIOD WILL END ON DATE PERSON
LEFT THE RU.) CAPI DETERMINES WHETHER OR NOT TO
INCLUDE PERSON IN THE INTERVIEW BASED ON PERSON’S
ELIGIBILITY WHICH IS ASSESSED BEFORE RE85.

END_LP04
========

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER
WHO MEETS THE CONDITIONS STATED IN THE LOOP
DEFINITION.

IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_04 AND CONTINUE WITH BOX_22
IF ALL RU MEMBERS LEFT THE RU AND ARE NOT ELIGIBLE FOR THE STUDY AS PART OF ANY RU (THEREFORE, LOCATING INFORMATION IS NOT REQUIRED); THAT IS:
- IF THE RU-MEMBERS-ROSTER IS EMPTY
AND
- NO ONE IS FLAGGED AS A ‘NEW STUDENT’ THIS INTERVIEW
AND
- NO ONE IS FLAGGED AS A ‘NON-MILITARY MOVER IN U.S.’ THIS INTERVIEW
AND
- NO ONE IS FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’ THIS INTERVIEW,
CONTINUE WITH RE42A

IF AT LEAST ONE RU MEMBER IS CURRENTLY LIVING IN THE RU (THAT IS, IF AT LEAST ONE PERSON ON THE CURRENT RU-MEMBERS-ROSTER MEETS ALL OF THE FOLLOWING CONDITIONS:
- NOT DECEASED (RE35 IS NOT CODED ‘1’)
AND
- NOT INSTITUTIONALIZED (RE35 IS NOT CODED ‘2’)
AND
- NOT A STUDENT OR NON-MILITARY MOVER LIVING OUTSIDE THE U.S. (RE37 IS NOT CODED ‘2’)
AND
- NOT ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 IS NOT CODED ‘2’)
AND
- NOT ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE THE U.S. (RE380V IS NOT CODED ‘2’)
AND
- NOT LEFT RU FOR UNKNOWN REASON (RE35 IS NOT CODED ‘-7’ OR ‘-8’),
GO TO RE42

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RE42A
=====

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.

RE42B
=====

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON ............................. 1
TELEPHONE ............................. 2

[Code One]
{At the time this household participated in the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW}/At the time of the last interview}, {PREVIOUS ROUND REFERENCE PERSON} was listed as the person who owns or rents this home. {Is/Was} that still true {as of December 31, 2006}?  

YES ..................................... 1  
NO ...................................... 2  
REF .................................... -7  
DK ..................................... -8  

PRESS F1 FOR DEFINITION OF OWNS/RENTS HOME.
| IF CODED '1' (YES) AND PREVIOUS ROUND REFERENCE |
| PERSON MEETS ANY OF THE FOLLOWING CONDITIONS: |
| - DELETED FROM THE RU-MEMBERS-ROSTER THIS ROUND |
| OR |
| - DECEASED OR INSTITUTIONALIZED (RE35 CODED '1' |
| OR '2') |
| OR |
| - STUDENT OR NON-MILITARY LIVING OUTSIDE THE U.S. |
| (RE37 CODED '2') |
| OR |
| - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING |
| AT A MILITARY FACILITY (RE38 CODED '2') |
| OR |
| - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING |
| OUTSIDE U.S. (RE38OV CODED '2') |
| OR |
| - LEFT RU FOR UNKNOWN REASON (RE35 CODED '-7' OR |
| '-8'), |
| GO TO RE44 |

| IF CODED '2' (NO), CONTINUE WITH RE43 |

| OTHERWISE, GO TO BOX_22AA |
Of the people in this family who {live/lived} here {now/on December 31, 2006}, who {owns/owned} or {rents/rented} this home?

IF NAME GIVEN NOT LISTED, PROBE TO DETERMINE IF NEW RU MEMBER (I.E., RELATED) OR PERSON NOT IN RU.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

[Code One]

PRESS F1 FOR DEFINITION OF OWNS/RENTS HOME.

DISPLAY 'live' AND 'now' AND 'owns' AND 'rents'
IF NOT ROUND 5. DISPLAY 'lived' AND 'on December 31, 2006' AND 'owned' AND 'rented' IF ROUND 5.

ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON = > 16 YEARS OLD OR AGE CATEGORY 4-9
- STILL LIVING IN THE RU AT THE DATE OF THE CURRENT INTERVIEW (THAT IS, NOT CODED ANY OF THE FOLLOWING:
  - DECEASED OR INSTITUTIONALIZED (RE35 CODED '1' OR '2')
  OR
  - STUDENT OR NON-MILITARY LIVING OUTSIDE THE U.S. (RE37 CODED '2')
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 CODED '2')
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE U.S. (RE38OV CODED '2')
  OR
  - LEFT RU FOR UNKNOWN REASON (RE35 CODED '-7' OR '-8')
DISPLAY "PERSON NOT IN RU" AS THE LAST ENTRY ON THE ROSTER.

IF "PERSON NOT IN RU" IS SELECTED, CONTINUE WITH RE44.

OTHERWISE (CURRENT RU MEMBER SELECTED), GO TO BOX_22AA.
Of all the people in this family who {live/lived} here {now/on December 31, 2006}, who {is/was} considered the head of household?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBERS</th>
<th>RE44_02. RUID</th>
<th>RE44_03. GENDER</th>
<th>RE44_04. AGE</th>
<th>RE44_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

[Code One]

PRESS F1 FOR DEFINITION OF HEAD OF HOUSEHOLD.

----------------------------------------------------
| DISPLAY 'live' AND 'now' AND 'is' IF NOT ROUND 5. |
| DISPLAY 'lived' AND 'on December 31, 2006' AND |
| 'was' IF ROUND 5. |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| DU-MEMBERS-ROSTER. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'NEW RU MEMBER NOT YET LISTED' AS LAST |
| ENTRY ON ROSTER. |
----------------------------------------------------
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---------------------------------------------
| MATRIX BEHAVIOR SPECIFICATIONS:           |
| 1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW |
|   KEYS TO MOVE CURSOR AMONG ROWS.          |
| 2. THE MATRIX COLUMNS ARE DISPLAY-ONLY. THAT IS, |
|   NO CHANGES ARE ALLOWED TO THE INFORMATION. |
| 3. THE 'INTERVIEW COMPLETED THIS ROUND' COLUMN |
|   DISPLAYS AN 'X' FOR EACH PERSON WHO HAS    |
|   ALREADY BEEN INTERVIEWED THIS ROUND IN THE |
|   STANDARD RU OR ANOTHER RU IN THIS DU.      |
| 4. IF PERSON WITH AN 'X' IN 'INTERVIEW COMPLETED |
|   THIS ROUND' COLUMN IS SELECTED, DISPLAY   |
|   MESSAGE: 'PERSON CANNOT BE SELECTED. HAS   |
|   ALREADY BEEN INTERVIEWED WITH ANOTHER RU.'|
| 5. IF AN RU MEMBER UNDER 16 SELECTED AS HEAD OF |
|   HOUSEHOLD, DISPLAY MESSAGE 'RESPONDENT < 16. |
|   S/HE MUST BE APPROVED BY SUPERVISOR. RESELECT |
|   TO VERIFY.'                                |
| 6. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER |
|   RU, DISPLAY THE MESSAGE: 'PERSON IS MEMBER |
|   OF ANOTHER RU. VERIFY THAT PERSON JOINED OR |
|   CORRECT SELECTION.'                        |
| 7. IF INTERVIEWER SELECTS PERSON WHO HAS LEFT |
|   THE RU, DISPLAY THE MESSAGE: 'SELECTION IS |
|   INAPPROPRIATE. MAKE ANOTHER SELECTION.'    |
---------------------------------------------

---------------------------------------------
| IF PERSON FROM ANOTHER RU SELECTED AND VERIFIED |
| AS THE HEAD OF HOUSEHOLD, ADD PERSON TO         |
| RU-MEMBERS-ROSTER.                             |
---------------------------------------------

---------------------------------------------
| IF 'NEW RU MEMBER NOT YET LISTED' SELECTED,   |
| CONTINUE WITH RE45                            |
---------------------------------------------

---------------------------------------------
| OTHERWISE (CURRENT DU MEMBER SELECTED),      |
| GO TO BOX_22AA                               |
---------------------------------------------

3-60
ENTER NAME OF NEW RU MEMBER WHO Owns OR RENTS HOME OR IS HEAD OF HOUSEHOLD.

VERIFY SPELLING.

IF NO MIDDLE NAME OR INITIAL, ENTER ‘NMN’.

[Enter First Name,[Middle Name],Last Name-65]

----------------------------------------------------
| REFUSED AND DON’T KNOW DISALLOWED AT ALL FIELDS. |
----------------------------------------------------

----------------------------------------------------
| ADD PERSON TO RU-MEMBERS-ROSTER AND FLAG PERSON |
| AS ‘NEW RU MEMBER ADDED AT RE45’.               |
----------------------------------------------------
IF AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER IS AN ORIGINAL RU MEMBER WHO IS STILL LIVING IN THE RU AT THE TIME OF THE CURRENT INTERVIEW; THAT IS, IF AT LEAST ONE RU MEMBER MEETS THE FOLLOWING CONDITIONS:
- NOT ADDED TO THE RU THIS ROUND AND
- NOT CODED ANY OF THE FOLLOWING:
  - DECEASED OR INSTITUTIONALIZED (RE35 CODED ‘1’ OR ‘2’)
  OR
  - STUDENT OR NON-MILITARY LIVING OUTSIDE THE U.S. (RE37 CODED ‘2’)
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 CODED ‘2’)
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE U.S. (RE38OV CODED ‘2’)
  OR
  - LEFT RU FOR UNKNOWN REASON (RE35 CODED ‘-7’ OR ‘-8’),
CONTINUE WITH RE46

OTHERWISE, GO TO BOX_24A
{REFERENCE PERSON’S FIRST MIDDLE AND LAST NAME}

{Please think about the household composition as of December 31, 2006 for the next few questions.} {Is/Was} there anyone else {other than you} related to {REFERENCE PERSON} who {is/was} living here {now/on December 31, 2006} as part of this family and who is not listed on the bottom of this form? {HAND HOUSEHOLD SUMMARY} That is, other than (READ NAMES BELOW)? Do not include anyone who was staying here temporarily who usually lived somewhere else. By related we mean by blood, marriage, living together as married, adoption or foster care relationship.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES .................................... 1 {RE48}
NO ..................................... 2 {RE50}
REF ................................... -7 {RE50}
DK .................................... -8 {RE50}

PRESS F1 FOR DEFINITION OF LIVING TOGETHER AS MARRIED/PARTNER RELATIONSHIPS.

----------------------------------------------------
| DISPLAY ‘Please .. questions.’ IF ROUND 5. |
| OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ‘Is’ AND ‘is’ AND ‘now’ IF NOT ROUND 5. |
| DISPLAY ‘Was’ AND ‘was’ AND ‘on December 31, 2006’ |
| IF ROUND 5. |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE |
| RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO |
| MEET THE FOLLOWING CONDITION: |
| - PERSON NOT ADDED TO RU-MEMBERS-ROSTER |
| THIS ROUND |
----------------------------------------------------
We would like to include the other members of (PERSON)’s household who are related to (PERSON) in this interview.

{Is/Was} there anyone else related to (PERSON) living here {now/on December 31, 2006}? Do not include anyone staying here temporarily who usually lives somewhere else. By related we mean by blood, marriage, living together as married, adoption, or foster care relationship.

YES .................................... 1
NO ..................................... 2 (RE50)
REF ................................. 27 (RE50)
DK .................................... 28 (RE50)

PRESS F1 FOR DEFINITION OF LIVING TOGETHER AS MARRIED.
{INTERVIEWER: IF ALL PERSONS WHO HAVE JOINED THE RU ARE ALREADY SELECTED, USE CTRL/B TO CHANGE PREVIOUS SCREEN TO 'NO'.}

Who else {is/was} related and living here {now/on December 31, 2006}?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBERS</th>
<th>RE48_02. RUID</th>
<th>RE48_03. GENDER</th>
<th>RE48_04. AGE</th>
<th>RE48_05. INTerview COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5. DISPLAY 'now' IF NOT ROUND 5. DISPLAY 'on December 31, 2006' IF ROUND 5.</th>
</tr>
</thead>
</table>

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER. |
DISPLAY ‘INTERVIEWER: IF ALL PERSONS WHO HAVE
JOINED THE RU ARE ALREADY SELECTED, USE CTRL/B TO
CHANGE PREVIOUS SCREEN TO ‘NO’.’ IF NOT ROUND 1.
OTHERWISE, USE NULL DISPLAY.

DISPLAY ‘ANY NEW RU MEMBERS NOT LISTED’ AS THE
LAST ENTRY ON ROSTER.

MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW
   KEYS TO MOVE CURSOR AMONG ROWS.
2. ALL COLUMNS ARE PROTECTED. CURSOR WILL NOT
   ENTER THESE COLUMNS, SO NO CHANGES ARE
   ALLOWED.
3. IF NEW RU, AN ‘X’ WILL BE DISPLAYED IN THE
   INTERVIEW COMPLETED THIS ROUND COLUMN FOR EACH
   PERSON WHO HAS ALREADY BEEN INTERVIEWED IN
   ANOTHER RU IN THE DU
4. IF PERSON WITH AN ‘X’ IN ‘INTERVIEW COMPLETED
   THIS ROUND’ COLUMN IS SELECTED, DISPLAY
   MESSAGE: ‘PERSON CANNOT BE SELECTED. HAS
   BEEN INCLUDED IN INTERVIEW WITH ANOTHER RU.’
5. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER
   RU FOR WHOM AN INTERVIEW HAS NOT BEEN
   COMPLETED, DISPLAY THE MESSAGE: ‘PERSON IS
   MEMBER OF ANOTHER RU. VERIFY THAT PERSON
   JOINED OR CORRECT SELECTION.’
6. IF INTERVIEWER SELECTS A PERSON WHO HAS LEFT
   THIS RU OR A CURRENT RU MEMBER, DISPLAY THE
   MESSAGE: ‘SELECTION IS INAPPROPRIATE. MAKE
   ANOTHER SELECTION.’
7. IF INTERVIEWER PRESSES ESC KEY TO LEAVE SCREEN
   WITHOUT MAKING A SELECTION, DISPLAY THE
   MESSAGE: ‘IF NO NEW PERSON HAS JOINED RU, USE
   CTRL/B TO CORRECT PREVIOUS SCREEN(S).’

IF A PERSON FROM ANOTHER RU VERIFIED AND
SELECTED AS THE RESPONDENT, ADD THAT PERSON TO
THE RU-MEMBERS-ROSTER.
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RE49
====

Please give me the name of each *new* related person who {is/was} living with this household {on December 31, 2006}.

PROBE: Anyone else?

ENTER NAMES. VERIFY SPELLING. IF NO MIDDLE NAME OR INITIAL, ENTER ‘NMN’.

TO MOVE CURSOR, USE ARROW KEYS.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE49 02. IN RU NOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

| DISPLAY ‘is’ IF NOT ROUND 5. DISPLAY ‘was’ IF ROUND 5. DISPLAY ‘on December 31, 2006’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER. |
**MATRIX BEHAVIOR SPECIFICATIONS:**

1. Allow interviewer to use up and down arrow keys to move cursor among rows.
2. Allow interviewers to add a person(s) to the roster.
3. Allow interviewers to delete only those persons who were added at this screen.
4. Allow interviewers to edit only those persons who were added at this screen.
5. When screen is displayed, display ‘YES’ in RE49_02 for each person coded ‘1’ (in ru) at RE21_02 or added to ru during this interview.
6. Do not allow interviewers to change codes in RE49_02.
7. Automatically display ‘YES’ at RE49_02 for person added at this screen.

---

If person is added at RE49, add person to ru-members-roster and flag person as added at RE49.
have we missed anyone? for example, babies born or adopted {since/between} {date of previous round interview} {and december 31, 2006}, anyone related who usually {lives/lived} here but {is/was} traveling, away on business, or in the hospital?

yes .................................... 1
no ..................................... 2
ref ..................................... -7
dk ..................................... -8

| display 'since' and 'lives' and 'is' if not round 5. display 'between' and 'lived' and 'was' if round 5. |
| for '{date of previous round interview}' display date of nhis interview if round 1. otherwise, display date of previous round meps interview. |
| display 'and december 31, 2006' if round 5. otherwise, use a null display. |

if round 1 and re50 coded '2' (no), '-7' (ref), or '-8' (dk), go to re53

if not round 1 and re50 coded '2' (no), '-7' (ref), or '-8' (dk), go to box_24a

otherwise (re50 coded '1' (yes)), continue with re51
Who else \{is/was\} **related** and living here \{now/on December 31, 2006\}?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBERS</th>
<th>RE51_02. RUID</th>
<th>RE51_03. GENDER</th>
<th>RE51_04. AGE</th>
<th>RE51_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

----------------------------------------------------
<p>| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF     |
| ROUND 5. DISPLAY 'now' IF NOT ROUND 5. DISPLAY    |</p>
<table>
<thead>
<tr>
<th>'on December 31, 2006' IF ROUND 5.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL          |</p>
<table>
<thead>
<tr>
<th>PERSONS IN THE DU-MEMBERS-ROSTER.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY 'ANY NEW RU MEMBERS NOT LISTED' AS THE     |</p>
<table>
<thead>
<tr>
<th>LAST ENTRY ON THE ROSTER.</th>
</tr>
</thead>
</table>
**MATRIX BEHAVIOR SPECIFICATIONS:**

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. ALL COLUMNS ARE PROTECTED. CURSOR WILL NOT ENTER THESE COLUMNS, SO NO CHANGES ARE ALLOWED IN ANY OF THESE COLUMNS.
3. IF NEW RU, AN ‘X’ WILL BE DISPLAYED IN THE INTERVIEW COMPLETED THIS ROUND COLUMN FOR EACH PERSON WHO HAS ALREADY BEEN INTERVIEWED IN ANOTHER RU IN THE DU.
4. IF PERSON WITH AN ‘X’ IN INTERVIEW COMPLETED THIS ROUND COLUMN IS SELECTED, DISPLAY MESSAGE: ‘PERSON CANNOT BE SELECTED. HAS BEEN INCLUDED IN INTERVIEW WITH ANOTHER RU.’
5. IF INTERVIEWERSelects A PERSON WHO HAS LEFT THIS RU OR A CURRENT RU MEMBER, DISPLAY THE MESSAGE: ‘SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION.’

ADD EACH PERSON SUCCESSFULLY SELECTED TO THE RU-MEMBERS-ROSTER AND FLAG PERSON AS ADDED AT RE51.

IF ‘ANY NEW RU MEMBERS NOT LISTED’ SELECTED, CONTINUE WITH RE52

IF ROUND 1 AND ‘ANY NEW RU MEMBERS NOT LISTED’ NOT SELECTED, GO TO RE53

OTHERWISE, GO TO BOX_24A
Please give me the name of each new related person who {is/was} living with this household {on December 31, 2006}.

PROBE: Anyone else?

ENTER NAMES. VERIFY SPELLING. IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

TO MOVE CURSOR, USE ARROW KEYS.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE52 02. IN RU NOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5. DISPLAY 'on December 31, 2006' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER. |
**MATRIX BEHAVIOR SPECIFICATIONS:**

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. ALLOW INTERVIEWERS TO ADD A PERSON(S) TO THE ROSTER.
3. ALLOW INTERVIEWERS TO DELETE ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
4. ALLOW INTERVIEWERS TO EDIT ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
5. WHEN SCREEN IS DISPLAYED, DISPLAY 'YES' IN RE52_02 FOR EACH PERSON CODED '1' (IN RU) AT RE49_02 OR ADDED TO RU THIS ROUND.
6. DO NOT ALLOW INTERVIEWERS TO CHANGE CODES IN RE52_02.
7. AUTOMATICALLY DISPLAY 'YES' AT RE52_02 FOR PERSON ADDED AT THIS SCREEN.

| ADD ENTERED PERSONS TO RU-MEMBERS-ROSTER AND FLAG PERSONS AS ADDED AT RE52. |

| IF ROUND 1, CONTINUE WITH RE53 |

| OTHERWISE, GO TO BOX_24A |
Are there any children or young people under 24 years of age related to (REFERENCE PERSON) who are not listed on this form (HAND HOUSEHOLD SUMMARY) and who usually live here but are currently living away from home in the U.S., never married, going to school? Please include any new member you may have just mentioned who is under 24, never married, and living away from home going to school in the U.S.

YES .................................... 1
NO ..................................... 2 {BOX_24}
REF ................................... -7 {BOX_24}
DK .................................... -8 {BOX_24}
Who is under 24, never married, and living away at school in the U.S.?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBERS</th>
<th>RE54_02. RUID</th>
<th>RE54_03. GENDER</th>
<th>RE54_04. AGE</th>
<th>RE54_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>
MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. RU MEMBERS, RUID, GENDER, AND AGE COLUMNS ARE PROTECTED. CURSOR WILL NOT ENTER THESE COLUMNS, SO NO CHANGES ARE ALLOWED INFORMATION IN ANY OF THESE COLUMNS.
3. IF NEW RU, AN ‘X’ WILL BE DISPLAYED IN THE INTERVIEW COMPLETED THIS ROUND COLUMN FOR EACH PERSON WHO HAS ALREADY BEEN INTERVIEWED IN THE STANDARD RU OR ANOTHER NEW RU IN THE DU.
4. IF PERSON WITH AN ‘X’ IN ‘INTERVIEW COMPLETED THIS ROUND’ COLUMN IS SELECTED, DISPLAY MESSAGE: ‘PERSON CANNOT BE SELECTED. HAS BEEN INCLUDED IN INTERVIEW WITH ANOTHER RU.’
5. IF GENDER OR AGE NOT YET COLLECTED, DISPLAY ‘--’ IN APPROPRIATE CELL(S).
6. IF INTERVIEWER SELECTS A PERSON WHO HAS LEFT THIS RU OR A CURRENT RU MEMBER, DISPLAY THE MESSAGE: ‘SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION.’

ADD EACH SUCCESSFULLY SELECTED PERSON TO THE RU-MEMBERS-ROSTER AND FLAG PERSON AS ADDED AT RE54.

