Access to Care (AC) Section

AC01
====

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

ENGLISH ................................ 1 {LOOP_01A}
SPANISH ................................ 2
ANOTHER LANGUAGE ....................... 3
REF ................................... -7 {LOOP_01A}
DK .................................... -8 {LOOP_01A}

[Code One]

AC02
====

Are all members of your household comfortable conversing in English?

YES .................................... 1 {LOOP_01A}
NO ..................................... 2
REF ................................... -7 {LOOP_01A}
DK .................................... -8 {LOOP_01A}

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

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

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/as) (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
========

----------------------------------------------------
| 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 CONDITION,
END LOOP_01A AND CONTINUE WITH LOOP_01
----------------------------------------------------

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

AC08
====

{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
=====

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

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

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

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

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

IF THIS USC PROVIDER IS FLAGGED AS ‘FACILITY-
TYPE-PROVIDER’, 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

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

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
CONTEXT HEADER WILL DISPLAY THE FACILITY-PROVIDER
NAME.

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

IF AC11 WAS NOT ALREADY ASKED FOR THIS USC
PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC11

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

OTHERWISE, GO TO AC12

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

AC11

====
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.


AC12

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

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

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]

| 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.

AC16
====

{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.

AC16OV
======

ENTER OTHER:
    [Enter Other Specify] .................. {AC18}
    REF ..................................... -7 {AC18}
    DK ...................................... -8 {AC18}

AC17
====

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

What is (PROVIDER)’s specialty?

- GENERAL/FAMILY PRACTICE ....................... 1 {AC18}
- INTERNAL MEDICINE ............................... 2 {AC18}
- PEDIATRICS ........................................ 3 {AC18}
- OB/GYN ............................................. 4 {AC18}
- SURGERY ............................................ 5 {AC18}
- CHIROPRACTOR .................................... 6 {AC18}
- OTHER ............................................... 91
- REF ............................................... -7 {AC18}
- DK ............................................... -8 {AC18}

[Code One]

---

**AC17OV**

ENTER OTHER:

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

---

**AC18**

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

Is (PROVIDER) Hispanic or Latino?

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

---

**AC19**

{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-|
--------------------------------------------------------------------------------
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]

---

AC22

---

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

---

AC21

---

[NAME OF MEDICAL CARE PROVIDER......]
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 LOOPED 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  

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

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.
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.

BOX_05

| IF AT LEAST ONE RU MEMBER WAS SELECTED AT AC02A |
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

END_LP02
========

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}
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
REF ...................................... -7