IF ‘ANY NEW RU MEMBERS NOT LISTED’ SELECTED, CONTINUE WITH RE55

OTHERWISE, GO TO BOX_22A
Please give me the name of each new related person who is a student, under 24, never married, and living away at school.

PROBE: Anyone else?

ENTER NAMES. VERIFY SPELLING. IF NO MIDDLE NAME OR INITIAL, ENTER ‘NMN’.

TO MOVE CURSOR, USE ARROW KEYS.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE55 02. IN RU NOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

--------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| PERSONS IN THE RU-MEMBERS-ROSTER. |
--------------------------
MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. ALLOW INTERVIEWERS TO ADD A PERSON(S) TO THE ROSTER.
3. ALLOW INTERVIEWERS TO DELETE ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
4. ALLOW INTERVIEWERS TO EDIT ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
5. DISPLAY ‘YES’ IN RE55_02 FOR EACH PERSON CODED ‘1’ (IN RU) AT RE52_02 WHEN SCREEN IS DISPLAYED.
6. DO NOT ALLOW INTERVIEWERS TO CHANGE CODES IN RE55_02.
7. AUTOMATICALLY DISPLAY ‘YES’ AT RE55_02 FOR PERSON ADDED AT THIS SCREEN.

ADD PERSONS TO THE RU-MEMBERS-ROSTER AND FLAG PERSONS AS ADDED AT RE55.

BOX_22A
=======

IF AT LEAST ONE PERSON ADDED TO THE RU-MEMBERS-ROSTER AT RE54 OR RE55, CONTINUE WITH LOOP_05

OTHERWISE, GO TO BOX_24
LOOP_05
=======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK RE56-END_LP05

LOOP DEFINITION: LOOP_05 COLLECTS INFORMATION THAT CAPI REQUIRES TO DETERMINE THE KEYNESS AND ELIGIBILITY OF PERSONS WHO WERE ADDED TO THE RU AT RE54 OR RE55. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITION:
- NEW RU MEMBER < 24, NEVER MARRIED, LIVING AWAY AT SCHOOL (SELECTED AT RE54 OR ADDED AT RE55)


IMMEDIATELY AFTER LOOP_05 ENDS, CAPI WILL REMOVE FROM THE RU-MEMBERS-ROSTER ANY NEW RU MEMBER WHO IS FLAGGED AS ‘SAMPLEABLE AT NHIS’ DURING THE COURSE OF THE LOOP. NO INFORMATION WILL BE COLLECTED FOR SUCH PERSONS.

NEW RU MEMBERS WHO ARE NOT ‘NEW STUDENT’, ‘NON-MILITARY MOVER IN U.S.’, OR ‘SAMPLEABLE AT NHIS’ REMAIN ON THE RU-MEMBERS-ROSTER AFTER LOOP_05.
{PERSON’S FIRST MIDDLE AND LAST NAMES}

(Are/Is) (PERSON) attending ... 

grades 1-12, ......................... 1
a college or university, or .......... 2
some other training school
  after high school? .................. 3
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
{PERSON’S FIRST MIDDLE AND LAST NAMES}

Where (were/was) (PERSON) living when this household participated in the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

PERSON WAS ...
INSTITUTIONALIZED .................. 1 {BOX_23A}
STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL .......... 2
PERSON WAS NOT FT MILITARY AT TIME OF NHIS AND WAS ...
  LIVING IN U.S. ....................... 3
  LIVING OUTSIDE U.S. ................. 4 {BOX_23A}
PERSON WAS FT MILITARY AT TIME OF NHIS AND WAS ...
  LIVING AT A MILITARY FACILITY ..... 5 {BOX_23A}
  LIVING OUTSIDE U.S. ................. 6 {BOX_23A}
  LIVING IN ANOTHER HOUSEHOLD IN U.S. 7
PERSON WAS ...
  LIVING WITH THIS FAMILY (PERSON LEFT OFF NHIS ROSTER) ........... 8 {BOX_23A}
  OTHER .................................. 91
REF ..................................... -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---------------------------------------------
| NOTE: THE RESPONSE CATEGORY ‘LIVING WITH THIS FAMILY (PERSON LEFT OFF NHIS ROSTER)’ INCLUDES PERSONS WHO WERE LIVING AWAY AT SCHOOL IN GRADES 1 - 12. |
---------------------------------------------
If coded one of the following:
- '1' (institutionalized),
  or
- '4' (not FT military at time of NHIS and living outside U.S.),
  or
- '5' (FT military at time of NHIS and living at a military facility),
  or
- '6' (FT military at time of NHIS and living outside U.S.),
  or
- '8' (living with this family but left off NHIS roster),
flag person as 'not sampleable at NHIS' (person had no possibility of being included in the NHIS sample).

If coded any other code (including '-7' (refused) and '-8' (don't know), flag person as 'sampleable at NHIS.' (person had possibility of being included in the NHIS sample.)

If person meets both of the following conditions:
- Person is flagged as 'not sampleable at NHIS' (see previous box)
  and
- Person is attending (college or university) or (some other training school after high school) (that is, RE56 is coded '2' or '3' for person),
flag person as a 'new student'.

If person meets both of the following conditions:
- Person is flagged as 'not sampleable at NHIS' (see box above)
  and
- RE56 is coded '-7' (refused) or '-8' (don't know) for person,
flag person as 'non-military mover in U.S.'
RE56B
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

At the time of the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW}, (were/was) (PERSON) 17 to 23 years old?

YES .................................... 1
NO ..................................... 2  {END_LP05}
REF ................................... -7  {END_LP05}
DK .................................... -8  {END_LP05}

----------------------------------------------------
| IF CODED ‘1’ (YES)                                |
| AND                                               |
| RE56A CODED ‘2’ (STUDENT UNDER 24 LIVING AWAY AT |
| POST-SECONDARY SCHOOL),                           |
| CONTINUE WITH RE56C                               |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘1’ (YES)                                |
| AND                                               |
| RE56A NOT CODED ‘2’ (STUDENT UNDER 24 LIVING AWAY |
| AT POST-SECONDARY SCHOOL),                        |
| GO TO BOX_23A                                     |
----------------------------------------------------

RE56C
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

At the time of the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW} were either of (PERSON)’s parents living in this household?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| IF CODED ‘1’ (YES), FLAG PERSON AS ‘A NEW STUDENT’.|
----------------------------------------------------
IF PERSON MEETS EITHER OF THE FOLLOWING CONDITIONS:
- FLAGGED AS A 'NEW STUDENT' (SEE BOX ON RE56A AND RE56C)
- OR
  - FLAGGED AS 'NON-MILITARY MOVER IN U.S.' (SEE BOX ON RE56A)

REMOVE PERSON FROM RU-MEMBERS-ROSTER. THE RE SECTION WILL COLLECT LOCATING AND OTHER PERTINENT INFORMATION FOR PERSON BUT PERSON WILL NOT BE INCLUDED IN THIS INTERVIEW AFTER THE RE SECTION. INFORMATION FOR PERSON MAY BE COLLECTED AS PART OF ANOTHER RU.

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_23

IF NO ONE ON THE RU-MEMBERS-ROSTER IS FLAGGED AS 'SAMPLEABLE AT NHIS', GO TO BOX_24

OTHERWISE, CONTINUE WITH RE56D
RE56D

At the time we are only collecting information about some of
the students you just now identified. Therefore, the remaining
questions will not be asked about (READ NAMES BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-MEMBERS-ROSTER WHO ARE FLAGGED AS |
| 'SAMPLEABLE AT NHIS'. (SEE BOX ON RE56A) |
----------------------------------------------------

----------------------------------------------------
| REMOVE ALL PERSONS WHO ARE FLAGGED AS 'SAMPLEABLE |
| AT NHIS' (THAT IS, ALL RU MEMBERS DISPLAYED AT |
| RE56D) FROM THE RU-MEMBERS-ROSTER. SUCH PERSONS |
| ARE NOT ELIGIBLE FOR THIS INTERVIEW AND ARE |
| NOT KEY. INFORMATION WILL NOT BE COLLECTED FOR |
| SUCH PERSONS AS PART OF THIS OR ANY OTHER RU. |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_24 |
----------------------------------------------------

BOX_24A

----------------------------------------------------
| IF ROUND 1, GO TO BOX_25A |
----------------------------------------------------

----------------------------------------------------
| IF ROUNDS 2-5, CONTINUE WITH RE57A. |
----------------------------------------------------
VERIFY DISPLAYED INFORMATION.
ASK APPROPRIATE QUESTION FOR EACH BLANK FIELD.

ENTER GENDER. 1 = MALE, 2 = FEMALE
IF NOT OBVIOUS, ASK: Is (READ NAME BELOW) male or female?

What is (READ NAME BELOW)’s date of birth?
ENTER MM/DD/YYYY.

VERIFY AGE - IF AGE IS INCORRECT, RE-ENTER DATE OF BIRTH.
IF DATE OF BIRTH UNKNOWN, PROBE FOR AGE AND ENTER IF KNOWN.
{NOTE: FOR ROUND 5, AGE IS CALCULATED AS OF DEC 31, 2006.}

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE57A_02. GENDER</th>
<th>RE57A_03. DATE OF BIRTH</th>
<th>RE57A_04. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

----------------------------------------------------
| DISPLAY 'NOTE: FOR ROUND 5, AGE IS CALCULATED AS |
| OF DEC 31, 2006.' IF ROUND 5. OTHERWISE, USE A |
| NULL DISPLAY.                                      |
----------------------------------------------------

----------------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED.                   |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| PERSONS ON THE RU-MEMBERS-ROSTER              |
----------------------------------------------------
Matrix Behavior Specifications:

1. For all persons on roster, present blank fields for the missing data items.
2. Place cursor on first blank field. After entry, move cursor to next blank cell on that row.
3. Compute age from date of birth and display in RE57A_04. If unable to calculate age because of missing data, display '?' in RE57A_04.
4. Allow interviewers to use all arrow keys to move cursor among rows and columns.
5. Interviewers should not be allowed to add new persons.
6. Interviewers should not be allowed to edit names of any RU member on roster.

If age missing for any RU member, continue with LOOP_06A

Otherwise, go to BOX_26

Note: For round 5, age is calculated as of December 31, 2006. All age skips (throughout the questionnaire) will be based on this age.

Loop_06A

For each element in the RU-members-roster, ask RE57B-END_LP06A

Loop definition: Loop_06A collects age estimate for RU members whose age is missing. This loop cycles on RU members who meet the following condition:
- Person’s age missing from RE57A_04
{PERSON’S FIRST MIDDLE AND LAST NAME}

PROBE FOR RESPONDENT’S BEST ESTIMATE OF AGE.

{(Are/Is)/As of December 31, 2006, (were/was)} (PERSON)...

Less than 1 year old, .................. 1
1 - 4, .................................. 2
5 - 15, .................................. 3
16 - 23, .................................. 4
24 - 34, .................................. 5
35 - 44, .................................. 6
45 - 54, .................................. 7
55 - 64, or ............................... 8
65 years or older? ..................... 9

[Code One]

----------------------------------------------------
| DISPLAY '{Are/Is}' IF NOT ROUND 5. DISPLAY 'As of|  
| December 31, 2006, (were/was)' IF ROUND 5.       |  
----------------------------------------------------

{PERSON’S FIRST MIDDLE AND LAST NAME}

ENTER YOUR BEST GUESS FOR (PERSON)’S AGE {AS OF DECEMBER 31, 2006}.

Less than 1 year old, .................. 1
1 - 4, .................................. 2
5 - 15, .................................. 3
16 - 23, .................................. 4
24 - 34, .................................. 5
35 - 44, .................................. 6
45 - 54, .................................. 7
55 - 64, or ............................... 8
65 years or older? ..................... 9

[Code One]
DISPLAY ‘AS OF DECEMBER 31, 2006’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

REFUSED AND DON’T KNOW DISALLOWED.

END_LP06A

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_06A AND GO TO BOX_26

IF AT LEAST ONE PERSON IN THE RU-MEMBERS-ROSTER MEETS BOTH OF THE FOLLOWING CONDITIONS: 
- ADDED TO THE RU THIS ROUND 
- NOT A DU MEMBER AT THE TIME OF NHIS (THAT IS, A NEW RU MEMBER NOT SELECTED FROM THE DU-MEMBERS-ROSTER), CONTINUE WITH RE57

OTHERWISE, GO TO BOX_25A

OMITTED.
ASK APPROPRIATE QUESTION FOR EACH BLANK FIELD.

ENTER GENDER.  1 = MALE, 2 = FEMALE
IF NOT OBVIOUS, ASK:  Is (READ NAME BELOW) male or female?

What is (READ NAME BELOW)’s date of birth?
ENTER MM/DD/YYYY.

VERIFY AGE - IF AGE IS INCORRECT, RE-ENTER DATE OF BIRTH.
IF DATE OF BIRTH UNKNOWN, PROBE FOR AGE AND ENTER IF KNOWN.

TO MOVE CURSOR, USE ARROW KEYS.  TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE57_02. GENDER [Enter Selection]</th>
<th>RE57_03. DATE OF BIRTH [Enter Month Day Year-4]</th>
<th>RE57_04. AGE [Verify/Enter Age]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

----------------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED IN ALL FIELDS.     |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL         |
| PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET THE     |
| FOLLOWING CONDITION:                              |
| - PERSON IS A NEW RU MEMBER ADDED IN CURRENT      |
| ROUND WHO WAS NOT SELECTED FROM THE DU-MEMBERS-   |
| ROSTER                                           |
----------------------------------------------------
MATRIX BEHAVIOR SPECIFICATIONS:

1. FOR ALL PERSONS ON ROSTER, PRESENT BLANK FIELDS FOR THE MISSING DATA ITEMS (EITHER NOT YET COLLECTED OR MISSING FROM PREVIOUS ROUNDS)
2. PLACE CURSOR ON FIRST BLANK FIELD. AFTER ENTRY, MOVE CURSOR TO NEXT BLANK CELL ON THAT ROW.
3. COMPUTE AGE FROM DATE OF BIRTH AND DISPLAY IN RE57_04. IF UNABLE TO CALCULATE AGE BECAUSE OF MISSING DATA, DISPLAY '?' IN RE57_04.
4. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.
5. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.
6. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY RU MEMBER ON ROSTER.

IF AGE NOT MISSING FOR ANY NEW RU MEMBER WHO WAS NOT A DU MEMBER IN PREVIOUS ROUND (THAT IS, AGE NOT MISSING AT RE57_04)),
GO TO BOX_25A

OTHERWISE (AGE IS MISSING FOR ANY NEW RU MEMBER WHO WAS NOT A DU MEMBER IN PREVIOUS ROUND (THAT IS, AGE IS MISSING AT RE57_04)),
CONTINUE WITH LOOP_06
LOOP_06

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK | RE58-END_LP06 |

LOOP DEFINITION:  LOOP_06 COLLECTS AN AGE ESTIMATE FOR NEW RU MEMBERS WHOSE AGE IS MISSING. THIS LOOP CYCLES ON ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITION:

- PERSON’S AGE IS MISSING AT RE57_04

RE58

| {PERSON’S FIRST MIDDLE AND LAST NAME} |
| PROBE FOR RESPONDENT’S BEST ESTIMATE OF AGE. |
| (Are/Is) (PERSON)...

Less than 1 year old, .................. 1 {END_LP06}
1 - 4, ................................... 2 {END_LP06}
5 - 15, ................................... 3 {END_LP06}
16 - 23, .................................. 4 {END_LP06}
24 - 34, .................................. 5 {END_LP06}
35 - 44, .................................. 6 {END_LP06}
45 - 54, .................................. 7 {END_LP06}
55 - 64, or ............................... 8 {END_LP06}
65 years or older? ........................ 9 {END_LP06}
REF .................................... -7
DK .................................... -8

[Code One]
{PERSON’S FIRST MIDDLE AND LAST NAME}

ENTER YOUR BEST GUESS FOR (PERSON)’S AGE.

Less than 1 year old, .................. 1
1 - 4, .................................. 2
5 - 15, .................................. 3
16 - 23, .................................. 4
24 - 34, .................................. 5
35 - 44, .................................. 6
45 - 54, .................................. 7
55 - 64, or ............................. 8
65 years or older? ..................... 9

[Code One]
BOX_25A

IF ROUND 1 AND AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER WAS A MEMBER OF THE RU OR DU AT THE DATE OF THE NHIS INTERVIEW, OR IF AT LEAST ONE PERSON REMOVED FROM THE RU-MEMBERS-ROSTER THIS ROUND MEETS BOTH OF THE FOLLOWING CONDITIONS:
- PERSON WAS A MEMBER OF THE RU OR DU AT THE DATE OF THE NHIS INTERVIEW AND
- PERSON IS FLAGGED AS A ‘NEW STUDENT’, CONTINUE WITH LOOP_07

Otherwise, go to BOX_26

LOOP_07

FOR EACH ELEMENT IN THE DU MEMBERS-ROSTER, ASK RE60-END_LP07

LOOP DEFINITION: LOOP_07 UPDATES NAME, GENDER, BIRTH DATE, AND AGE OF BOTH CURRENT RU MEMBERS WHO WERE MEMBERS OF THE RU OR DU AT THE TIME OF NHIS AND PERSONS WHO ARE FLAGGED AS ‘NEW STUDENT’. THIS LOOP CYCLES ON ALL DU MEMBERS WHO MEET ANY ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT MEMBER OF THIS RU AND WAS A MEMBER OF THIS RU AT THE TIME OF NHIS OR
- PERSON IS A CURRENT MEMBER OF THIS RU AND WAS A MEMBER OF THE DU AT THE TIME OF NHIS OR
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND IS FLAGGED AS A ‘NEW STUDENT’
Let's review some information about (PERSON). Please look at this form (HAND HOUSEHOLD SUMMARY) and tell me if (PERSON)'s name is spelled correctly.

MAKE CORRECTIONS TO NAME BELOW.

IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

Current Info:  [NHIS FIRST NAME]
               [NHIS MIDDLE NAME]
               [NHIS LAST NAME]

FIRST NAME (RE60_01):  [_________________]
MIDDLE NAME (RE60_02):  [_________________]
LAST NAME (RE60_03):  [_________________]

----------------------------------------------------
| REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS.      |
| HOWEVER, DO NOT ALLOW INTERVIEWER TO CHANGE 'REAL |
| DATA' TO '-7' (REFUSED) OR '-8' (DON'T KNOW).      |
----------------------------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME}

ASK IF NOT OBVIOUS: I have (PERSON) recorded as (READ GENDER BELOW). Is that correct?

MAKE CORRECTIONS TO GENDER BELOW.

IF NO CORRECTION IS NECESSARY, PRESS ENTER.
IF CORRECTION IS NECESSARY, ENTER APPROPRIATE CODE.

1 = MALE      2 = FEMALE

Current Info:  [NHIS GENDER]

[Enter Gender].........................
REF .............................. -7
DK .................................. -8

-----------------------------------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED. HOWEVER, DO NOT |
| ALLOW INTERVIEWER TO CHANGE ‘REAL DATA’ TO ‘-7’ |
| (REFUSED) OR ‘-8’ (DON’T KNOW).                    |
-----------------------------------------------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME}

I have recorded that (PERSON) was born on (READ DATE BELOW).
Is that correct?

MAKE CORRECTIONS TO DATE OF BIRTH BELOW.

IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

Current Info: [NHIS DATE OF BIRTH]

[Enter Month, Day, Year-4] ............
REF .................................... -7
DK ..................................... -8

-----------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED. HOWEVER, DO NOT |
| ALLOW INTERVIEWER TO CHANGE ‘REAL DATA’ TO ‘-7’ |
| (REFUSED) OR ‘-8’ (DON’T KNOW). |
-----------------------------------------------

-----------------------------------------------
| IF CURRENT INFO IS NOT AVAILABLE, ENTRY FOR DATE |
| OF BIRTH IS REQUIRED. (REF AND DK ARE ALLOWED.) |
-----------------------------------------------

-----------------------------------------------
| IF ANY FIELD IN DATE OF BIRTH CODED ‘-7’ (REFUSED) |
| OR ‘-8’ (DON’T KNOW), GO TO RE64 |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, CONTINUE WITH RE63 |
-----------------------------------------------
RE63
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

So (PERSON) is {AGE CALCULATED FROM DATE OF BIRTH AT RE62} years old. Is that correct?

YES ........................................ 1 {END_LP07}
NO .......................................... 2
REF .......................................... -7 {RE65}
DK .......................................... -8 {RE65}

----------------------------------------------------
| IF CODED ‘2’ (NO), DISPLAY MESSAGE: ‘IF AGE |
| INCORRECT, USE CTRL/B AND CORRECT DATE OF BIRTH |
| AT PREVIOUS SCREEN.’
----------------------------------------------------

RE64
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

How old (are/is) (PERSON)?

[Enter Age] ............................. {END_LP07}
REF ..................................... -7
DK ..................................... -8
PROBE FOR RESPONDENT’S BEST ESTIMATE OF AGE.

(Are/Is) (PERSON)...

Less than 1 year old, .................. 1
1 - 4, ................................ 2
5 - 15, ................................ 3
16 - 23, ................................ 4
24 - 34, ................................ 5
35 - 44, ................................ 6
45 - 54, ................................ 7
55 - 64, or ............................ 8
65 years or older? ..................... 9
REF ................................... -7
DK .................................... -8

[Code One]
END_LP07
=======

---------------------------------------------
<p>| CYCLE ON NEXT PERSON IN RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP     |</p>
<table>
<thead>
<tr>
<th>DEFINITION.</th>
</tr>
</thead>
</table>

---------------------------------------------
<p>| IF NO MORE PERSONS MEET THE STATED CONDITIONS,|</p>
<table>
<thead>
<tr>
<th>END LOOP_07 AND CONTINUE WITH BOX_26</th>
</tr>
</thead>
</table>

BOX_26
======

---------------------------------------------
<p>| IF ROUND 1 AND AT LEAST ONE RU MEMBER MEETS |
| ALL THE FOLLOWING CONDITIONS:               |
|   - ADDED TO THE RU THIS ROUND             |
| AND                                         |
|   - NOT A NEWBORN (THAT IS, NOT BORN BETWEEN |
|     NHIS INTERVIEW DATE AND DATE OF THE CURRENT |
|     INTERVIEW),                             |</p>
<table>
<thead>
<tr>
<th>GO TO LOOP_08</th>
</tr>
</thead>
</table>

---------------------------------------------
<p>| IF NOT ROUND 1 AND AT LEAST ONE RU MEMBER MEETS |
| ALL OF THE FOLLOWING CONDITIONS:                 |
|   - ADDED TO THE RU THIS ROUND                   |
| AND                                              |
|   - NOT IN ANOTHER RU AT THE END OF THE PREVIOUS |
|     ROUND                                       |
| AND                                              |
|   - NOT A NEWBORN (THAT IS, NOT BORN BETWEEN    |
|     1/1/2005 AND THE DATE OF THE CURRENT        |</p>
<table>
<thead>
<tr>
<th>INTERVIEW), CONTINUE WITH LOOP_07A</th>
</tr>
</thead>
</table>

---------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_27</th>
</tr>
</thead>
</table>

3-100
LOOP_07A

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK RE66A-END_LP07A

LOOP DEFINITION: LOOP_07A COLLECTS INFORMATION ON THE LOCATION OF NEW RU MEMBERS ON 1/1/2005 TO DETERMINE THEIR KEYNESS AND ELIGIBILITY. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- ADDED TO RU IN CURRENT ROUND
AND
- NOT IN ANOTHER RU AT THE END OF THE PREVIOUS ROUND
AND
- NOT NEWBORN (THAT IS, NOT BORN BETWEEN 1/1/2005 AND THE DATE OF THE CURRENT INTERVIEW)

RE66A

(PERSON’S FIRST MIDDLE AND LAST NAME)

On what date did (PERSON) start living with the family?

[Enter Month,Day,Year-4] ..............
REF ............................. -7
DK ............................. -8


IF DATE ≤ PREVIOUS ROUND INTERVIEW DATE, CONTINUE WITH RE66B

OTHERWISE, GO TO RE66C
{PERSON’S FIRST MIDDLE AND LAST NAME}

Let me make sure that I have entered this date correctly. I have recorded that (PERSON) began living with this family on {RE66A DATE.}. That is before the interview on {DATE OF PREVIOUS ROUND INTERVIEW}. Is that correct?

YES .................................... 1
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

[Code One]

---------------------------------------------------------------------
| FOR DATE OF PREVIOUS ROUND INTERVIEW, DISPLAY | |
| DATE OF PREVIOUS ROUND MEPS INTERVIEW. | |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED ‘2’ (NO), DISPLAY MESSAGE: ‘USE CTRL/B AND CORRECT DATE | |
| PERSON JOINED RU AT PREVIOUS SCREEN.’ | |
---------------------------------------------------------------------

BOX_26A

OMITTED.

{PERSON’S FIRST MIDDLE AND LAST NAME}

On January 1, 2005, was (PERSON) living in an institution?

YES .................................... 1 (RE66G)
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION FOR LIVING IN AN INSTITUTION.
On January 1, 2005, was (PERSON) living outside the United States?

YES .................................... 1 {END_LP07A}
NO ..................................... 2
REF ...................................... -7
DK ........................................ -8

PRESS F1 FOR DEFINITION OF LIVING OUTSIDE U.S.

<table>
<thead>
<tr>
<th>IF PERSON &lt; 18 YEARS OLD, GO TO RE66F</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH RE66E</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

On January 1, 2005, was (PERSON) serving on full-time active duty in the Armed Forces?

YES .................................... 1 {END_LP07A}
NO ..................................... 2
REF ...................................... -7
DK ........................................ -8

PRESS F1 FOR DEFINITION OF FULL-TIME MILITARY.
## RE66F

Where (were/was) (PERSON) living on January 1, 2005?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOT YET BORN</td>
<td>1</td>
</tr>
<tr>
<td>INSTITUTIONALIZED</td>
<td>2</td>
</tr>
<tr>
<td>STUDENT UNDER 24 LIVING AWAY AT SCHOOL IN GRADES 1-12</td>
<td>3</td>
</tr>
<tr>
<td>STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL</td>
<td>4</td>
</tr>
<tr>
<td>ANOTHER HOUSEHOLD - NOT FULL-TIME MILITARY ON 1/1/2005</td>
<td>5</td>
</tr>
<tr>
<td>ANOTHER HOUSEHOLD/MILITARY FACILITY - FULL-TIME MILITARY ON 1/1/2005</td>
<td>6</td>
</tr>
<tr>
<td>LIVING WITH THIS FAMILY (PERSON LEFT OFF ROSTER LAST INTERVIEW)</td>
<td>7</td>
</tr>
<tr>
<td>OTHER</td>
<td>91</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

Enter Other:  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Other Specify]</td>
<td></td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
{PERSON’S FIRST MIDDLE AND LAST NAME}

What type of institution (were/was) (PERSON) living in on January 1, 2005?

NURSING HOME ......................... 1
OTHER LONG-TERM HEALTH CARE
  INSTITUTION (EXCLUDE COMMUNITY
  BASED HOSPITAL) .................... 2
OTHER NON-HEALTH CARE INSTITUTION ... 3 {END_LP07A}
REF ................................ -7
DK ...................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

{PERSON’S FIRST MIDDLE AND LAST NAME}

Please give me the name and address of the nursing home or long term care facility where (PERSON) (were/was) on January 1, 2005?

NAME (RE66H_01): [__________]
STREET ADDRESS1 (RE66H_02): [__________]
STREET ADDRESS2 (RE66H_03): [__________]
CITY (RE66H_04): [__________]
STATE (RE66H_05): [__________]
ZIP CODE (RE66H_06): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

------------------------------------------------------------------
| CODES ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ARE ALLOWED ON EACH FORM ITEM. |
------------------------------------------------------------------

------------------------------------------------------------------
| GO TO END_LP07A |
------------------------------------------------------------------
RE66I
=====
OMITTED.

RE66J
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Were either of (PERSON)’s parents living in this household on January 1, 2005?

YES ........................................ 1 {END_LP07A}
NO ........................................ 2 {END_LP07A}
REF ....................................... -7 {END_LP07A}
DK ........................................ -8 {END_LP07A}

RE66K
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) living in another household or in a military facility on January 1, 2005?

ANOTHER HOUSEHOLD ............... 1
MILITARY FACILITY ............... 2
REF ........................................ -7
DK ........................................ -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE66KOV
=====

OMITTED.
END LP07A

-----------------------------------------------
<p>| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP |</p>
<table>
<thead>
<tr>
<th>DEFINITION.</th>
</tr>
</thead>
</table>

-----------------------------------------------
<p>| IF NO MORE PERSONS MEET THE STATED CONDITIONS,|</p>
<table>
<thead>
<tr>
<th>END LOOP_07A AND CONTINUE WITH BOX_27</th>
</tr>
</thead>
</table>

LOOP_08

-----------------------------------------------
<p>| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK|</p>
<table>
<thead>
<tr>
<th>RE67-END_LP08</th>
</tr>
</thead>
</table>

-----------------------------------------------
<p>| LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION |
| ON THE LOCATION AT THE TIME OF NHIS OF NEW RU|
| MEMBERS WHO ARE NOT NEWBORN TO DETERMINE THEIR|
| KEYNESS AND ELIGIBILITY. THIS LOOP CYCLES ON RU|
| MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:|
|   - ADDED TO RU IN CURRENT ROUND               |
| AND                                           |
|   - NOT NEWBORN (THAT IS, NOT BORN BETWEEN THE|
|     NHIS INTERVIEW DATE AND THE DATE OF THE    |</p>
<table>
<thead>
<tr>
<th>CURRENT INTERVIEW)</th>
</tr>
</thead>
</table>
RE67
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) **start** living with the family (before leaving to live at school)?

[Enter Month, Day, Year-4] ..............
REF ................................... -7 {RE73}
DK .................................... -8 {RE73}

----------------------------------------------------
| DISPLAY ‘before leaving to live at school’ IF |
| PERSON IS A STUDENT LIVING AWAY AT SCHOOL |
| (SELECTED AT RE54 OR ADDED AT RE55). OTHERWISE, |
| USE NULL DISPLAY.                          |
----------------------------------------------------

----------------------------------------------------
| IF DATE < PREVIOUS ROUND INTERVIEW DATE, |
| CONTINUE WITH RE68                        |
----------------------------------------------------

----------------------------------------------------
| IF DATE = OR > PREVIOUS ROUND INTERVIEW DATE, |
| GO TO RE73                                    |
----------------------------------------------------
RE68
====

(Person’s First Middle and Last Name)

Let me make sure that I have entered this date correctly. I have recorded that (Person) began living with this family on (RE67 Date.). That is before the interview on (Month, Day, Year of NHIS Interview). Is that correct?

YES .................................... 1
NO ..................................... 2
REF .................................... -7 (RE73)
DK .................................... -8 (RE73)

[Code One]

<table>
<thead>
<tr>
<th>IF RE68 CODED '1' (YES), CODE RE73 '7' (LIVING WITH THIS FAMILY (PERSON LEFT OFF NHIS ROSTER)) AUTOMATICALLY BY CAPI, THEN GO TO END_LP08</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '2' (NO), DISPLAY MESSAGE: 'USE CTRL/B AND CORRECT DATE PERSON JOINED RU AT PREVIOUS SCREEN.'</th>
</tr>
</thead>
</table>

BOX_26A
=======

USED ELSEWHERE.

RE69
====

OMITTED.

RE70
====

OMITTED.

RE71
====

OMITTED.

RE72
====

OMITTED.
Where (were/was) (PERSON) living when this household participated in the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

- NOT YET BORN ........................................ 1 {END_LP08}
- INSTITUTIONALIZED ............................... 2 {RE73A}
- STUDENT UNDER 24 LIVING AWAY AT SCHOOL GRADES 1-12 ...... .......... 3 {END_LP08}
- STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL ............... 4 {RE73B}
- ANOTHER HH - NOT FT MILITARY AT NHIS .... 5 {RE73B}
- ANOTHER HH/MILITARY FACILITY - FT MILITARY AT NHIS ...... .......... 6 {RE73C}
- LIVING WITH THIS FAMILY - PERSON LEFT OFF NHIS ROSTER .................... 7 {END_LP08}
- OTHER ............................................. 91
- REF .................................................. -7 {END_LP08}
- DK ................................................... -8 {END_LP08}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ENTER OTHER:

[Enter Other Specify] ....................... {END_LP08}
- REF ............................................... -7 {END_LP08}
- DK ............................................... -8 {END_LP08}
What type of institution (were/was) (PERSON) living in on {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

NURSING HOME ....................... 1 {RE74}
OTHER LONG-TERM HEALTH CARE
  INSTITUTION (EXCLUDE COMMUNITY
  BASED HOSPITAL) .................... 2 {RE74}
OTHER NON-HEALTH CARE INSTITUTION ... 3 {END_LP08}
REF .................................. -7 {RE74}
DK ................................... -8 {RE74}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

(Were/Was) (PERSON) living within the U.S. or outside the U.S. on {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

WITHIN U.S. ......................... 1
OUTSIDE U.S. ......................... 2
REF .................................. -7
DK ................................... -8

PRESS F1 FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

---------------------------------------------------------------------
| IF RE73 CODED ‘4’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL), GO TO RE75 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO END_LP08 |
---------------------------------------------------------------------
RE73C
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) living in another household or in a military facility on (MONTH, DAY, YEAR OF NHIS INTERVIEW)?

- ANOTHER HOUSEHOLD ................. 1
- MILITARY FACILITY .................. 2 [END_LP08]
- REF .................................. -7
- DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE73COV
======

Was that household within the U.S. or outside the U.S.?

- WITHIN U.S. ........................... 1 [END_LP08]
- OUTSIDE U.S. .......................... 2 [END_LP08]
- REF .................................... -7 [END_LP08]
- DK ...................................... -8 [END_LP08]

[Code One]
RE74
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Please give me the name and address of the nursing home or long term care facility where (PERSON) (were/was) living at the time of the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW}?

| NAME (RE74_01): [_____________] |
| STREET ADDRESS1 (RE74_02): [_____________] |
| STREET ADDRESS2 (RE74_03): [_____________] |
| CITY (RE74_04): [_____________] |
| STATE (RE74_05): [_____________] |
| ZIP CODE (RE74_06): [_____________] |

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| CODES '-7' (REFUSED) AND '-8' (DON’T KNOW) ARE ALLOWED ON EACH FORM ITEM. |
----------------------------------------------------
| GO TO END_LP08 |
-----------------------------------------------------

RE75
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

At the time of the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW}, were either of (PERSON)’s parents living in this household?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
END_LP08

---------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION.                                    |
---------------------------------

---------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_08 AND CONTINUE WITH BOX_27          |
---------------------------------

BOX_27

---------------------------------
| CONTINUE WITH REENUMERATION-B (RE-B) SUBSECTION |
---------------------------------
NOTE: THE RU-MEMBERS-ROSTER HAS BEEN UPDATED THROUGHOUT THE RE-A SECTION AS FOLLOWS:

- NEW RU MEMBERS RECORDED AT RE08, RE45, RE49, RE52, AND RE55 HAVE BEEN ADDED
- DU MEMBERS SELECTED AT RE06, RE44, RE48, RE51, AND RE54 HAVE BEEN ADDED
- RU MEMBERS WHO MEET ANY ONE OF THE FOLLOWING CONDITIONS HAVE BEEN REMOVED:
  - PERSONS IN STUDENT RUs IDENTIFIED AS FULL-TIME MILITARY (RE14 CODED ‘1’ (YES))
  OR
  - INCORRECTLY LISTED IN RU DURING (NHIS/PREVIOUS INTERVIEW) (RE21_02 CODED ‘3’)
  OR
  - LEFT THE RU BEFORE 01/01/2005 FOR ANY REASON OTHER THAN STUDENT LIVING AWAY AT SCHOOL IN GRADES 1-12 (DATE AT RE41)
  OR
  - FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’
  OR
  - FLAGGED AS ‘NEW STUDENT’
  OR
  - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’
  OR
  - ADDED TO THE RU AT RE54 OR RE55 AND FLAGGED AS ‘SAMPLEABLE AT NHIS’ AT RE56A

REFERENCES IN THE RE-B SUBSECTION TO RU MEMBERS OR TO THE RU-MEMBERS-ROSTER POINT TO THE CURRENT STATUS OF THAT ROSTER, INCLUDING THE ADDITIONS AND DELETIONS, IF ANY, THAT OCCURRED IN RE-A.
BOX_28

-----------------------------------------------
<p>| IF STUDENT RU AND RU-MEMBERS-ROSTER IS EMPTY, |</p>
<table>
<thead>
<tr>
<th>GO TO BOX_44</th>
</tr>
</thead>
</table>

-----------------------------------------------
<p>| IF STUDENT RU AND RU-MEMBERS-ROSTER IS NOT EMPTY, |</p>
<table>
<thead>
<tr>
<th>GO TO BOX_37</th>
</tr>
</thead>
</table>

-----------------------------------------------
<p>| IF STANDARD OR NEW RU                           |
| AND                                            |
| RU-MEMBERS-ROSTER IS EMPTY                     |
| AND                                            |
| NO PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS ONE OF |
| THE FOLLOWING:                                  |
|    - 'NEW STUDENT'                             |
|    OR                                         |
|    - 'NON-MILITARY MOVER IN U.S.'              |
|    OR                                         |
|    - 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY', |</p>
<table>
<thead>
<tr>
<th>GO TO BOX_44</th>
</tr>
</thead>
</table>

-----------------------------------------------
<p>| IF STANDARD OR NEW RU                           |
| AND                                            |
| RU-MEMBERS-ROSTER IS EMPTY                     |
| AND                                            |
| AT LEAST ONE PERSON WHO WAS AN ORIGINAL RU MEMBER |
| (THAT IS, ON THE RU-MEMBERS-ROSTER AT THE TIME OF |
| NHIS) WAS REMOVED FROM THE RU-MEMBERS-ROSTER    |</p>
<table>
<thead>
<tr>
<th>DURING THIS INTERVIEW AND FLAGGED AS A 'NEW STUDENT', GO TO LOOP_09</th>
</tr>
</thead>
</table>
IF STANDARD OR NEW RU
AND
RU-MEMBERS-ROSTER IS EMPTY
AND
AT LEAST ONE PERSON WHO WAS ADDED TO THE RU DURING THIS INTERVIEW AT RE54 OR RE55 WAS SUBSEQUENTLY REMOVED FROM THE RU-MEMBERS-ROSTER AND IS FLAGGED AS A ‘NEW STUDENT’,
GO TO LOOP_13

IF STANDARD OR NEW RU
AND
RU-MEMBERS-ROSTER IS EMPTY
AND
NO ONE WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’,
AND
AT LEAST ONE PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS EITHER OF THE FOLLOWING:
- ‘NON-MILITARY MOVER IN U.S.’
  OR
- ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’,
GO TO RE85A

IF SINGLE-PERSON RU (EITHER STANDARD OR NEW)
AND
NO ONE WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’,
GO TO BOX_29

IF MULTI-PERSON RU
OR
(SINGLE-PERSON RU (EITHER STANDARD OR NEW)
AND
AT LEAST ONE PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’),
CONTINUE WITH RE76
ASK RELATIONSHIP FOR EACH BLANK FIELD.

(What is/was the EXACT relationship of ROW PERSON’S NAME to COLUMN PERSON’S NAME? We have recorded that ROW PERSON’S NAME is/was COLUMN PERSON’S RELATIONSHIP.)

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBER NAME</th>
<th>RE76_01. DU MEMBER 1</th>
<th>RE76_02. DU MEMBER 2</th>
<th>RE76_03. DU MEMBER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

1 = MOTHER                        5 = DAUGHTER/ADOPTED DAUGHTER
2 = FATHER                        6 = SON/ADOPTED SON
3 = SISTER/STEP-/HALF-           7 = WIFE/SPOUSE
4 = BROTHER/STEP-/HALF-          8 = HUSBAND/SPOUSE

PRESS F1 FOR COMPLETE LIST OF RELATIONSHIP CODES.

----------------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED.                    |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE DU-MEMBERS-ROSTER TO DISPLAY ALL DU MEMBERS WHO MEET EITHER OF THE FOLLOWING CONDITIONS: |
| - PERSON IS A MEMBER OF THE RU FOR THIS CASE OR |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND IS FLAGGED AS A ‘NEW STUDENT’ |
----------------------------------------------------
DISPLAY 'What {is/was} the EXACT relationship of {ROW PERSON'S NAME} to {COLUMN PERSON'S NAME}?\' IF CELL WHERE CURSOR IS LOCATED IS BLANK. DISPLAY 'is' IF BOTH PERSONS ARE LIVING. DISPLAY 'was' IF EITHER OR BOTH PERSONS ARE DECEASED.

DISPLAY 'We have recorded that {ROW PERSON'S NAME} {is/was} {COLUMN PERSON'S NAME} {COLUMN PERSON'S RELATIONSHIP}'. IF CELL CONTAINS A CODE. DISPLAY 'is' IF BOTH PERSONS ARE LIVING. DISPLAY 'was' IF EITHER OR BOTH PERSONS ARE DECEASED. FOR '{COLUMN PERSON'S RELATIONSHIP}', DISPLAY 'UNKNOWN' IF RELATIONSHIP CODED '-7' (REF) OR '-8' (DK). OTHERWISE, DISPLAY TEXT FOR CODE.

MATRIX BEHAVIOR SPECIFICATIONS:
1. ALLOW HORIZONTAL AND VERTICAL SCROLLING TO COLLECT RELATIONSHIPS AMONG ALL PERSONS IN THE MATRIX.
2. THE COLUMN HEADINGS 'DU MEMBER 1', 'DU MEMBER 2' AND 'DU MEMBER 3' ARE FILLED WITH THE NAMES OF DU MEMBERS IN THE ORDER PRESENTED IN THE ROSTER.
3. DISPLAY RELATIONSHIPS THAT WERE CODED IN PREVIOUS ROUND AND ARE STILL APPLICABLE.
4. DISPLAY BLANK FIELDS FOR RELATIONSHIPS NOT YET COLLECTED OR WHERE RELATIONSHIP WAS CODED '-7' (REF) OR '-8' (DK) IN PREVIOUS ROUND.
5. PLACE CURSOR ON FIRST BLANK FIELD. AFTER ENTRY, MOVE CURSOR TO NEXT BLANK CELL ON THAT ROW.
6. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.
7. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.
8. INTERVIEWERS SHOULD NOT BE ALLOWED TO DELETE ANY PERSON(S).
9. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY PERSON ON MATRIX.

EDITS: IF CODE 1 (MOTHER) OR CODE 2 (FATHER) WITH CODES 5 OR 6 (CHILDREN) WHERE THE AGE OF THE PERSON ASSOCIATED WITH CODE 1/2 IS < 12 OR > 55 YEARS FROM THE AGE ASSOCIATED WITH CODE 5/6, DISPLAY THE FOLLOWING MESSAGE: 'UNLIKELY RESPONSE DUE TO AGE.'

IF CODES 1 OR 2 OR 7 OR 8 IS USED MORE THAN ONCE, DISPLAY THE FOLLOWING MESSAGE: 'UNLIKELY RESPONSE - CODE ALREADY USED.'
RE77

REVIEW RELATIONSHIPS BELOW. USE CODES 28-33 IF MORE DESCRIPTIVE.

28 = FEMALE PARTNER
29 = MALE PARTNER
30 = MOTHER’S PARTNER
31 = FATHER’S PARTNER
32 = PARTNER’S DAUGHTER
33 = PARTNER’S SON
91 = OTHER RELATED, SPECIFY

USE OTHER RELATIONSHIP CODES IF APPROPRIATE.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

PRESS F1 FOR COMPLETE LIST OF RELATIONSHIP CODES.

----------------------------------------------------
\text{REFUSED AND DON’T KNOW ALLOWED.}
----------------------------------------------------
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON IS CODED ‘99’ (NOT RELATED) AT RE76 IN AT LEAST ONE CELL IN ROW WITH PERSON’S NAME.

MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW HORIZONTAL AND VERTICAL SCROLLING TO COLLECT RELATIONSHIPS AMONG ALL MEMBERS IN THE MATRIX.
2. THE FIRST COLUMN DISPLAYS THE NAMES OF ROW PERSONS CODED ‘99’ (NOT RELATED) AT RE76 FOR AT LEAST ONE RELATIONSHIP. THE COLUMN HEADINGS ‘DU MEMBER 1’, ‘DU MEMBER 2’, ETC. ARE FILLED WITH THE NAMES OF THE DU MEMBERS.
3. DISPLAY RELATIONSHIPS THAT WERE CODED IN RE76.
4. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.
5. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.
6. INTERVIEWERS SHOULD NOT BE ALLOWED TO DELETE ANY PERSON(S).
7. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY PERSON ON MATRIX.

IF AT LEAST ONE RU MEMBER OR ‘NEW STUDENT’ MEETS THE FOLLOWING CONDITION:
- CODED ‘99’ (NOT RELATED) FOR RELATIONSHIP WITH REFERENCE PERSON AT RE77, CONTINUE WITH RE78

OTHERWISE, GO TO BOX 29

BOX 28A
=======
OMITTED.
At this time, we are only collecting information about the people in this family. Therefore, that is all the information we will need about the non-related people who live here. We will not collect any additional information about (READ NAMES BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
BOX_28B
=======
OMITTED.

LOOP_08A
========
OMITTED.

END_LP08A
=========
OMITTED.

BOX_29
=======

----------------------------------------------------
<p>| IF ROUND 1 AND AT LEAST ONE PERSON ON THE          |
| DU-MEMBERS-ROSTER MEETS EITHER OF THE FOLLOWING   |
| SETS OF CONDITIONS:                               |
|                                                    |
| PERSON IS:                                        |
|    - CURRENTLY ON THE RU-MEMBERS-ROSTER           |
| AND                                               |
|    - AGE 17 - 23, INCLUSIVE, AT THE TIME OF NHIS  |
| AND                                               |
|    - AN ORIGINAL RU OR DU MEMBER (THAT IS, ON THE |
|       RU-MEMBERS-ROSTER OR THE DU-MEMBERS-ROSTER |
|       AT THE START OF THIS ROUND)                  |
| AND                                               |
|    - PERSON’S KEYNESS HAS NOT YET BEEN DETERMINED |
|       DURING THIS INTERVIEW OR IN A PREVIOUS       |
|       INTERVIEW WITHIN THIS ROUND                  |
|                                                    |
| OR PERSON IS:                                     |
|    - FLAGGED AS A ‘NEW STUDENT’                   |
| AND                                               |
|    - AN ORIGINAL RU MEMBER (THAT IS, ON THE RU-   |
|       MEMBERS-ROSTER AT THE START OF THIS ROUND),  |
|                                                    |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH LOOP_09</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_30A</th>
</tr>
</thead>
</table>
LOOP_09

----------------------------------
| FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, |
| ASK RE79-END_LP09
|----------------------------------

LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION TO IDENTIFY THE FOLLOWING TYPES OF STUDENTS:
- STUDENTS SAMPLED BY NHIS APART FROM THEIR PARENTS
AND
- STUDENTS WHO ARE LIVING ‘PERMANENTLY’ APART FROM THEIR PARENTS AND WHO DO NOT RECEIVE HEALTH CARE BENEFITS THROUGH THE CURRENT RU

THIS LOOP CYCLES ON PERSONS ON THE DU-MEMBERS-ROSTER WHO MEET EITHER OF THE FOLLOWING SETS OF CONDITIONS:

PERSON IS:
- CURRENTLY ON THE RU-MEMBERS-ROSTER
AND
- AGE 17 - 23, INCLUSIVE, AT THE TIME OF NHIS
AND
- AN ORIGINAL RU OR DU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER OR THE DU-MEMBERS-ROSTER AT THE START OF THIS ROUND)
AND
- PERSON’S KEYNESS HAS NOT YET BEEN DETERMINED DURING THIS INTERVIEW OR IN A PREVIOUS INTERVIEW WITHIN THIS ROUND

OR PERSON IS:
- FLAGGED AS A ‘NEW STUDENT’
AND
- AN ORIGINAL RU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER AT THE START OF THIS ROUND).
At the time of the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW} (were/was) (PERSON) attending school?

YES .................................... 1
NO ..................................... 2 {END_LP09}
REF .................................... -7 {END_LP09}
DK ..................................... -8 {END_LP09}

(PERSON’S FIRST MIDDLE LAST NAME)

(Were/Was) (PERSON) attending ...

grades 1-12, ............................1 {END_LP09}
a college or university, or .............2
some other training school after
high school? ..........................3
REF ....................................-7 {END_LP09}
DK .....................................-8 {END_LP09}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| IF CODED ‘2’ (COLLEGE) OR ‘3’ (OTHER TRAINING |
| SCHOOL)                                            |
| AND                                                |
| PERSON WAS NOT CODED ‘NEVER MARRIED’ AT NHIS       |
| INTERVIEW,                                          |
| GO TO END_LP09                                      |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘2’ (COLLEGE) OR ‘3’ (OTHER TRAINING |
| SCHOOL)                                            |
| AND                                                |
| PERSON WAS CODED ‘NEVER MARRIED’ AT NHIS           |
| INTERVIEW,                                          |
| CONTINUE WITH RE80A                                |
----------------------------------------------------

3-125
RE80A
=====

{PERSON’S FIRST MIDDLE LAST NAME}

At the time of the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW} were either of (PERSON)’s parents living in this household?

YES ..................................... 1
NO ........................................ 2
REF ..................................... -7
DK ..................................... -8

RE81
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

(Do/Does)(PERSON) have parents who live somewhere else?

YES ..................................... 1
NO ...................................... 2
REF ..................................... -7
DK ..................................... -8

BOX_29A
=====

OMITTED.
RE82
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is this (PERSON)'s usual year-round place of residence or is this (PERSON)'s place of residence only during the school year?

USUAL YEAR-ROUND PLACE OF RESIDENCE .... 1 {END_LP09}
RESIDENCE ONLY DURING SCHOOL YEAR ...... 2 {END_LP09}
SOME OTHER ARRANGEMENT .................... 91
REF ........................................ -7
DK ........................................... -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

------------------------------------------------------------------------
| IF RE82 CODED '2' (RESIDENCE ONLY DURING SCHOOL YEAR) AND |
| PERSON IS FLAGGED AS A 'NEW STUDENT', TURN OFF THE 'NEW STUDENT' |
| FLAG. PERSON DOES NOT MEET THE REQUIREMENTS FOR A 'NEW STUDENT' |
| ASSOCIATED WITH THIS RU. PERSON IS NOT KEY AND IS OUT OF SCOPE FOR |
| THIS STUDY. NO INFORMATION WILL BE COLLECTED FOR PERSON. |
------------------------------------------------------------------------
RE83
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does someone in this household have primary responsibility for (PERSON)'s health and health care?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PRIMARY RESPONSIBILITY.

---------------------------------------------------------------------
| IF RE83 CODED ‘2’ (NO), ‘-7’ (DON’T KNOW), OR ‘-8’ (REFUSED) |
| AND |
| PERSON IS FLAGGED AS A ‘NEW STUDENT’, |
| TURN OFF THE ‘NEW STUDENT’ FLAG. PERSON DOES NOT |
| MEET THE REQUIREMENTS FOR A ‘NEW STUDENT’ |
| ASSOCIATED WITH THIS RU. PERSON IS NOT KEY AND |
| IS OUT OF SCOPE FOR THIS STUDY. NO INFORMATION |
| WILL BE COLLECTED FOR PERSON. |
---------------------------------------------------------------------

END_LP09
=====

---------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_09 AND CONTINUE WITH BOX_30 |
---------------------------------------------------------------------

3-128
IF AT LEAST ONE PERSON BECAME NON-KEY IN THE COURSE OF LOOP_09, THAT IS, IF AT LEAST ONE PERSON WHOSE KEYNESS WAS EVALUATED IN LOOP_09 MEETS EITHER OF THE FOLLOWING CONDITIONS:

PERSON IS:
- AGE 17 - 23, INCLUSIVE, AND LIVES IN RU ONLY DURING SCHOOL YEAR (RE82 CODED '2')

OR PERSON IS:
- AGE 17-23, INCLUSIVE, AND RU IS NOT PERSON'S YEAR-ROUND RESIDENCE, AND PERSON'S HEALTH CARE IS NOT THE PRIMARY RESPONSIBILITY OF AN RU MEMBER (RE83 CODED '2', '-7', OR '-8'),

CONTINUE WITH RE84

OTHERWISE, GO TO BOX_30A
At this time, we are only collecting information about persons who are usual year-round residents of this household and for whom we can collect health care information. Therefore, the remaining questions will not be asked about (READ NAMES BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

---

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON’S KEYNESS WAS EVALUATED IN LOOP_09 AND EITHER OF THE FOLLOWING CONDITIONS:
  - PERSON LIVES IN THE RU ONLY DURING THE SCHOOL YEAR (RE82 CODED ‘2’)
  OR
  - RU IS NOT PERSON’S YEAR-ROUND RESIDENCE AND PERSON’S HEALTH CARE IS NOT THE PRIMARY RESPONSIBILITY OF ANOTHER RU MEMBER (RE83 CODED ‘2’, ‘-7’, OR ‘-8’)

---

IF ANY PERSON MEETS EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER
AND
- PERSON WAS DETERMINED TO BE NON-KEY IN THE COURSE OF LOOP_09 (THAT IS, PERSON WAS DISPLAYED AT RE84)
REMOVE PERSON FROM THE RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED FROM RU-MEMBERS-ROSTER AT RE84.

NO FURTHER INFORMATION WILL BE COLLECTED FOR SUCH PERSONS OR FOR THE ‘NEW STUDENTS’ WHO HAD THE ‘NEW STUDENT’ FLAG TURNED OFF DURING THE COURSE OF LOOP_09. THESE PERSONS ARE NON-KEY AND OUT-OF-SCOPE (INELIGIBLE FOR REST OF SURVEY).
DETERMINE THE KEYNESS AND ELIGIBILITY OF ALL PERSONS ON THE RU-MEMBERS-ROSTER.

THE DETERMINATION OF KEYNESS AND ELIGIBILITY IS BASED ON DEFINED CRITERIA AND IS DETERMINED IN THE FOLLOWING ORDER:
1. DETERMINE THE KEYNESS OF PERSONS WHO ARE NOT NEWBORN
2. DETERMINE THE KEYNESS OF PERSONS WHO ARE NEWBORN
3. DETERMINE THE ELIGIBILITY OF ALL PERSONS ON THE RU-MEMBERS-ROSTER

KEYNESS AND ELIGIBILITY FOR PERSONS WHO HAVE BEEN REMOVED FROM THE RU-MEMBERS-ROSTER IS DETERMINED ELSEWHERE IN THE REENUMERATION (RE) SECTION OF THE INSTRUMENT.

DELETE ANY RU MEMBERS WHO ARE DETERMINED TO BE INELIGIBLE FROM THE RU-MEMBERS-ROSTER.

IF THE RU-MEMBERS-ROSTER IS NOT EMPTY (THAT IS, IF AT LEAST ONE RU MEMBER REMAINS ELIGIBLE FOR THE SURVEY IN THE CURRENT ROUND), CONTINUE WITH RE85

IF THE RU-MEMBERS-ROSTER IS EMPTY (THAT IS NO RU MEMBER REMAINS ELIGIBLE FOR THE SURVEY IN THE CURRENT ROUND), GO TO RE85A
THESE ARE NOW THE MEMBERS OF THE RU WHO WILL BE INCLUDED IN THIS INTERVIEW.

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

{FULL NAME OF REFERENCE PERSON......}'S FAMILY:

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.
INTERVIEWER:  DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE?  (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON ............................. 1
TELEPHONE ............................. 2

[Code One]

------------------------------------------------------------------
| IF AT LEAST ONE PERSON REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’, GO TO BOX_37 |
------------------------------------------------------------------

------------------------------------------------------------------
| IF NO PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS EITHER OF THE FOLLOWING: |
| 'NON-MILITARY MOVER IN U.S.' |
| OR |
| 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY', |
| GO TO RE111 |
------------------------------------------------------------------

------------------------------------------------------------------
| OTHERWISE (NO ‘NEW STUDENT’, ‘NON-MILITARY MOVER IN U.S.’, OR ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’), GO TO BOX_44 |
------------------------------------------------------------------

BOX_31
======
OMITTED.

RE86
====
OMITTED.
OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.
RE93A
=====
OMITTED.

RE93B
=====
OMITTED.

BOX_34
======

----------------------------------------------------
| IF ROUND 1                                        |
| AND                                               |
| AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER:     |
| IS > 16 YEARS OLD AND < 60 YEARS OLD              |
| AND                                               |
| NOT CODED ‘FULL TIME ACTIVE DUTY IN THE MILITARY’ |
| (RE35 CODED ‘6’),                                 |
| CONTINUE WITH RE94A                               |
----------------------------------------------------

----------------------------------------------------
| IF NOT ROUND 1                                    |
| AND                                               |
| AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER      |
| - IS > 16 YEARS OLD AND < 60 YEARS OLD            |
|    AND                                          |
| - ADDED TO THE RU THIS ROUND,                     |
|  GO TO RE95A                                     |
----------------------------------------------------

----------------------------------------------------
| IF NOT ROUND 1                                    |
| AND                                               |
| AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER      |
| - IS > 16 YEARS OLD AND < 60 YEARS OLD            |
| AND                                              |
| - NOT ADDED TO THE RU THIS ROUND,                 |
| GO TO LOOP_12A0                                  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_35B                          |
----------------------------------------------------

BOX_35AA
=======
OMITTED.
(In addition to (READ NAMES BELOW), is/Is) anyone in the family currently serving on active duty in the Armed Forces of the United States?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES .................................... 1
NO ..................................... 2 {BOX_35B}
REF ................................... -7 {BOX_35B}
DK .................................... -8 {BOX_35B}

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

----------------------------------------------------
| IF AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER |
| IS CODED AS ON FULL-TIME ACTIVE DUTY IN THE      |
| MILITARY (RE35 CODED ‘6’) IN ANY INTERVIEW DURING|
| THIS ROUND, DISPLAY THE INTRODUCTORY PHRASE ‘In  |
| addition to ...’ AND THE SCREEN INSTRUCTIONS AND |
| ROSTER. OTHERWISE, DISPLAY ‘Is’ AND DO NOT       |
| DISPLAY THE SCREEN INSTRUCTIONS AND ROSTER.      |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL         |
| PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET THE    |
| FOLLOWING CONDITION:                             |
| - CODED AS ON FULL-TIME ACTIVE DUTY IN THE      |
| MILITARY (RE35 CODED ‘6’) IN ANY INTERVIEW       |
| DURING THIS ROUND,                               |
----------------------------------------------------
Who {else} is currently serving on active duty in the Armed Forces?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

--------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET BOTH OF |
| THE FOLLOWING CONDITIONS: |
| - AGE &gt; 16 YEARS OLD AND &lt; 60 YEARS OLD |
| AND |
| - NOT CODED AS ON FULL-TIME ACTIVE DUTY IN THE |
| MILITARY (RE35 CODED ‘6’) IN ANY INTERVIEW |</p>
<table>
<thead>
<tr>
<th>DURING THIS ROUND</th>
</tr>
</thead>
</table>

--------------------------------------------
| DISPLAY ‘else’ IF A ROSTER WAS DISPLAYED AT RE94A. |
| OTHERWISE, USE NULL DISPLAY. |

--------------------------------------------
| ROSTER BEHAVIOR SPECIFICATIONS: |
| 1. INTERVIEWER MAY SELECT ANY NUMBER OF PERSON(S) |
| LISTED ON THE ROSTER. |
| 2. INTERVIEWER SHOULD NOT BE ABLE TO EDIT ANY |
| OF THE NAMES. |
| 3. INTERVIEWER SHOULD NOT BE ABLE TO ADD NEW |
| PERSONS. |
| 4. INTERVIEWER SHOULD NOT BE ABLE TO DELETE ANY |
| PERSONS. |

--------------------------------------------
| [PERSON-LEVEL CONTROL VARIABLE SET HERE: STATUS |
| (FULL-TIME MILITARY LIVING IN RU)] FOR THOSE |
| SELECTED AT RE95. |
LOOP_12
=======

----------------------------------------------------
| FOR EACH ELEMENT IN RU-MEMBER-ROSTER,            |
| ASK BOX_34B-END_LP12                             |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_12 COLLECTS INFORMATION ON |
| WHEN PERSON ENTERED FULL-TIME ACTIVE DUTY IN THE  |
| ARMED FORCES. THIS LOOP CYCLES ON RU MEMBERS     |
| SELECTED AT RE95.                                |
----------------------------------------------------

BOX_34B
=======

----------------------------------------------------
| IF PERSON FIRST IDENTIFIED AS CURRENTLY SERVING  |
| IN ARMED FORCES DURING PREVIOUS ROUND, GO TO     |
| END_LP12                                         |
----------------------------------------------------

----------------------------------------------------
| IF ROUND 1                                      |
| OR                                              |
| IF PERSON IDENTIFIED AS CURRENTLY SERVING IN    |
| ARMED FORCES DURING CURRENT ROUND, CONTINUE WITH|
| RE96B                                           |
----------------------------------------------------

RE96
====

OMITTED.
OMITTED.

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) enter full-time active duty service in the Armed Forces?

[Enter Month, Day, Year -4] ............
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.
RE95A

(Is/Are) (READ NAMES BELOW) currently serving on active duty in the Armed Forces of the United States?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES .................................... 1
NO ..................................... 2 {BOX_34AA}
REF ................................... -7 {BOX_34AA}
DK .................................... -8 {BOX_34AA}

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET BOTH OF THE FOLLOWING CONDITIONS: |
| - AGE > 16 YEARS OLD AND < 60 YEARS OLD AND |
| - ADDED TO THE RU THIS ROUND |
----------------------------------------------------
Who is currently serving on active duty in the Armed Forces?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

-----------------------------
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- AGE > 16 YEARS OLD AND < 60 YEARS OLD AND
- ADDED TO THE RU THIS ROUND

-----------------------------
ROSTER BEHAVIOR SPECIFICATIONS:
1. INTERVIEWER MAY SELECT ANY NUMBER OF PERSON(S) LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD NOT BE ABLE TO EDIT ANY OF THE NAMES.
3. INTERVIEWER SHOULD NOT BE ABLE TO ADD NEW PERSONS.
4. INTERVIEWER SHOULD NOT BE ABLE TO DELETE ANY PERSONS.

[PERSON-LEVEL CONTROL VARIABLE SET HERE: STATUS (FULL-TIME MILITARY LIVING IN RU)] FOR THOSE SELECTED AT RE95B.
LOOP_12B

FOR EACH ELEMENT IN RU-MEMBER-ROSTER, ASK RE95E-END_LP12B

LOOP DEFINITION: LOOP_12B COLLECTS INFORMATION ON WHEN PERSON ENTERED FULL-TIME ACTIVE DUTY IN THE ARMED FORCES. THIS LOOP CYCLES ON RU MEMBERS SELECTED AT RE95B.

RE95C

OMITTED.

RE95D

OMITTED.

RE95E

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) enter full-time active duty service in the Armed Forces?

[Enter Month, Day, Year -4] ...........
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

END_LP12B

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER    |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP     |
| DEFINITION.                                       |
|----------------------------------------------------

----------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_12B AND CONTINUE WITH BOX_34AA          |
|----------------------------------------------------

BOX_34AA

----------------------------------------------------
| IF NOT ROUND 1                                    |
| AND                                               |
| AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER:     |
| - IS > 16 YEARS OLD AND < 60 YEARS OLD            |
| AND                                               |
| - NOT ADDED TO THE RU THIS ROUND,                 |
| GO TO LOOP_12A0                                   |
|----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_35B                           |
|----------------------------------------------------

LOOP_12A0

----------------------------------------------------
| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK        |
| RE96B1-END_LP12A0                                  |
|----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_12A0 COLLECTS INFORMATION   |
| TO DETERMINE WHETHER PERSON IS CURRENTLY ON       |
| FULL-TIME ACTIVE DUTY IN THE MILITARY AND IF      |
| 'YES,' WHEN PERSON ENTERED ACTIVE DUTY IN THE     |
| ARMED FORCES. THIS LOOP CYCLES ON RU MEMBERS      |
| WHO ARE > 16 YEARS OLD AND < 60 YEARS OLD AND     |
| NOT ADDED TO THE RU THIS ROUND.                   |
|----------------------------------------------------
RE96B1
======

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Is/Was} (PERSON) currently serving on full-time active duty in the Armed Forces of the United States {on December 31, 2006}?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF ROUND 5.
DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.
DISPLAY 'on December 31, 2006' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

IF CODED '1' (YES), FLAG PERSON AS 'FULL-TIME MILITARY AND LIVING IN RU'.

IF CODED '1' (YES), AND PREVIOUS ROUND STATUS NOT FULL-TIME MILITARY LIVING IN THE RU/FULL-TIME MILITARY IN U.S. AND NOT ON A MILITARY FACILITY, CONTINUE WITH RE96B2

OTHERWISE, GO TO END LP12A0
RE96B2

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) enter full-time active duty service in the Armed Forces?

[Enter Month, Day, Year -4] ............
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

END_LP12A0

END_LP12A0

-----------------------------
-----------------------------

BOX_35AA

OMITTED.
IF AT LEAST ONE RU MEMBER ON THE RU-MEMBERS-ROSTER MEETS ALL OF THE FOLLOWING CONDITIONS:

IF ROUND 1:
- AGE > 16
  AND
- IS NOT CODED AS FULL TIME ACTIVE DUTY IN THE MILITARY (RE35 CODED ‘6’)
  AND
- IS NOT CODED AS CURRENTLY SERVING ON ACTIVE DUTY IN THE MILITARY LIVING IN THE RU (NOT SELECTED AT RE95, RE95B OR RE96B1 CODED ‘1’)

IF ROUND 2-5:
- AGE > 16
  AND
- IS NOT CODED AS CURRENTLY SERVING ON ACTIVE DUTY IN THE MILITARY LIVING IN THE RU (NOT SELECTED AT RE95, RE95B OR RE96B1 CODED ‘1’)
  AND AT LEAST ONE OF THE FOLLOWING CONDITIONS IS MET:
- IF ROUND 1
  OR
- PERSON ADDED TO THE RU THIS ROUND
  OR
- PERSON HAS A PREVIOUS ROUND STATUS OF FULL TIME MILITARY LIVING IN THE RU

CONTINUE WITH RE96F

OTHERWISE, GO TO BOX_35A
(Have/Has) (READ NAMES BELOW) ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps or Coast Guard?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES .................................... 1
NO ..................................... 2 {BOX_35A}
REF ................................... -7 {BOX_35A}
DK .................................... -8 {BOX_35A}
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET ALL OF THE FOLLOWING CONDITIONS:

IF ROUND 1:
- AGE > 16
  AND
- IS NOT CODED AS FULL TIME ACTIVE DUTY IN THE MILITARY (RE35 CODED ‘6’)
  AND
- IS NOT CODED AS CURRENTLY SERVING ON ACTIVE DUTY IN THE MILITARY LIVING IN THE RU (NOT SELECTED AT RE95, RE95B OR RE96B1 CODED ‘1’)

IF ROUND 2-5:
- AGE > 16
  AND
- IS NOT CODED AS CURRENTLY SERVING ON ACTIVE DUTY IN THE MILITARY LIVING IN THE RU (NOT SELECTED AT RE95, RE95B OR RE96B1 CODED ‘1’)

AND AT LEAST ONE OF THE FOLLOWING CONDITIONS IS MET:

- IF ROUND 1 OR
- PERSON ADDED TO THE RU THIS ROUND OR
- PERSON HAS A PREVIOUS ROUND STATUS OF FULL TIME MILITARY LIVING IN THE RU
Who was this?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

---------------------------------------------------------------------
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET ALL OF THE FOLLOWING CONDITIONS:

IF ROUND 1:
- AGE > 16
  AND
- IS NOT CODED AS FULL TIME ACTIVE DUTY IN THE MILITARY (RE35 CODED ‘6’)
  AND
- IS NOT CODED AS CURRENTLY SERVING ON ACTIVE DUTY IN THE MILITARY LIVING IN THE RU (NOT SELECTED AT RE95, RE95B OR RE96B1 CODED ‘1’)

IF ROUND 2-5:

  - AGE > 16
  AND
  - IS NOT CODED AS CURRENTLY SERVING ON ACTIVE DUTY IN THE MILITARY LIVING IN THE RU (NOT SELECTED AT RE95, RE95B OR RE96B1 CODED ‘1’)

AND AT LEAST ONE OF THE FOLLOWING CONDITIONS IS MET:

  - IF ROUND 1
 OR
  - PERSON ADDED TO THE RU THIS ROUND
 OR
  - PERSON HAS A PREVIOUS ROUND STATUS OF FULL TIME MILITARY LIVING IN THE RU

---------------------------------------------------------------------
IF AT LEAST ONE RU MEMBER IS KEY AND NOT FULL-TIME MILITARY (THAT IS, KEY AND NOT FLAGGED AS EITHER: ‘FULL-TIME MILITARY AND LIVING IN RU’ OR ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’), PERSONS SELECTED AT RE95 OR LOOP_12A0 AS ‘FULL-TIME MILITARY LIVING IN RU’ ARE ELIGIBLE FOR THIS INTERVIEW.

IF NO RU MEMBER IS KEY AND NOT FULL-TIME MILITARY (THAT IS, KEY AND NOT FLAGGED AS EITHER: ‘FULL-TIME MILITARY AND LIVING IN RU’ OR ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’), PERSONS SELECTED AT RE95 OR LOOP_12A0 AS ‘FULL-TIME MILITARY LIVING IN RU’ ARE NOT ELIGIBLE FOR THIS INTERVIEW. REMOVE ALL PERSONS FLAGGED AS ‘FULL-TIME MILITARY LIVING IN RU’ FROM THE RU-MEMBERS-ROSTER AND FLAG PERSONS AS REMOVED AT RE95 OR LOOP_12A0.)

IF NO ONE WAS REMOVED FROM THE RU-MEMBERS-ROSTER AT RE95 OR LOOP_12A0, GO TO BOX_35

IF AT LEAST ONE PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER AT RE95 OR LOOP_12A0 AND AT LEAST ONE PERSON REMAINS ELIGIBLE FOR THE INTERVIEW (THAT IS, THE RU-MEMBERS-ROSTER IS NOT EMPTY), GO TO RE96E

IF THE RU-MEMBERS-ROSTER IS EMPTY (THAT IS, ALL REMAINING RU MEMBERS WERE REMOVED AT RE95 OR LOOP_12A0), CONTINUE WITH RE96C
INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON .................................. 1
TELEPHONE ............................... 2

[Code One]

<table>
<thead>
<tr>
<th>GO TO BOX_37</th>
</tr>
</thead>
</table>
---------------------------------|
At this time, we are collecting information only about some of the people in this family. Therefore, we will not collect any additional information about (READ NAMES BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:
- FLAGGED AS ‘FULL-TIME MILITARY LIVING IN RU’
- REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW

IF ANY PERSONS ON THE RU-MEMBERS-ROSTER MEET THE FOLLOWING CONDITION:
- AGE = OR > 16,
CONTINUE WITH RE97

OTHERWISE, GO TO BOX_37

OMITTED.
{(Are/Is) (PERSON) now/As of December 31, 2006, (were/was) (PERSON)} married, widowed, divorced, separated, or never married?

1 = MARRIED  2 = WIDOWED  3 = DIVORCED  4 = SEPARATED  5 = NEVER MARRIED.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

---

ROSTER. FIRST MIDDLE LAST NAME  RE97_02. MARITAL STATUS
1. First Name Middle Name Last Name-35  [Enter Selection]
2. First Name Middle Name Last Name-35  [Enter Selection]
3. First Name Middle Name Last Name-35  [Enter Selection]

PRESS F1 FOR DEFINITIONS OF MARITAL STATUS CODES.

-----------------------------------------------
| DISPLAY '{Are/Is} (PERSON) now' IF NOT ROUND 5. |
| DISPLAY 'As of December 31, 2006, (were/was) |
| (PERSON)' IF ROUND 5.                           |
| REFUSED AND DON'T KNOW ALLOWED.                 |

-----------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| IN THE RU-MEMBERS-ROSTER WHO MEET THE           |
| FOLLOWING CONDITION:                            |
| - AGE = OR > 16                                |

-----------------------------------------------

3-153
MATRIX BEHAVIOR SPECIFICATIONS:

1. Allow interviewer to use Up and Down Arrow keys to move cursor among rows.
2. RU members column is protected. Cursor will not enter this column, so no changes are allowed to RU members at this screen.

-----------

BOX 37

-----------

IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS ANY ONE OF THE FOLLOWING CONDITIONS:
- Person is an RU member and ethnicity data is missing
OR
- Person is flagged as a ‘new student’ associated with this RU and ethnicity data is missing,
CONTINUE WITH LOOP 13

-----------

LOOP 13

-----------

FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, ASK BOX 98A-END_LP13

-----------

LOOP DEFINITION: LOOP_13 COLLECTS ETHNICITY FOR RU MEMBERS AND NEW STUDENTS WHOSE ETHNICITY DATA IS MISSING. THIS LOOP CYCLES ON DU MEMBERS WHO MEET EITHER OF THE FOLLOWING CONDITIONS:
- Person is an RU member and ethnicity data is missing
OR
- Person is flagged as a ‘new student’ associated with this RU and ethnicity data is missing
{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD RE-1B.

(Do/Does) (PERSON) consider (yourself/himself/herself) Hispanic or Latino?

YES ........................................ 1
NO ........................................ 2 {END_LP13}
REF .......................................... -7 {END_LP13}
DK .......................................... -8 {END_LP13}
{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD RE-1B.

Please look at this card and tell me which group best describes (PERSON)’s ethnic background.

- PUERTO RICAN ....................... 1 {END_LP13}
- CUBAN/CUBAN AMERICAN ............... 2 {END_LP13}
- DOMINICAN ............................ 3 {END_LP13}
- MEXICAN .............................. 4 {END_LP13}
- MEXICAN-AMERICAN ...................... 5 {END_LP13}
- CENTRAL OR SOUTH AMERICAN ..... 6 {END_LP13}
- OTHER LATIN AMERICAN ............... 91 {END_LP13}
- OTHER HISPANIC/LATINO ............. 92 {END_LP13}
- REF .................................... -7 {END_LP13}
- DK ...................................... -8 {END_LP13}

[Code One]

OMITTED.

OMITTED.

END_LP13

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER | |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP  | |
| DEFINITION.                                   | |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP 13 AND CONTINUE WITH BOX 38          |
----------------------------------------------------

3-156
BOX_38
=======

| IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS      |
| ANY ONE OF THE FOLLOWING CONDITIONS:              |
| - PERSON IS AN RU MEMBER AND RACE DATA IS MISSING|
| OR                                                |
| - PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED |
| WITH THIS RU AND RACE DATA IS MISSING,            |
| CONTINUE WITH LOOP_14                             |

----------------------------------------------------

| OTHERWISE, GO TO LOOP_15                          |

----------------------------------------------------

LOOP_14
=======

----------------------------------------------------
| FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, ASK    |
| RE101A-END_LP14                                   |

----------------------------------------------------

| LOOP DEFINITION: LOOP_14 COLLECTS RACE DATA FOR  |
| RU MEMBERS AND NEW STUDENTS WHOSE RACE DATA IS    |
| IS MISSING. THIS LOOP CYCLES ON DU MEMBERS WHO    |
| MEET EITHER OF THE FOLLOWING CONDITIONS:          |
| - PERSON IS AN RU MEMBER AND RACE DATA IS MISSING|
| OR                                                |
| - PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED |
| WITH THIS RU AND RACE DATA IS MISSING,            |

----------------------------------------------------

BOX_37B
=======

OMITTED.

RE101
=====

OMITTED.

RE102
=====

OMITTED.
RE102OV
========
OMITTED.

RE101A
======

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD RE-2B.

Please look at this card and tell me which race or races best describes (PERSON).

CODE ALL THAT APPLY

WHITE .................................. 1
BLACK/AFRICAN AMERICAN ................. 2
AMERICAN INDIAN OR ALASKA NATIVE ...... 3
ASIAN .................................. 4
NATIVE HAWAIIAN OR OTHER PACIFIC
   ISLANDER ............................. 5
OTHER: SPECIFY ........................ 91
REF  ................................. -7 {BOX_38A}
DK .................................... -8 {BOX_38A}

[Code All That Apply]

<p>| <code>-7' (REFUSED) AND </code>-8' (DON’T KNOW) CANNOT BE |</p>
<table>
<thead>
<tr>
<th>CODED IN COMBINATION WITH ANY OTHER CODES</th>
</tr>
</thead>
</table>

<p>| IF CODED ‘91’ (OTHER: SPECIFY) ALONE OR IN |
| COMBINATION WITH OTHER CODES, CONTINUE WITH |</p>
<table>
<thead>
<tr>
<th>RE101AOV3</th>
</tr>
</thead>
</table>

<p>| IF CODED ‘4’ (ASIAN) ALONE OR IN COMBINATION WITH |</p>
<table>
<thead>
<tr>
<th>OTHER CODES EXCEPT ’91’, GO TO RE101B</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_38A</th>
</tr>
</thead>
</table>

3-158
RE101AOV3
=========

ENTER OTHER RACE:

[Enter Other Specify] .................
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| IF RE101A WAS CODED ‘4’ (ASIAN) IN COMBINATION  |
| WITH CODE ‘91’ (OTHER: SPECIFY), CONTINUE WITH   |
| RE101B                                        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_38A                      |
----------------------------------------------------

RE101AOV1
=========

OMITTED.

RE101AOV2
=========

OMITTED.

RE101B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD RE-2C.

Please look at this card and tell me which group best describes
(PERSON)’s ethnic background.

ASIAN INDIAN ........................... 1 {BOX_38A}
CHINESE ................................. 2 {BOX_38A}
FILIPINO ............................... 3 {BOX_38A}
JAPANESE ............................... 4 {BOX_38A}
KOREAN .................................. 5 {BOX_38A}
VIETNAMESE .............................. 6 {BOX_38A}
OTHER ASIAN: SPECIFY .................. 91
REF ................................... -7 {BOX_38A}
DK .................................... -8 {BOX_38A}
ENTER OTHER ASIAN:

[Enter Other Asian Specify] ..........  
REF .................................. -7  
DK .................................... -8  

OMITTED.

__________________________________________________________
| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION. |
| ________________________________________________________ |
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_14 AND CONTINUE WITH LOOP_15 |
| ________________________________________________________ |
LOOP_15

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX_39-END_LP15

LOOP DEFINITION: LOOP_15 COLLECTS INFORMATION ON EDUCATION LEVEL OF ALL RU MEMBERS AND NEW STUDENTS. THIS LOOP CYCLES ON RU MEMBERS WHO MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER (THAT IS, CURRENTLY ON THE RU-MEMBERS-ROSTER FOR THIS RU)
OR
- PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED WITH THIS RU

BOX_39

IF PERSON’S AGE <= 4 YEARS, CODE RE103 AS ‘0’ (NEVER ATTENDED SCHOOL/KINDERGARTEN ONLY) AUTOMATICALLY BY CAPI, THEN GO TO END_LP15

OTHERWISE, IF ROUND 1, CONTINUE WITH RE103

OTHERWISE, IF NOT ROUND 1 AND PERSON WAS ADDED TO THE RU THIS ROUND (I.E., NEW RU MEMBER), CONTINUE WITH RE103

OTHERWISE (I.E., NOT ROUND 1 AND PERSON WAS NOT ADDED TO THE RU THIS ROUND (NOT NEW RU MEMBER)), GO TO END_LP15
(As of December 31, 2006, what/What) is the **highest** grade or year of regular school (PERSON) ever **completed**?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER ATTENDED SCHOOL/KINDERGARTEN ONLY</td>
<td>0</td>
</tr>
<tr>
<td>ELEMENTARY</td>
<td></td>
</tr>
<tr>
<td>FIRST GRADE</td>
<td>1</td>
</tr>
<tr>
<td>SECOND GRADE</td>
<td>2</td>
</tr>
<tr>
<td>THIRD GRADE</td>
<td>3</td>
</tr>
<tr>
<td>FOURTH GRADE</td>
<td>4</td>
</tr>
<tr>
<td>FIFTH GRADE</td>
<td>5</td>
</tr>
<tr>
<td>SIXTH GRADE</td>
<td>6</td>
</tr>
<tr>
<td>SEVENTH GRADE</td>
<td>7</td>
</tr>
<tr>
<td>EIGHTH GRADE</td>
<td>8</td>
</tr>
<tr>
<td>HIGH SCHOOL</td>
<td></td>
</tr>
<tr>
<td>NINTH GRADE</td>
<td>9</td>
</tr>
<tr>
<td>TENTH GRADE</td>
<td>10</td>
</tr>
<tr>
<td>ELEVENTH GRADE</td>
<td>11</td>
</tr>
<tr>
<td>TWELFTH GRADE (HIGH SCHOOL DIPLOMA)</td>
<td>12</td>
</tr>
<tr>
<td>COLLEGE</td>
<td></td>
</tr>
<tr>
<td>FIRST YEAR</td>
<td>13</td>
</tr>
<tr>
<td>SECOND YEAR</td>
<td>14</td>
</tr>
<tr>
<td>THIRD YEAR</td>
<td>15</td>
</tr>
<tr>
<td>FOURTH YEAR (BACHELOR’S DEGREE)</td>
<td>16</td>
</tr>
<tr>
<td>FIVE OR MORE YEARS (GRADUATE DEGREE)</td>
<td>17</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

PRESS F1 FOR DEFINITIONS OF REGULAR SCHOOL AND GRADE OR YEAR.
**RE104**

---

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Do/Does/Did}/As of December 31, 2006 did (PERSON) have a high school diploma or {have/has/had}/had (PERSON) passed the GED equivalency test?

- HAVE HIGH SCHOOL DIPLOMA .............. 1 {END_LP15}
- PASSED GED .................................. 2 {END_LP15}
- NEITHER HIGH SCHOOL DIPLOMA OR GED .... 3 {END_LP15}
- REF ................................... -7 {END_LP15}
- DK .................................... -8 {END_LP15}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---

DISPLAY 'Do' AND 'have' IF PERSON IS RESPONDENT. 
DISPLAY 'Does' AND 'has' IF PERSON IS NOT RESPONDENT AND LIVING. DISPLAY 'Did' AND 'had' IF PERSON IS DECEASED.

---

IF NOT ROUND 5, DISPLAY '(Do/Does/Did)'. IF ROUND 5, DISPLAY 'As of December 31, 2006, did'. IF NOT ROUND 5, DISPLAY (have/has/had). IF ROUND 5, DISPLAY 'had'.

---

**BOX_40**

OMITTED.
RE105
======

{PERSON’S FIRST MIDDLE AND LAST NAME}

What is the highest educational degree (PERSON) obtained
(as of December 31, 2006)?

BACHELOR’S DEGREE .......................... 1
MASTER’S DEGREE ............................. 2
DOCTORATE DEGREE .......................... 3
NO DEGREE ................................. 4
OTHER ....................................... 91
REF .......................... -7
DK ............................ -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

---------------------------------------------------------
| DISPLAY 'as of December 31, 2006' IF ROUND 5. | |
| OTHERWISE, USE NULL A DISPLAY.                  | |
---------------------------------------------------------

END_LP15
=======

---------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER      |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP        |
| DEFINITION.                                        |
---------------------------------------------------------

---------------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS,     |
| END LOOP_15 AND CONTINUE WITH BOX_41              |
---------------------------------------------------------
| IF RU TYPE IS STANDARD OR NEW (NOT A STUDENT RU) | AND |
| IF ANY PERSON ON THE RU-MEMBERS-ROSTER MEETS |
| BOTH OF THE FOLLOWING CONDITIONS: |
| - AGE 17-23, INCLUSIVE |
| AND |
| - NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12, |
| CONTINUE WITH RE106 |

| OTHERWISE, GO TO BOX_41A |
attending school either part-time or full-time?

CODE ‘1’ (YES) IF ANY PERSON ATTENDING SCHOOL.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

| 1. First Name, (Middle Name), Last Name-65 |
| 2. First Name, (Middle Name), Last Name-65 |
| 3. First Name, (Middle Name), Last Name-65 |

YES ..................................... 1
NO ...................................... 2  
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITIONS OF PART-TIME/FULL-TIME.

---------------------------------------------------------------------
| DISPLAY ‘(Is/Are)’ IF NOT ROUND 5. DISPLAY ‘As of December 31, 2006, (were/was)’ IF ROUND 5. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET ALL OF THE FOLLOWING CONDITIONS: |
| - AGE 17-23, INCLUSIVE |
| - NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12 |
---------------------------------------------------------------------
Who {is/was} attending school either part-time or full-time {on December 31, 2006}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

---
DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF
ROUND 5. DISPLAY 'on December 31, 2006' IF ROUND
5. OTHERWISE, USE A NULL DISPLAY.
---

---
ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS ON
THE RU-MEMBERS-ROSTER THAT MEET BOTH OF THE
FOLLOWING CONDITIONS:
- AGE 17-23, INCLUSIVE
AND
- NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12
---

---
ROSTER BEHAVIOR SPECIFICATIONS:
1. INTERVIEWER MAY SELECT A PERSON(S) ALREADY
LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD NOT BE ABLE TO EDIT ANY
OF THE NAMES.
3. INTERVIEWER SHOULD NOT BE ABLE TO ADD NEW
PERSONS.
4. INTERVIEWER SHOULD NOT BE ABLE TO DELETE ANY
PERSONS.
---

IF ANY RU MEMBERS MEET EITHER OF THE FOLLOWING CONDITIONS:
- SELECTED AT RE107
- CODED AS LIVING AWAY AT SCHOOL IN GRADERS 1-12, CONTINUE WITH RE108

OTHERWISE, GO TO BOX_41B
{{Earlier you mentioned (PERSON) was living away at school in grades 1-12.}} {Is/Was} (PERSON) attending school part-time or full-time?

1 = PART-TIME  2 = FULL-TIME

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBERS</th>
<th>RE108_02. PART-TIME/FULL-TIME STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITIONS OF PART-TIME/FULL-TIME.
MATRIX BEHAVIOR SPECIFICATIONS:

1. DISPLAY PERSONS WHO ARE AGE 17-23 (INCLUSIVE),
   ATTENDING SCHOOL PART-TIME OR FULL-TIME (I.E.,
   SELECTED AT RE107) FIRST ON THE ROSTER. THEN
   DISPLAY PERSONS CODED AS LIVING AWAY AT SCHOOL
   GRADES 1-12.
2. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW
   KEYS TO MOVE CURSOR AMONG ROWS.
3. RU MEMBERS COLUMN IS PROTECTED. CURSOR WILL
   NOT ENTER THIS COLUMN, SO NO CHANGES ARE
   ALLOWED TO RU MEMBERS AT THIS SCREEN.

IF ROUND 1 OR ROUND 3 AND
IF AT LEAST ONE ELIGIBLE RU MEMBER, THEN GO TO BOX_41BB

OTHERWISE, GO TO BOX_42
BOX_41BB

<table>
<thead>
<tr>
<th>IF HOUSEHOLD CONSISTS OF EITHER ONE OR TWO MEMBERS, GO TO RE108A</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO RE108B</td>
</tr>
</tbody>
</table>

RE108A

INTERVIEWER: REFER TO HOUSEHOLD SUMMARY

IS REFERENCE PERSON LESS THAN 65 YEARS OLD, OR AGE 65 AND OLDER?

LESS THAN 65 YEARS OLD .................... 1
AGE 65 OR OLDER ............................ 2

[Code One]
Please look at the various sources of income listed on the top of this card and think for a moment about the income received from these sources by all household members during the calendar year 2006.

Please tell me the letter on the bottom of the card that corresponds to your household’s total income from these sources during 2006.

IF RESPONDENT WILL NOT ANSWER WITH A YEARLY INCOME AND MONTHLY INCOME VARIES, PROBE: Please pick the typical or average or most recent monthly amount.

   (         )
A. (< 100%) ............................. 1
B. {100% - 150%} ........................ 2
C. {150% - 200%} ........................ 3
D. {200% - 300%} ........................ 4
E. {> 300%} ............................. 5
REF .................................... -7
DK ..................................... -8

[Code One]

-----------------------------------------------
FOR ‘SHOWCARD RE-’ DISPLAY THE FOLLOWING:

- IF RE-108A IS CODED ‘1’ (LESS THAN 65 YEARS OLD), AND HOUSEHOLD ROSTER LISTS ONE RU MEMBER, DISPLAY ‘SHOWCARD RE-3A’

- IF RE-108A IS CODED ‘1’ (LESS THAN 65 YEARS OLD), AND HOUSEHOLD ROSTER LISTS TWO RU MEMBERS, DISPLAY ‘SHOWCARD RE-3B’

- IF RE-108A IS CODED ‘2’ (AGE 65 OR OLDER), AND HOUSEHOLD ROSTER LISTS ONE RU MEMBER, DISPLAY ‘SHOWCARD RE-3C’

- IF RE-108A IS CODED ‘2’ (AGE 65 OR OLDER), AND HOUSEHOLD ROSTER LISTS TWO RU MEMBERS, DISPLAY ‘SHOWCARD RE-3D’

-----------------------------------------------
FOR ALL HOUSEHOLD ROSTERS WITH MORE THAN TWO RU MEMBER,

IF RU MEMBERSHIP = 3, DISPLAY ‘SHOWCARD RE-3E’
IF RU MEMBERSHIP = 4, DISPLAY ‘SHOWCARD RE-3F’
IF RU MEMBERSHIP = 5, DISPLAY ‘SHOWCARD RE-3G’
IF RU MEMBERSHIP = 6, DISPLAY ‘SHOWCARD RE-3H’
IF RU MEMBERSHIP = 7, DISPLAY ‘SHOWCARD RE-3I’
IF RU MEMBERSHIP = 8, DISPLAY ‘SHOWCARD RE-3J’
IF RU MEMBERSHIP ≥ 9, DISPLAY ‘SHOWCARD RE-3K’

FOR ANSWER CATEGORY DISPLAYS:

IF RE-108A IS CODED ‘1’ (LESS THAN 65 YEARS OLD) AND HOUSEHOLD ROSTER LISTS ONE RU MEMBER,

FOR {< 100%}, DISPLAY ‘less than $10,600’
FOR {100%-150%}, DISPLAY ‘$10,600-$15,900’
FOR {150%-200%}, DISPLAY ‘$15,901-$21,200’
FOR {200%-300%}, DISPLAY ‘$21,201-$31,800’
FOR {> 300%}, DISPLAY ‘more than $31,800’

IF RE-108A IS CODED ‘1’ (LESS THAN 65 YEARS OLD) AND HOUSEHOLD ROSTER LISTS TWO RU MEMBERS,

FOR {< 100%}, DISPLAY ‘less than $13,700’
FOR {100%-150%}, DISPLAY ‘$13,700-$20,600’
FOR {150%-200%}, DISPLAY ‘$20,601-$27,400’
FOR {200%-300%}, DISPLAY ‘$27,401-$41,100’
FOR {> 300%}, DISPLAY ‘more than $41,100’

IF RE-108A IS CODED ‘2’ (AGE 65 OR OLDER) AND HOUSEHOLD ROSTER LISTS ONE RU MEMBER,

FOR {< 100%}, DISPLAY ‘less than $9,800’
FOR {100%-150%}, DISPLAY ‘$9,800-$14,700’
FOR {150%-200%}, DISPLAY ‘$14,701-$19,500’
FOR {200%-300%}, DISPLAY ‘$19,501-$29,300’
FOR {> 300%}, DISPLAY ‘more than $29,300’

IF RE-108A IS CODED ‘2’ (AGE 65 OR OLDER) AND HOUSEHOLD ROSTER LISTS TWO RU MEMBERS,

FOR {< 100%}, DISPLAY ‘less than $12,300’
FOR {100%-150%}, DISPLAY ‘$12,300-$18,500’
FOR {150%-200%}, DISPLAY ‘$18,501-$24,700’
FOR {200%-300%}, DISPLAY ‘$24,701-$37,000’
FOR {> 300%}, DISPLAY ‘more than $37,000’
IF RU ROSTER LISTS THREE HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY 'less than $16,200'
FOR {100%-150%}, DISPLAY '$16,200-$24,400'
FOR {150%-200%}, DISPLAY '$24,401-$32,500'
FOR {200%-300%}, DISPLAY '$32,501-$48,700'
FOR {> 300%}, DISPLAY 'more than $48,700'

IF RU ROSTER LISTS FOUR HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY 'less than $20,800'
FOR {100%-150%}, DISPLAY '$20,800-$31,300'
FOR {150%-200%}, DISPLAY '$31,301-$41,700'
FOR {200%-300%}, DISPLAY '$41,701-$62,500'
FOR {> 300%}, DISPLAY 'more than $62,500'

IF RU ROSTER LISTS FIVE HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY 'less than $24,600'
FOR {100%-150%}, DISPLAY '$24,600-$36,900'
FOR {150%-200%}, DISPLAY '$36,901-$49,300'
FOR {200%-300%}, DISPLAY '$49,301-$73,900'
FOR {> 300%}, DISPLAY 'more than $73,900'

IF RU ROSTER LISTS SIX HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY 'less than $27,800'
FOR {100%-150%}, DISPLAY '$27,800-$41,800'
FOR {150%-200%}, DISPLAY '$41,801-$55,700'
FOR {200%-300%}, DISPLAY '$55,701-$83,500'
FOR {> 300%}, DISPLAY 'more than $83,500'

IF RU ROSTER LISTS SEVEN HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY 'less than $31,600'
FOR {100%-150%}, DISPLAY '$31,600-$47,300'
FOR {150%-200%}, DISPLAY '$47,301-$63,100'
FOR {200%-300%}, DISPLAY '$63,101-$94,700'
FOR {> 300%}, DISPLAY 'more than $94,700'

IF RU ROSTER LISTS EIGHT HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY 'less than $35,100'
FOR {100%-150%}, DISPLAY '$35,100-$52,600'
FOR {150%-200%}, DISPLAY '$52,601-$70,100'
FOR {200%-300%}, DISPLAY '$70,101-$105,200'
FOR {> 300%}, DISPLAY 'more than $105,200'
IF RU ROSTER LISTS NINE OR MORE HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY 'less than $42,000'
FOR {100%-150%}, DISPLAY '$42,000-$63,000'
FOR {150%-200%}, DISPLAY '$63,001-$84,100'
FOR {200%-300%}, DISPLAY '$84,101-$126,100'
FOR {> 300%}, DISPLAY 'more than $126,100'

IF AT LEAST ONE DU MEMBER WAS REMOVED FROM THE
RU-MEMBERS-ROSTER THIS ROUND AND IS FLAGGED AS A
'NEW STUDENT', CONTINUE WITH RE109

OTHERWISE, GO TO BOX_43
We may conduct a separate interview with (READ NAMES BELOW) so I will remove (READ NAMES BELOW) from this form.

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

LINE THROUGH STUDENT NAMES ON HOUSEHOLD SUMMARY.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER THIS ROUND
- PERSON IS FLAGGED AS A ‘NEW STUDENT’

LOOP_16

FOR EACH ELEMENT IN DU-MEMBERS-ROSTER,
ASK RE110-END_LP16

LOOP DEFINITION: LOOP_16 COLLECTS LOCATING ADDRESS AND PHONE NUMBER FOR EACH STUDENT RU. THIS LOOP CYCLES ON PERSONS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER THIS ROUND
- PERSON IS FLAGGED AS A ‘NEW STUDENT’
RE110
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Please give me the address and telephone number where (PERSON) can be reached at school.

IF NO TELEPHONE, ENTER ‘000’.

STREET_ADDRESS1 (RE110_01): [_______________]
STREET_ADDRESS2 (RE110_02): [_______________]
CITY (RE110_03): [_______________]
STATE (RE110_04): [_______________]
ZIP CODE (RE110_05): [_______________]
TELEPHONE (RE110_06): [_______________]

RECORD ADDRESS AND TELEPHONE ABOVE AND ON SPLIT/STUDENT MOVING FORM.

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

END_LP16
=====

---
| CYCLE ON THE NEXT PERSON IN THE DU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION. |
---

---
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_16 AND CONTINUE WITH BOX_43 |
---
MEPS FAMES Panel 10 Round 5 Reenumeration (RE) Section Subsection B
November 20, 2006

BOX_43
=====

| IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS |
| EITHER OF THE FOLLOWING CONDITIONS: |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER |
|   DURING THE INTERVIEW WITH THIS RU AND IS |
|   FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ |
| OR |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER |
|   DURING THE INTERVIEW WITH THIS RU AND IS |
|   FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT |
|   ON MILITARY FACILITY’, |
| CONTINUE WITH RE111 |

----------------------------------------------------

| OTHERWISE, GO TO BOX_44 |

----------------------------------------------------

RE111
=====

We may (also) conduct a separate interview with (READ NAMES BELOW) so I will remove (READ NAMES BELOW) from this form.

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

LINE THROUGH NAMES LISTED ABOVE ON HOUSEHOLD SUMMARY SHEET.
LOOP_17

----------------------------------------------------
| FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER,       |
| ASK RE111A-END_LP17                              |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_17 COLLECTS LOCATING       |
| INFORMATION FOR EACH PERSON WHO HAS LEFT THE RU   |
| AND MOVED TO ANOTHER HOUSEHOLD IN THE U.S. THIS   |
| LOOP CYCLES ON DU MEMBERS WHO MEET BOTH OF THE    |
| FOLLOWING CONDITIONS:                             |
| - PERSON NOT FLAGGED AS ‘PROCESSED MOVER’         |
| AND                                               |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER  |
| DURING THE INTERVIEW WITH THIS RU                 |
| AND EITHER OF THE FOLLOWING CONDITIONS:           |
| - FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’         |
| OR                                                |
| - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT  |
| ON MILITARY FACILITY’                             |
----------------------------------------------------
(PERSON’S FIRST MIDDLE AND LAST NAME)

Please give me the address and telephone number where (PERSON) has moved.

IF NO TELEPHONE, ENTER ‘000’.

STREET_ADDRESS1 (RE111A_1): [_____________]
STREET_ADDRESS2 (RE111A_2): [_____________]
CITY (RE111A_3): [_____________]
STATE (RE111A_4): [_____________]
ZIP CODE (RE111A_5): [_____________]
TELEPHONE (RE111A_6): [_____________]

RECORD ADDRESS AND TELEPHONE ABOVE AND ON SPLIT/STUDENT MOVING FORM.

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
|  FLAG PERSON AS ‘PROCESSED MOVER’.                 |
----------------------------------------------------

----------------------------------------------------
| IF ALL PERSONS WHO MEET EITHER OF THE FOLLOWING    |
| CONDITIONS:                                        |
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE    |
|     INTERVIEW WITH THIS RU AND FLAGGED AS ‘NON-    |
|     MILITARY MOVER IN U.S.’                        |
| OR                                                |
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE    |
|     INTERVIEW WITH THIS RU AND FLAGGED AS ‘FULL-   |
|     TIME MILITARY IN U.S. AND NOT ON MILITARY      |
|     FACILITY’                                      |
|    ARE FLAGGED AS ‘PROCESSED MOVER’,               |
|    GO TO END_LP17                                  |

----------------------------------------------------

| OTHERWISE, CONTINUE WITH RE111B                   |

----------------------------------------------------

3-180
RE111B
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

IF KNOWN, CODE WITHOUT ASKING.

Is (PERSON) living with any of the following family members? (READ NAMES BELOW)

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES ..................................... 1
NO ...................................... 2 {END_LP17}
REF .................................... -7 {END_LP17}
DK ..................................... -8 {END_LP17}

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET BOTH OF THE FOLLOWING CONDITIONS: |
| - NOT FLAGGED AS ‘PROCESSED MOVER’ AND |
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS RU AND EITHER OF THE FOLLOWING CONDITIONS: |
| - FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ OR |
| - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’ |
----------------------------------------------------
RE112

(Person’s first middle and last name)

Who lives with (person)?

To turn check mark on/off, use arrow keys, press enter. To leave, press esc.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

[Code all that apply]

-------------------------------------------------------------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET BOTH OF THE FOLLOWING CONDITIONS:               |
| - NOT FLAGGED AS ‘PROCESSED MOVER’ AND                                                                                  |
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS RU AND EITHER OF THE FOLLOWING CONDITIONS:                  |
|   - FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ OR                                                                       |
|   - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’                                             |
-------------------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------------------
| FLAG ALL SELECTED PERSONS AS ‘PROCESSED MOVER’.                                                                     |
-------------------------------------------------------------------------------------------------------------------------------------

END_LP17

-------------------------------------------------------------------------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.                   |
-------------------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_17 AND CONTINUE WITH BOX_44A                                |
-------------------------------------------------------------------------------------------------------------------------------------
THE PROGRAM DETERMINES THE ELIGIBILITY OF PERSONS WHO HAVE MOVED TO ANOTHER HOUSEHOLD IN THE U.S. AND HAVE THEREFORE BEEN REMOVED FROM THE RU-MEMBERS-ROSTER FOR THE CURRENT CASE. THE ELIGIBILITY OF SUCH PERSONS IS BASED ON WHETHER THEY ARE KEY AND/OR MOVED WITH A KEY PERSON. IF A PERSON WHO HAS MOVED TO A HOUSEHOLD WITHIN THE U.S. IS DETERMINED TO BE ELIGIBLE, THAT PERSON WILL BE INTERVIEWED AS PART OF A NEW RU.

IF NO PERSONS ARE ELIGIBLE AS PART OF THIS RU FOR THE SURVEY THIS ROUND (THAT IS, IF THE RU-MEMBERS-ROSTER IS EMPTY), EXIT INTERVIEW.

OTHERWISE, CONTINUE WITH NEXT QUESTIONNAIRE SECTION.
The Household Summary Specifications are now part of the Face Sheet and will no longer be included in the Consolidated binders.
IF INFORMATION ABOUT AT LEAST ONE CURRENT JOB WAS COLLECTED FOR PERSON DURING THE PREVIOUS ROUND, ASK THE REVIEW OF EMPLOYMENT INFORMATION (RJ) SECTION. THAT IS, IF:
- THIS IS NOT ROUND 1,
- PERSON NOT ADDED TO THE RU THIS ROUND,
- PERSON WAS = OR > 16 YEARS OLD OR IN AGE CATEGORIES 4-9 DURING THE PREVIOUS ROUND, AND
- PERSON HAD A JOB WITH A JOB SUBTYPE FLAGGED AS ‘CURRENT MAIN’ OR ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ DURING THE PREVIOUS ROUND,
CONTINUE WITH LOOP_01

OTHERWISE, SKIP THE RJ SECTION, THAT IS, GO TO BOX_06

OMITTED.
LOOP_01

-----

| FOR EACH ELEMENT IN PERSON’S-JOBS-ROSTER, ASK |
| BOX_03 - END_LP01 |

-----

LOOP DEFINITION: LOOP_01 REVIEWS AND UPDATES INFORMATION ABOUT CURRENT JOBS COLLECTED DURING THE PREVIOUS ROUND. THIS LOOP CYCLES ON THE PERSON’S JOBS THAT MEET THE FOLLOWING CONDITIONS:

- JOB IS AN ESTABLISHMENT FLAGGED AS ‘EMPLOYER’
- JOB SUBTYPE IS FLAGGED AS EITHER ‘CURRENT MAIN’ OR ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’

BOX_03

-----

| IF JOB SUBTYPE FLAGGED AS 'CURRENT MAIN', |
| CONTINUE WITH RJ01 |

-----

| OTHERWISE (IF JOB SUBTYPE FLAGGED AS 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’), GO |
| TO RJ06 |

26-4
During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) worked at (ESTABLISHMENT). {(Do/Does)/Did} (PERSON) still work at (ESTABLISHMENT) {on {END DATE OF REFERENCE PERIOD}}?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

Some people are in temporary jobs that last only for a limited time or until the completion of a project. {Is/Was} (PERSON)’s job at (EMPLOYER) temporary?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8
{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {JOB-ST} {JOB-ED}

{Is/Was} (PERSON)’s job at (EMPLOYER) a year round job or {is/was} it only available during certain times of the year?

[Teachers and other school personnel who work only during the school year should consider themselves to have a year round job.]

YEAR ROUND ......................... 1
NOT YEAR ROUND ..................... 2
REF .................................... -7
DK .................................... -8

[Code One]

BOX_03A
========

-----------------------------------------------
| IF RJ01 IS CODED ’1’ (YES), CONTINUE WITH RJ01A |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE (IF RJ01 IS NOT CODED ’1’), GO TO RJ09 |
-----------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST) (JOB-ED)

(Is/Was) (ESTABLISHMENT) still (PERSON)'s **main** job or business?

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF MAIN JOB/BUSINESS.

| IF CODED '2' (NO), CHANGE JOB SUBTYPE FLAG TO |
| 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE |
| PERIOD'. |

| IF RJ01 IS CODED '1' (YES) AND JOB BEING ASKED |
| ABOUT FLAGGED AS 'SELF-EMPLOYED', GO TO RJ04 |

| IF RJ01 IS CODED '1' (YES) AND JOB BEING ASKED |
| ABOUT FLAGGED AS 'NOT SELF-EMPLOYED', CONTINUE |
| WITH RJ02 |
{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {JOB-ST} {JOB-ED} {During our last interview, we recorded that (PERSON) made {$XXXXXX.XX} per {UNIT OF TIME}.} {Since {PREV RD INT DT}, has/ Between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}, was} there {been} any change in the amount (PERSON) {(make/makes)/made} through (ESTABLISHMENT)?

INTERVIEWER NOTE: THIS INCLUDES CHANGES IN BOTH DIRECTIONS.

YES ................................... 1
NO .................................... 2 {RJ04}
REF ................................. -7 {RJ04}
DK ................................. -8 {RJ04}
Wages can change for many reasons. What is the main reason there has been a change in the amount (PERSON) (make/makes) through (ESTABLISHMENT)?

- PROMOTION OR DEMOTION .................. 1 {BOX_04}
- CHANGE IN RESPONSIBILITIES .......... 2 {BOX_04}
- PAY RAISE OR PAY DECREASE ............ 3 {BOX_04}
- ANNUAL COST OF LIVING INCREASE ...... 4 {BOX_04}
- NEW CONTRACT .......................... 5 {BOX_04}
- CHANGE IN NUMBER OF HOURS WORKED .... 6 {BOX_04}
- CHANGE IN SHIFT TIME .................. 7 {BOX_04}
- RECEIVED AN EDUCATIONAL DEGREE ...... 8 {BOX_04}
- TOOK SPECIAL CLASSES ................ 9 {BOX_04}
- OTHER ................................. 91
- REF ................................... -7 {BOX_04}
- DK .................................... -8 {BOX_04}

[Code One]

ENTER OTHER:

- [Enter Other Specify] ..................
- REF ................................... -7
- DK .................................... -8

-----------------------------
| ASK THE EMPLOYMENT WAGE (EW) SECTION.  |
| AT COMPLETION OF EMPLOYMENT WAGE (EW) SECTION, |
| CONTINUE WITH RJ04 |
-----------------------------
During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) worked \{full-time/part-time\} at (ESTABLISHMENT). \{(Do/Does)/Did\} (PERSON) still work \{35 hours or more/less than 35 hours\} per week at (ESTABLISHMENT) {on {END DATE OF REFERENCE PERIOD}}?

\begin{verbatim}
35 HOURS OR MORE ...................... 1
LESS THAN 35 HOURS .................... 2
REF .................................. -7
DK .................................... -8
[Code One]
\end{verbatim}

IF THE CLASSIFICATION OF NUMBER OF HOURS WORKED PER WEEK HAS CHANGED SINCE THE PREVIOUS ROUND, THAT IS, IF:
- CODED ‘2’ (LESS THAN 35 HOURS)
  AND
  THE NUMERIC ENTRY AT EM104 WAS = OR > 35 DURING THE PREVIOUS ROUND OR EM104 WAS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND EM105 WAS CODED ‘1’ (YES) DURING THE PREVIOUS ROUND,
OR
- CODED ‘1’ (35 HOURS OR MORE)
  AND
  THE NUMERIC ENTRY AT EM104 WAS < 35 DURING THE PREVIOUS ROUND OR EM104 WAS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND EM105 WAS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), CONTINUE WITH RJ05

OTHERWISE, GO TO BOX_05

-----------------------------

26-10
RJ05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....}  {JOB-ST}  {JOB-ED}

What is the main reason (PERSON) changed from {full-time/part-time} to {part-time/full-time} at (ESTABLISHMENT)?

PROMOTION OR DEMOTION .................  1 {BOX_05}
CHANGE IN RESPONSIBILITY ...............  2 {BOX_05}
CHANGE IN AMOUNT OF WORK BUSINESS
   BRINGS IN ..................................  3 {BOX_05}
CHANGE IN SHIFT TIME ..................  4 {BOX_05}
CHANGE IN NUMBER OF EMPLOYEES
   AVAILABLE TO WORK ......................  5 {BOX_05}
ILLNESS/DISABILITY (BEGINNING OR
   COMPLETED) ...............................  6 {BOX_05}
TEMPORARY LEAVE (BEGINNING OR
   COMPLETED) ...............................  7 {BOX_05}
MATERNITY/PATERNITY LEAVE (BEGINNING
   OR COMPLETED) ............................  8 {BOX_05}
GOING TO SCHOOL/FINISHED SCHOOL .......  9 {BOX_05}
CHANGE IN HOME OR FAMILY SITUATION .... 10 {BOX_05}
NEEDED TIME OFF/WANTED TO WORK MORE ... 11 {BOX_05}
OTHER ...................................... 91
REF ...................................... -7 {BOX_05}
DK ...................................... -8 {BOX_05}

[Code One]

RJ05OV
=====

ENTER OTHER:

[Enter Other Specify] ..................... {BOX_05}
REF ...................................... -7 {BOX_05}
DK ...................................... -8 {BOX_05}

RJ05A
=====

OMITTED.
During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) worked at (ESTABLISHMENT). {(Do/Does)/Did} (PERSON) still work there on {END DATE OF REFERENCE PERIOD}?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

Some people are in temporary jobs that last only for a limited time or until the completion of a project. {Is/Was} (PERSON)’s job at (EMPLOYER) temporary?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8
RJ06AA
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {JOB-ST} {JOB-ED}

{Is/Was} (PERSON)’s job at (EMPLOYER) a year round job or {is/was} it only available during certain times of the year?

[Teachers and other school personnel who work only during the school year should consider themselves to have a year round job.]

YEAR ROUND ......................... 1
NOT YEAR ROUND ....................... 2
REF .................................. -7
DK .................................... -8

[Code One]

BOX_05AA
=====

---------------------------------
| IF RJ06 IS CODED '1' (YES), CONTINUE WITH BOX_05 |
---------------------------------

---------------------------------
| OTHERWISE (IF RJ06 IS NOT CODED '1'), GO TO RJ09 |
---------------------------------
BOX_05

| IF JOB NOT FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
| AND INSURANCE OFFERED THROUGH ESTABLISHMENT IN |
| PREVIOUS ROUND (EM114 CODED '1' (YES) DURING THE |
| PREVIOUS ROUND), CONTINUE WITH RJ07 |

| IF JOB NOT FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
| AND INSURANCE NOT OFFERED THROUGH ESTABLISHMENT IN |
| PREVIOUS ROUND (EM114 CODED '2' (NO), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW) DURING THE |
| PREVIOUS ROUND), GO TO RJ08 |

| IF NOT ROUNDS 1 OR 2 AND JOB NOT FLAGGED AS |
| 'PROVIDES HEALTH INSURANCE' (TURNED OFF IN HEALTH |
| INSURANCE -- OE01 CODED '2' (NO), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW) DURING THE PREVIOUS ROUND), |
| GO TO RJ08A |

| OTHERWISE, GO TO END_LP01 |
During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) (were/was) offered health insurance through (ESTABLISHMENT), but chose not to take that insurance. ((Do/Does)/Did) (PERSON) {now} have health insurance through (ESTABLISHMENT) {on {END DATE OF REFERENCE PERIOD}}?

YES ...................................  1 {BOX_05A}
NO ....................................  2 {BOX_05A}
REF ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

-------------------------------------------------------------------
| IF CODED '1' (YES) FLAG THIS JOBHOLDER-   | |
| ESTABLISHMENT PAIR AS 'PROVIDES HEALTH INSURANCE' | |
| AND TO BE ASKED ABOUT IN THE HEALTH INSURANCE | |
| SECTION.                                   | |
-------------------------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST) (JOB-ED)

During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) (were/was) not offered health insurance through (ESTABLISHMENT). {(Do/Does)/Did} (PERSON) {now} have health insurance through (ESTABLISHMENT) {on {END DATE OF REFERENCE PERIOD}}?

YES ...................................  1 {BOX_05A}
NO ....................................  2
REF  ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

| IF CODED '1' (YES) FLAG THIS JOBHOLDER-ESTABLISHMENT PAIR AS 'PROVIDES HEALTH INSURANCE' AND TO BE ASKED ABOUT IN THE HEALTH INSURANCE SECTION. |

(Were/Was) (PERSON) **offered** health insurance through (ESTABLISHMENT)?

YES ...................................  1 {BOX_05A}
NO ....................................  2
REF  ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}
Was health insurance offered to any employees at (ESTABLISHMENT)?

YES ................................... 1
NO .................................... 2 {BOX_05A}
REF ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}

(Were/Was) (PERSON) not eligible for insurance because (PERSON) has not worked long enough, because (PERSON) doesn’t work enough hours, because (PERSON) is on call, because of medical problems, or because of some other reason?

IF MORE THAN ONE REASON, PROBE FOR MAIN REASON.

HASN’T WORKED LONG ENOUGH ............... 1 {BOX_05A}
DOESN’T WORK ENOUGH HOURS ............... 2 {BOX_05A}
ON CALL .................................... 3 {BOX_05A}
MEDICAL PROBLEM ............................ 4 {BOX_05A}
SOME OTHER REASON .......................... 91
REF ......................................... -7 {BOX_05A}
DK ........................................... -8 {BOX_05A}

[Code One]

ENTER SOME OTHER REASON:

[Enter Other Specify] .......................... {BOX_05A}
REF ......................................... -7 {BOX_05A}
DK ........................................... -8 {BOX_05A}
During our last interview on {PREV RD INTV DATE}, we recorded that (PERSON) was not receiving health insurance through (ESTABLISHMENT). {((Do/Does)/Did} (PERSON) {now} have health insurance through (ESTABLISHMENT) {on {END DATE OF REFERENCE PERIOD}}?

YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

| IF CODED ‘1’ (YES), FLAG THIS JOBHOLDER- ESTABLISHMENT PAIR AS ‘PROVIDES HEALTH INSURANCE’ AND TO BE ASKED ABOUT IN THE HEALTH INSURANCE SECTION. |

| IF EMPLOYER FLAGGED AS ‘SELF-EMPLOYED’, CONTINUE WITH RJ08B |

| OTHERWISE, GO TO END_LP01 |

26-18
(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (JOB-ST)
(JOB-ED)

(During our last interview we recorded that (NUMBER) employee(s), including (PERSON), worked at (ESTABLISHMENT).)

What is the total number of employees who worked at the business {last week/{on {END DATE OF REFERENCE PERIOD}}?  Be sure to include the owner and all other household members that may {work/have worked} there.

[Enter Number of Employees]............    {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

------------------------------------------------------------------------
| IF '1' ENTERED FOR THE NUMBER OF EMPLOYEES, FLAG |
| EMPLOYER AS 'FIRM-SIZE-1'. |
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF A NUMBER > 1 ENTERED FOR THE NUMBER OF |
| EMPLOYEES, FLAG EMPLOYER AS 'FIRM-SIZE-GREATER- THAN-1'. |
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), |
| RETAIN EMPLOYER SIZE FLAG USED DURING THE PREVIOUS|
|round. |
------------------------------------------------------------------------
When did (PERSON) last stop working at (ESTABLISHMENT) for pay?

[Enter Year-4, Month-2, Day-2] ........
REF ................................... -7
DK .................................... -8

EDIT: JOB END DATE MUST BE = OR > REFERENCE PERIOD START DATE AND < OR = TO REFERENCE PERIOD END DATE.

What is the main reason (PERSON) no longer (have/has) this job?

JOB ENDED .................. 1 {END_LP01}
BUSINESS DISSOLVED OR SOLD .......... 2 {END_LP01}
RETIRED .......................... 3 {END_LP01}
ILLNESS OR INJURY .................... 4 {END_LP01}
LAID OFF .......................... 5 {END_LP01}
QUIT TO HAVE A BABY ................. 6 {END_LP01}
QUIT TO GO TO SCHOOL ............... 7 {END_LP01}
QUIT TO TAKE CARE OF HOME OR FAMILY .... 8 {END_LP01}
QUIT BECAUSE WANTED TIME OFF ...... 9 {END_LP01}
QUIT TO TAKE OTHER JOB ............ 10 {END_LP01}
UNPAID LEAVE ..................... 11 {END_LP01}
OTHER .......................... 91
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]
RJ100V

ENTER OTHER:

[Enter Other Specify] .................
REF .................................. -7
DK .................................... -8

END_LP01

-------------
| CYCLE ON NEXT JOB IN THE PERSON’S-JOBS-ROSTER THAT |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
-------------

-------------
| IF NO OTHER JOBS MEET THE STATED CONDITIONS, END |
| LOOP_01 AND CONTINUE WITH BOX_06 |
-------------

BOX_06

-------------
| CONTINUE WITH EMPLOYMENT A SUBSECTION (EM-A) |
-------------
NOTE: THIS SECTION DOES NOT REQUIRE DISPLAYS OF ANY PREVIOUSLY ENTERED INFORMATION. IT CONSISTS ONLY OF QUESTIONS ASKED TO THE INTERVIEWER AND INFORMATION RECORDED ON HARD COPY MATERIALS.

ALL INFORMATION IS SAVED BY ROUND. THE INFORMATION USED FOR THE FACE SHEET WILL BE THE ENTIRE HISTORY.

IF NOT ROUND 5, CONTINUE WITH RS01

OTHERWISE (I.E., IF ROUND 5), GO TO RS05

REFER TO THE RU FACE SHEET AND RU FOLDER FOR INFORMATION REQUIRED TO COMPLETE THIS SECTION.

BASED ON YOUR EXPERIENCE WITH THE RU AND YOUR REVIEW OF THE FACE SHEET AND RECORD OF CALLS, ARE THERE ANY {ADDITIONAL} SPECIAL INSTRUCTIONS THAT SHOULD BE CARRIED OVER TO THE NEXT ROUND? INCLUDE SUCH THINGS AS SPECIAL PROBLEMS WITH THE RU OR SPECIAL NEEDS OF THE RESPONDENT.

YES ................................. 1
NO ................................. 2 {RS03}

[Code One]

IF ROUND > 1, DISPLAY THE WORD ‘ADDITIONAL’.
IF ROUND 1, USE A NULL DISPLAY.
RS02
====

ENTER SPECIAL INSTRUCTIONS:

[Enter Text] .......................

---------------------------------------------------------------------
| THIS ITEM COLLECTS SPECIAL INSTRUCTIONS IN STANDARD MEMO SCREEN |
| FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS PER LINE |
| THAT THE SCREEN WILL PERMIT.                                      |
---------------------------------------------------------------------

RS03
====

BASED ON YOUR EXPERIENCE USING THE PREPRINTED ADDRESS INFORMATION ON THE RU FOLDER AND FACE SHEET TO FIND THE HOUSEHOLD, ARE THERE ANY {ADDITIONAL OR DIFFERENT} LOCATING DIRECTIONS THAT SHOULD BE CARRIED OVER TO THE NEXT ROUND? INCLUDE SUCH THINGS AS LANDMARKS, MILEAGE, ROAD SIGNS AND SO FORTH.

YES .................................... 1
NO ..................................... 2 {RS05}

[Code One]

---------------------------------------------------------------------
| IF ROUND > 1, DISPLAY “ADDITIONAL OR DIFFERENT”. |
| IF ROUND 1, USE A NULL DISPLAY.                    |
---------------------------------------------------------------------
RS04
====

ENTER DIRECTIONS THAT WILL HELP TO LOCATE THE RU IN THE NEXT ROUND.

[Enter Text] .........................

| THIS ITEM COLLECTS DIRECTIONS IN STANDARD MEMO SCREEN FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS PER LINE THAT THE SCREEN WILL PERMIT. |
----------------------------------------------------

RS05
====

OTHER THAN AUTHORIZATION FORM PROBLEMS REPORTED IN THE CLOSING SECTION, IN GENERAL, DID YOU HAVE ANY PROBLEMS OR QUESTIONS OR ENCOUNTER ANY UNUSUAL SITUATIONS WITH THE CAPI ADMINISTRATION OF THE QUESTIONNAIRE OR ANYTHING ELSE?

YES ................................. 1
NO ..................................... 2 {RS09}

| NOTE: INFORMATION FORM ITEM RS05 WILL NOT APPEAR ON THE FACE SHEET. |
----------------------------------------------------

RS06
====

ENTER COMMENTS OR QUESTIONS OR DESCRIBE THE SITUATION:

[Enter Text] .........................

| THIS ITEM COLLECTS COMMENTS, QUESTIONS OR DESCRIPTIONS OF PROBLEMS IN STANDARD MEMO SCREEN FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS PER LINE THAT THE SCREEN WILL PERMIT. |
----------------------------------------------------
RS07
====
OMITTED.

RS08
====
OMITTED.

RS09
====

WAS THE INTERVIEW FOR THIS RU OBSERVED THIS ROUND?

YES ........................................ 1
NO ......................................... 2

[Code One]

BOX_01A
======

----------------------------------------------------
| IF MESSAGE FROM DATA PREP, CONTINUE WITH RS10. |
| OTHERWISE, GO TO RS12                          |
----------------------------------------------------

RS10
====

MESSAGE FROM DATA PREP:

{MESSAGE TEXT}

----------------------------------------------------
| THIS DISPLAY SHOULD ALLOW THE MAXIMUM NUMBER OF  |
| LINES AND CHARACTERS PER LINE THAT THE SCREEN   |
| WILL PERMIT.                                    |
----------------------------------------------------
RS11
====

PLEASE PROVIDE ENOUGH INFORMATION TO CLARIFY THE SITUATION AND/OR DESCRIBE THE ACTION TAKEN TO CORRECT THE SITUATION:

[Enter Text] ..................

----------------------------------------------------
| THIS ITEM COLLECTS INFORMATION IN STANDARD MEMO SCREEN FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS PER LINE THAT THE SCREEN WILL PERMIT. |
----------------------------------------------------

RS12
====

HAS THIS RU MOVED INTO A NEW PSU SINCE THE START OF THIS ROUND?

YES ..................................... 1
NO ..................................... 2 {BOX_01}

RS12A
=====

PLEASE INDICATE THE NEW REGION AND PSU FOR THIS RU:

REGION:

[Enter Region] ............... 

PSU:

[Enter PSU] ............... 

BOX_01
=====

----------------------------------------------------
| END OF RU INFORMATION SCREEN (RS) SECTION. |
----------------------------------------------------
PRIVATE INSURANCE AND MEDIGAP SERIES

BOX_01
======

-----------------------------------------------
| IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON- |
| INSURER-TRIPLE WHERE THE ESTABLISHMENT IS PRIVATE |
| AND THE INSURER IS FLAGGED AS PROVIDING ‘HOSPITAL’ |
| AND PHYSICIAN BENEFITS’ OR IS FLAGGED AS PROVIDING |
| ‘MEDICARE SUPPLEMENT/MEDIGAP BENEFITS’, CONTINUE |
| WITH LOOP_01 |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO BOX_02 |
-----------------------------------------------
LOOP_01
======

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-
INSURER-TRIPLES-ROSTER, ASK SP01-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS SATISFACTION
INFORMATION ON ALL PRIVATE HEALTH INSURANCE PLANS
CURRENTLY HELD BY THE RU THAT PROVIDE HOSPITAL AND
PHYSICIAN BENEFITS OR MEDIGAP BENEFITS. THIS LOOP
CYCLES ON TRIPLES THAT MEET THE FOLLOWING
CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE
  WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS OR
  MEDICARE SUPPLEMENT OR MEDIGAP
  AND
- PERSON IS A CURRENT RU MEMBER WHO IS THE
  POLICYHOLDER OF THE PRIVATE HEALTH INSURANCE
  OBTAINED THROUGH THIS ESTABLISHMENT
  AND
- INSURER IS THE SOURCE OF THE BENEFITS PROVIDED
  TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE
  INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY)
  AND IS FLAGGED AS ‘SUPPLYING HOSPITAL/PHYSICIAN
  BENEFITS’ OR ‘SUPPLYING MEDICARE SUPPLEMENT/
  MEDIGAP BENEFITS’
  AND
- PERSON IS CURRENTLY INSURED BY THIS TRIPLE
NOTE: PRIVATE INSURANCE IS DEFINED AS:
- ESTABLISHMENTS FLAGGED AS ‘EMPLOYER’ AND
  FLAGGED AS ‘PROVIDES HEALTH INSURANCE’
  (ESTABLISHMENTS FLAGGED AS ‘SELF-EMPLOYED’ WITH
  A FIRM-SIZE=1 ARE TREATED AS DIRECT PURCHASED,
  SEE NOTE BELOW)
- DIRECT PURCHASED INSURANCE, THAT IS,
  ESTABLISHMENTS CREATED FROM THE HX23 SERIES

NOTE: HELD ON THE DATE OF THE CURRENT ROUND’S
INTERVIEW DATE:
- FOR PRIVATE SOURCES -- POLICYHOLDER HELD
  INSURANCE AT THE TIME OF THE CURRENT ROUND’S
  INTERVIEW DATE [HQ01 IS CODED ‘1’ (WHOLE TIME)
  OR HQ02 IS CODED ‘1’ (YES, COVERED NOW) FOR THE
  POLICYHOLDER] OR [OE01 OR OE12 OR OE26 IS CODED
  ‘1’ (YES) FOR THE PLAN]
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS
  DECEASED OR THE POLICYHOLDER WAS ORIGINALLY
  SELECTED AS ‘POLICYHOLDER NOT IN RU/DU’ -- AT
  LEAST ONE DEPENDENT (SELECTED AT HP16) IS
  COVERED BY THE INSURANCE AT THE TIME OF THE
  CURRENT ROUND’S INTERVIEW DATE [HQ01 IS CODED
  ‘1’ (WHOLE TIME) OR HQ02 IS CODED ‘1’ (YES,
  COVERED NOW FOR THE COVERED PERSON] OR [OE01 OR
  OE12 OR OE26 IS CODED ‘1’ (YES)] FOR THE PLAN

NOTE: ESTABLISHMENTS WHICH ARE EMPLOYERS AND
PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS
‘SELF-EMPLOYED’ WITH A FIRM-SIZE=1 ARE TREATED AS
DIRECT PURCHASED INSURANCE, THAT IS, LOOP_01 WILL
CYCLE ON THE ESTABLISHMENT PROVIDING THE
INSURANCE, (I.E., CREATED FROM THE HX03 SERIES)
NOT THE EMPLOYER.

NOTE: ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW)
RESPONSES AT ANY QUESTION LISTED ABOVE DOES NOT
MEET THE CRITERIA.
SP01

(POLICYHOLDER FIRST MIDDLE LAST NAME)  (NAME OF ESTABLISHMENT.........)

PLAN NAME: (NAME OF INSURER BEING LOOPED ON)

The next questions ask about (POLICYHOLDER)’s (and other family members’) experience(s) with (PLAN NAME), that is, (POLICYHOLDER)’s [hospital and physician/Medicare Supplement or Medigap] coverage through (ESTABLISHMENT).

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| DISPLAY ‘hospital and physician’ IF THIS INSURER IS FLAGGED AS PROVIDING HOSPITAL AND PHYSICIAN BENEFITS OR IF IT’S FLAGGED AS PROVIDING BOTH HOSPITAL AND PHYSICIAN BENEFITS AND MEDICARE SUPPLEMENT/MEDIGAP BENEFITS, DISPLAY ‘Medicare Supplement or Medigap’. DISPLAY ‘Medicare Supplement or Medigap’ IF THIS INSURER IS FLAGGED AS PROVIDING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS, BUT NOT HOSPITAL AND PHYSICIAN BENEFITS. |
----------------------------------------------------
SP02
====

{POLICYHOLDER FIRST MIDDLE NAME}  {NAME OF
ESTABLISHMENT.........}

PLAN NAME:  {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

Since (POLICYHOLDER) (and the family) joined (PLAN NAME), how
much of a problem, if any, was it to get a personal doctor or
nurse (POLICYHOLDER) (and the family) (are/is) happy with?

Would you say ...

a big problem, ....................... 1
a small problem, or ................... 2
not a problem? ....................... 3
IF VOLUNTEERED: DON’T HAVE PERSONAL
     DOCTOR OR NURSE ................... 95
REF .................................... -7
DK .................................... -8

[Code One.]

---------------------------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 7 |
SP03
====

{POLICYHOLDER FIRST MIDDLE NAME} {NAME OF ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

In the last 12 months, did (POLICYHOLDER) (or anyone in the family) need approval from (PLAN NAME) for any care, tests, or treatment?

YES .................................... 1
NO ..................................... 2 {SP05}
REF ................................... -7 {SP05}
DK .................................... -8 {SP05}

----------------------------------------------------
<table>
<thead>
<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 23</th>
</tr>
</thead>
</table>

SP04
====

{POLICYHOLDER FIRST MIDDLE NAME} {NAME OF ESTABLISHMENT........}

PLAN NAME: {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, were delays in health care while (POLICYHOLDER) (or anyone in the family) waited for approval from (PLAN NAME)?

Would you say ...

a big problem, ......................... 1
a small problem, or .................... 2
not a problem? ......................... 3
IF VOLUNTEERED: NO VISITS IN LAST 12 MONTHS ........................... 95
REF ................................... -7
DK .................................... -8

[Code One.]
In the last 12 months, did (POLICYHOLDER) (or anyone in the family) look for any information about how (PLAN NAME) works in written material or on the Internet?

YES .................................... 1
NO ..................................... 2 {SP07}
REF ................................... -7 {SP07}
DK .................................... -8 {SP07}
In the last 12 months, how much of a problem, if any, was it to find or understand this information?

Would you say ...

   a big problem, .......................... 1  
   a small problem, or ......................... 2  
   not a problem? .............................. 3  
   REF  ..................................... -7  
   DK  ....................................... -8

   [Code One.]
In the last 12 months, did (POLICYHOLDER) (or anyone in the family) call (PLAN NAME)’s customer service to get information or help?

<table>
<thead>
<tr>
<th>YES</th>
<th>1 {SP09}</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2 {SP09}</td>
</tr>
<tr>
<td>REF</td>
<td>-7 {SP09}</td>
</tr>
<tr>
<td>DK</td>
<td>-8 {SP09}</td>
</tr>
</tbody>
</table>

---

NOTE: CAHPS 3.0 ADULT CORE ITEM 35
In the last 12 months, how much of a problem, if any, was it to get the help (POLICYHOLDER) (or anyone in the family) needed when (POLICYHOLDER) called (PLAN NAME)’s customer service?

Would you say ...

- a big problem, ......................... 1
- a small problem, or .................... 2
- not a problem? .......................... 3
- REF .............................. -7
- DK .......................... -8

[Code One.]
{POLICYHOLDER FIRST MIDDLE NAME}  {NAME OF ESTABLISHMENT........}

PLAN NAME:  {NAME OF INSURER BEING LOOPED ON}

In the last 12 months, did (POLICYHOLDER) (or anyone in the family) have to fill out any paperwork for (PLAN NAME)?

YES ............................................. 1
NO .................................................. 2 {SP11}
REF ............................................. -7 {SP11}
DK .................................................. -8 {SP11}

------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 37     |
------------------------------------------
SP10
====

{POLICYHOLDER FIRST MIDDLE NAME}  {NAME OF
ESTABLISHMENT.........}

PLAN NAME:  {NAME OF INSURER BEING LOOPED ON}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did
(POLICYHOLDER) (or anyone in the family) have with paperwork
for (PLAN NAME)?

Would you say ...

a big problem, ......................... 1
a small problem, or .................... 2
not a problem? ......................... 3
REF ................................... -7
DK .................................... -8

[Code One.]

--------------------------------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 38 |
--------------------------------------------------------------------
We want to know your rating of all (POLICYHOLDER)’s (and the family’s) experience with (PLAN NAME).

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate (PLAN NAME)?

ENTER RATING FROM 0-10:

[Enter Small Number] .................
REF .................................. -7
DK .................................... -8

-----------------------------------------------
| RANGE CHECK: 0-10                        |
-----------------------------------------------

-----------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 39         |
-----------------------------------------------
MEDICARE MANAGED CARE SERIES

BOX_02
=======

| IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON PAIR |
| WHERE THE ESTABLISHMENT IS MEDICARE AND THE         |
| MEDICARE BENEFITS ARE THROUGH A MANAGED CARE PLAN,   |
| CONTINUE WITH LOOP_02                               |

| OTHERWISE, GO TO BOX_03                             |

----------------------------------------------------
| IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON PAIR|
| WHERE THE ESTABLISHMENT IS MEDICARE AND THE         |
| MEDICARE BENEFITS ARE THROUGH A MANAGED CARE PLAN,   |
| CONTINUE WITH LOOP_02                               |

----------------------------------------------------
| OTHERWISE, GO TO BOX_03                             |

----------------------------------------------------
LOOP_02

---------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER, ASK SP12-END_LP02 |
---------------------------------------------

---------------------------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS SATISFACTION INFORMATION ON ALL PERSON’S WITH MEDICARE MANAGED CARE PLANS. THIS LOOP CYCLES ON PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS MEDICARE |
| AND |
| - MEDICARE COVERAGE IS THROUGH A MANAGED CARE PLAN |
| AND |
| - PERSON IS CURRENTLY COVERED BY THE MEDICARE MANAGED CARE PLAN |
---------------------------------------------

---------------------------------------------
| NOTE: MEDICARE MANAGED CARE COVERAGE IS DEFINED AS: |
| - IF MEDICARE CREATED IN CURRENT ROUND, THEN HX31 OR HX32 OR HX32A IS CODED ’1’ (YES) |
| - IF MEDICARE CREATED IN A PREVIOUS ROUND AND THERE HAS BEEN NO CHANGE IN MEDICARE COVERAGE (PR01 IS CODED ’2’ (NO), ’-7’ (REFUSED), OR ’-8’ (DON’T KNOW)), THEN HX31 OR HX32 OR HX32A WAS CODED ’1’ (YES) WHEN THE INSURANCE WAS CREATED OR PR02 OR PR03 OR PR03A WAS CODED ’1’ (YES) IN A PREVIOUS ROUND |
| - IF MEDICARE CREATED IN A PREVIOUS ROUND AND THERE HAS BEEN A CHANGE IN MEDICARE COVERAGE (PR01 IS CODED ’1’ (YES)), THEN PR02 OR PR03 OR PR03A IS CODED ’1’ (YES) DURING THE CURRENT ROUND |
---------------------------------------------
SP12
====

{PERSON FIRST MIDDLE LAST NAME......}  {NAME OF ESTABLISHMENT........}

PLAN NAME:  {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

The next questions ask about (PERSON)’s experience with (PLAN NAME), that is, (PERSON)’s coverage through Medicare.

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| FOR ’NAME OF CURRENT ROUND MEDICARE MANAGED CARE | |
| PLAN’, DISPLAY THE NAME OF THIS PERSON’S CURRENT | |
| ROUND’S MEDICARE INSURER. THAT IS, DISPLAY THE | |
| NAME OF THE PLAN SELECTED AT HX310V OR ENTERED | |
| AT HX33 (IF MEDICARE CREATED THIS ROUND OR IF | |
| UNCHANGED FROM A PREVIOUS ROUND) OR THE PLAN | |
| SELECTED AT PR02OV OR ENTERED AT PR04 (IF MEDICARE| |
| CREATED IN A PREVIOUS ROUND AND COVERAGE HAS | |
| CHANGED OR IT IS THE MOST RECENT INSURER ENTERED).| |
----------------------------------------------------
SP13
====

{PERSON FIRST MIDDLE LAST NAME......}  {NAME OF
ESTABLISHMENT.........}

PLAN NAME:  {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

SHOW CARD SP-1.

Since (PERSON) joined (PLAN NAME), that is, (PERSON)’s coverage
through Medicare, how much of a problem, if any, was it to get a
personal doctor or nurse (PERSON) (are/is) happy with?

Would you say ...

a big problem, ......................... 1
a small problem, or ...................... 2
not a problem? ......................... 3
IF VOLUNTEERED:  DON’T HAVE PERSONAL
DOCTOR OR NURSE ..................... 95
REF ................................. -7
DK ................................. -8

[Code One.]
SP14
====

{PERSON FIRST MIDDLE LAST NAME......} {NAME OF
ESTABLISHMENT........}

PLAN NAME: {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

In the last 12 months, did {PERSON} need approval from
{PLAN NAME}, that is, {PERSON}’s coverage through Medicare, for
any care, tests or treatment?

YES .................................... 1
NO ..................................... 2 {SP16}
REF ................................... -7 {SP16}
DK .................................... -8 {SP16}

----------------------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12                  |
----------------------------------------------------

----------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 23                |
----------------------------------------------------
In the last 12 months, how much of a problem, if any, were delays in health care while (PERSON) waited for approval from (PLAN NAME), that is, (PERSON)’s coverage through Medicare?

Would you say ...

- a big problem, ......................... 1
- a small problem, or .................... 2
- not a problem? ......................... 3

IF VOLUNTEERED: NO VISITS IN LAST
  12 MONTHS ........................... 95
  REF ................................. -7
  DK .................................. -8

[Code One.]
{PERSON FIRST MIDDLE LAST NAME......}  {NAME OF
ESTABLISHMENT........}  

PLAN NAME:  {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

In the last 12 months, did (PERSON) look for any information about how (PLAN NAME), that is, (PERSON)’s coverage through Medicare, works in written material or on the Internet?

YES .................................... 1 {SP18}
NO ..................................... 2 {SP18}
REF ................................... -7 {SP18}
DK .................................... -8 {SP18}

-----------------------------------------------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12 |
-----------------------------------------------------------------------------
-----------------------------------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 33 |
-----------------------------------------------------------------------------
SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to find or understand this information?

Would you say ...

a big problem, ......................... 1
a small problem, or .................. 2
not a problem? ....................... 3
REF ................................... -7
DK .................................... -8

[Code One.]
In the last 12 months, did (PERSON) call (PLAN NAME)’s, that is, (PERSON)’s coverage through Medicare, **customer service** to get information or help?

- YES ........................................ 1
- NO ........................................... 2 [SP20]
- REF ......................................... -7 [SP20]
- DK .......................................... -8 [SP20]

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<tr>
<th>SEE FILL SPECIFICATIONS FOR SP12</th>
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<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 35</th>
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</table>
In the last 12 months, how much of a problem, if any, was it to get the help (PERSON) needed when (PERSON) called (PLAN NAME)’s, that is, (PERSON)’s coverage through Medicare, customer service?

Would you say ...

a big problem, ......................... 1
a small problem, or .................... 2
not a problem? .......................... 3
REF ................................... -7
DK .................................... -8

[Code One.]
In the last 12 months, did (PERSON) have to fill out any paperwork for (PLAN NAME), that is (PERSON)’s coverage through Medicare?

YES ........................................ 1
NO ........................................... 2 {SP22}
REF ......................................... -7 {SP22}
DK ........................................... -8 {SP22}

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| NOTE: CAHPS 3.0 ADULT CORE ITEM 37 |
SP21
====

{PERSON FIRST MIDDLE LAST NAME......}  {NAME OF
ESTABLISHMENT...........}

PLAN NAME:  {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did
(PERSON) have with paperwork for (PLAN NAME), that is,
(PERSON)’s coverage through Medicare?

Would you say ...

  a big problem, .......................... 1
  a small problem, or ...................... 2
  not a problem? ........................... 3
  REF ................................. -7
  DK ................................. -8

[Code One.]

----------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12      |
----------------------------------------

----------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 38    |
----------------------------------------
SP22
====

{PERSON FIRST MIDDLE LAST NAME......}  {NAME OF
ESTABLISHMENT...........}

PLAN NAME:  {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}

SHOW CARD SP-2.

We want to know your rating of all (PERSON)’s experience with
(PLAN NAME), that is, (PERSON)’s coverage through Medicare.

Using any number from 0 to 10, where 0 is the worst health plan
possible and 10 is the best health plan possible, what number
would you use to rate (PLAN NAME)?

ENTER RATING FROM 0-10:

[Enter Small Number] ...............  
REF ................................... -7
DK .................................... -8

-------------------------------
|  RANGE CHECK:  0-10           |
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-------------------------------
|  SEE FILL SPECIFICATIONS FOR SP12 |
-------------------------------

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|  NOTE:  CAHPS 3.0 ADULT CORE ITEM 39 |
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END_LP02
=======

-------------------------------
|  CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-|  |
|  PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN  |  |
|  THE LOOP DEFINITION                                |  |
-------------------------------

-------------------------------
|  IF NO MORE PAIRS MEET THE STATED CONDITIONS, END  |  |
|  LOOP_02 AND CONTINUE WITH BOX_03                  |  |
-------------------------------
MEMICAID AND HOSPITAL/PHYSICIAN SERIES

BOX_03

----------------------------------------------------
| IF AT LEAST ONE CURRENT RU MEMBER IS COVERED BY |
| MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING |
| THE CURRENT ROUND, CONTINUE WITH SP23 |

----------------------------------------------------
| OTHERWISE, GO TO BOX_04 |

----------------------------------------------------
The next questions ask about the family’s experience with
{{(PLAN NAME), that is, their coverage through} {{Medicaid/{{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by
a state or local government agency which provides hospital and
physician benefits).}

PRESS ENTER TO CONTINUE.

 display 'PLAN NAME: ... INSURER)' IF THERE IS AN
INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/SCHIP
OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE
CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.

FOR 'NAME OF ... INSURER', DISPLAY THE NAME OF THE
CURRENT ROUND’S INSURER FOR THE FAMILY’S MEDICAID/
SCHIP OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY '(PLAN NAME), ... through' IF THERE IS AN
INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/SCHIP
OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE
CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{Medicaid/{{STATE NAME FOR MEDICAID}}/or
{STATE CHIP NAME}}' IF FAMILY HAS MEDICAID/SCHIP.
OTHERWISE, DISPLAY 'the program ... benefits'.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS
BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY
'STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL
STATE NAME FOR PROGRAM) IF THE STATE IN WHICH
INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME
‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY
STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME’ (SUBSTITUTING THE
REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC
NAME TO USE BY STATE, SEE BOX ON HX06.
MEPS FAMES Panel 10 Round 5 Satisfaction with Health Plan (SP) Section
November 20, 2006

SP24
====

(NAME OF ESTABLISHMENT............)

(PLAN NAME:  {NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER})

SHOW CARD SP-1.

Since the family joined {(PLAN NAME)/the coverage through} {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits}, how much of a problem, if any, was it to get a personal doctor or nurse the family is happy with?

Would you say ...

a big problem, ......................... 1
a small problem, or .................... 2
not a problem? ......................... 3
IF VOLUNTEERED: DON’T HAVE PERSONAL DOCTOR OR NURSE ..................... 95
REF ................................... -7
DK .................................... -8

[Code One.]
DISPLAY ‘PLAN NAME: ... INSURER’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/SCHIP OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.

FOR ‘NAME OF ... INSURER’, DISPLAY THE NAME OF THE CURRENT ROUND’S INSURER FOR THE FAMILY’S MEDICAID/SCHIP OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY ‘(PLAN NAME)’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/SCHIP OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, DISPLAY ‘the coverage through’.

DISPLAY ‘{Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}’ IF FAMILY HAS MEDICAID/SCHIP AND THERE IS NO INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/SCHIP INSURANCE DURING THE CURRENT ROUND.

DISPLAY ‘the program ... benefits’ IF THE FAMILY HAS GOVT-HOSPITAL/PHYSICIAN AND THERE IS NO INSURER ASSOCIATED WITH THE FAMILY’S GOVT-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND.

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ‘or STATE CHIP NAME’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

NOTE: CAHPS 3.0 ADULT CORE ITEM 7
In the last 12 months, did anyone in the family need approval from 
{(PLAN NAME)/the coverage through} {Medicaid/(STATE NAME FOR 
MEDICAID)} or {STATE CHIP NAME}/the program sponsored by a state or 
local government agency which provides hospital and physician 
benefits} for any care, tests or treatment?

YES .................................... 1
NO .................................... 2 {SP27}
REF ................................... -7 {SP27}
DK .................................... -8 {SP27}
(NAME OF ESTABLISHMENT.........)

(PLAN NAME:  (NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER))

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, were delays in health care while the family waited for approval from {(PLAN NAME)/the coverage through} {Medicaid/(STATE NAME FOR MEDICAID)} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits)?

Would you say ...

a big problem, ......................... 1
a small problem, or .................... 2
not a problem? ......................... 3
IF VOLUNTEERED:  NO VISITS IN LAST 12 MONTHS ......................... 95
REF ................................... -7
DK .................................... -8

[Code One.]

------------------------------------------------------------------
| SEE FILL SPECIFICATIONS FROM SP24.                             |
------------------------------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 24                           |
------------------------------------------------------------------
{NAME OF ESTABLISHMENT.........}

{PLAN NAME: (NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER)}

In the last 12 months, did anyone in the family look for any information about how {(PLAN NAME)/the coverage through} {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits} works in written material or on the Internet?

YES .................................... 1
NO ..................................... 2 {SP29}
REF ................................... -7 {SP29}
DK .................................... -8 {SP29}

-------------------------------------
| SEE FILL SPECIFICATIONS FROM SP24 |
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-------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 33 |
-------------------------------------
In the last 12 months, how much of a problem, if any, was it to find or understand this information?

Would you say ...

  a big problem, ............................ 1
  a small problem, or ........................ 2
  not a problem? ............................ 3
  REF .................................. -7
  DK ...................................... -8

[Code One.]
SP29
====

{NAME OF ESTABLISHMENT........}

{PLAN NAME:  {NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER})

In the last 12 months, did anyone in the family call {(PLAN NAME)’s/ the coverage through} {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits} customer service to get information or help?

YES .................................... 1
NO ..................................... 2 {SP31}
REF ................................... -7 {SP31}
DK .................................... -8 {SP31}

----------------------------------------------------
|  SEE FILL SPECIFICATIONS FROM SP24                 |
----------------------------------------------------
----------------------------------------------------
|  NOTE:  CAHPS 3.0 ADULT CORE ITEM 35               |
----------------------------------------------------
In the last 12 months, how much of a problem, if any, was it to get the help the family needed when they called this health plan’s customer service?

Would you say ...

a big problem, ............................. 1
a small problem, or ...................... 2
not a problem? ............................ 3
REF ................................. -7
DK ................................. -8

[Code One.]

---

DISPLAY ’PLAN NAME: ... INSURER’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/SCHIP OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.

FOR ‘NAME OF ... INSURER’, DISPLAY THE NAME OF THE CURRENT ROUND’S INSURER FOR THE FAMILY’S MEDICAID/SCHIP OR GOV’T HOSPITAL/PHYSICIAN INSURANCE.

---

NOTE: CAHPS 3.0 ADULT CORE ITEM 36
In the last 12 months, did anyone in the family have to fill out any paperwork for {(PLAN NAME)/the coverage through} {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits}?

YES .................................... 1
NO ..................................... 2 {SP33}
REF ................................. -7 {SP33}
DK ................................. -8 {SP33}

----------------------------------------
| SEE FILL SPECIFICATIONS FROM SP24 |
----------------------------------------

----------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 37 |
----------------------------------------
In the last 12 months, how much of a problem, if any, did the family have with paperwork for this health plan?

Would you say ...

- a big problem, ............................. 1
- a small problem, or ...................... 2
- not a problem? ............................. 3
- REF ...................................... -7
- DK ....................................... -8

[Code One.]
{NAME OF ESTABLISHMENT...........}

{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}}

SHOW CARD SP-2.

We want to know your rating of all the family’s experience with {PLAN NAME}/the coverage through {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits.

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate this health plan?

ENTER RATING FROM 0-10:

[Enter Small Number] .................
REF ................................... -7
DK .................................... -8

---------------------------------------------------------------------
| RANGE CHECK:  0-10                     |
---------------------------------------------------------------------

---------------------------------------------------------------------
| SEE FILL SPECIFICATIONS FROM SP24          |
---------------------------------------------------------------------

---------------------------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 39            |
---------------------------------------------------------------------
TRICARE/CHAMPVA SERIES

BOX_04
=====

----------------------------------------------------
| IF AT LEAST ONE CURRENT RU MEMBER IS COVERED BY   |
| TRICARE/CHAMPVA DURING THE CURRENT ROUND, CONTINUE |
| WITH SP34                                           |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_05                            |
----------------------------------------------------

SP34
====

{NAME OF ESTABLISHMENT.........}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE/CHAMPVA INSURER(S)}}

The next questions ask about the family’s experience with {(PLAN NAME), that is,} their coverage through TRICARE or CHAMPVA.

PRESS ENTER TO CONTINUE.

----------------------------------------------------
| FOR ‘NAME OF ESTABLISHMENT...’, DISPLAY ‘TRICARE  |
| or CHAMPVA’.                                       |
| DISPLAY ‘PLAN NAME: ... INSURER(S)’ IF THERE IS |
| A TRICARE/CHAMPVA INSURER ASSOCIATED WITH THE     |
| FAMILY’S TRICARE/CHAMPVA INSURANCE (CHECK HX12A, |
| PR19A, OR PR21A). OTHERWISE, USE A NULL DISPLAY. |
| FOR ‘NAME OF CURRENT ROUND TRICARE/CHAMPVA       |
| INSURER(S)’ , DISPLAY THE NAME(S) OF THE CURRENT |
| ROUND’S INSURER(S) FOR THE FAMILY’S TRICARE/     |
| CHAMPVA INSURANCE. NOTE: IF MULTIPLE INSURERS   |
| ARE SELECTED AT HX12A, PR19A, OR PR21A,           |
| SEPARATE THE INSURER NAMES WITH A ‘/’.           |
| DISPLAY ‘(PLAN NAME), that is,’ IF THERE IS A    |
| TRICARE/CHAMPVA INSURER ASSOCIATED WITH THE      |
| FAMILY’S TRICARE/CHAMPVA INSURANCE (CHECK HX12A, |
| PR19A, OR PR21A). OTHERWISE, USE A NULL DISPLAY. |
----------------------------------------------------
Since the family joined TRICARE or CHAMPVA, how much of a problem, if any, was it to get a personal doctor or nurse the family is happy with?

Would you say ...

- a big problem, ......................... 1
- a small problem, or .................... 2
- not a problem? ......................... 3

IF VOLUNTEERED:  DON’T HAVE PERSONAL DOCTOR OR NURSE ..................... 95
REF ................................... -7
DK .................................... -8

[Code One.]
In the last 12 months, did anyone in the family need approval from TRICARE or CHAMPVA for any care, tests or treatment?

YES .................................... 1
NO ..................................... 2 {SP38}
REF ..................................... -7 {SP38}
DK ..................................... -8 {SP38}
SP37
====

{NAME OF ESTABLISHMENT...........}

{PLAN NAME:  {NAME OF CURRENT ROUND TRICARE/CHAMPVA INSURER(S)}}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, were delays in health care while the family waited for approval from TRICARE or CHAMPVA?

Would you say ...

- a big problem, .......................... 1
- a small problem, or ..................... 2
- not a problem? ........................... 3
- IF VOLUNTEERED: NO VISITS IN LAST
  12 MONTHS ............................. 95
- REF .................................... -7
- DK ..................................... -8

[Code One.]

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<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 24</th>
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</table>
In the last 12 months, did anyone in the family look for any information about how their coverage through TRICARE or CHAMPVA works in written material or on the Internet?

YES .................................... 1
NO ..................................... 2 {SP40}
REF ...................................... -7 {SP40}
DK ...................................... -8 {SP40}
SP39
====

{NAME OF ESTABLISHMENT..........}

{PLAN NAME:  {NAME OF CURRENT ROUND TRICARE/CHAMPVA INSURER(S)}}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, was it to find or understand this information?

Would you say ...

a big problem, ............................ 1
a small problem, or ...................... 2
not a problem? ............................ 3
REF .................................... -7
DK .................................... -8

[Code One.]

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<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 34</th>
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</thead>
</table>
In the last 12 months, did anyone in the family call TRICARE or CHAMPVA’s customer service to get information or help?

YES .................................... 1
NO ........................................ 2 {SP42}
REF ......................................... -7 {SP42}
DK ............................................ -8 {SP42}
In the last 12 months, how much of a problem, if any, was it to get the help the family needed when they called TRICARE or CHAMPVA’s customer service?

Would you say ...

a big problem, ......................... 1
a small problem, or .................... 2
not a problem? ......................... 3
REF ................................. -7
DK ..................................... -8

[Code One.]

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<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 36</th>
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</table>
In the last 12 months, did anyone in the family have to fill out any paperwork for their coverage through TRICARE or CHAMPVA?

YES .................................... 1
NO ..................................... 2 {SP44}
REF ..................................... -7 {SP44}
DK ..................................... -8 {SP44}

SEE FILL SPECIFICATIONS FROM SP35

NOTE: CAHPS 3.0 ADULT CORE ITEM 37
In the last 12 months, how much of a problem, if any, did the family have with paperwork for their coverage through TRICARE or CHAMPVA?

Would you say ...

- a big problem, .............................. 1
- a small problem, or ......................... 2
- not a problem? ............................... 3
- REF ..................................... -7
- DK ....................................... -8

[Code One.]

<table>
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<th>SEE FILL SPECIFICATIONS FROM SP35</th>
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| NOTE: CAHPS 3.0 ADULT CORE ITEM 38 |
-------------------------------------|
SP44

{NAME OF ESTABLISHMENT...........}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE/CHAMPVA INSURER(S)}}

SHOW CARD SP-2.

We want to know your rating of all the family’s experience with their coverage through TRICARE or CHAMPVA.

Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate the coverage through TRICARE or CHAMPVA?

ENTER RATING FROM 0-10:

[Enter Small Number] ...................
REF ..................................... -7
DK ..................................... -8

-----------------------------------------------
| RANGE CHECK: 0-10
-----------------------------------------------

-----------------------------------------------
| SEE FILL SPECIFICATIONS FROM SP35
-----------------------------------------------

-----------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 39
-----------------------------------------------

BOX_05

-----------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION
-----------------------------------------------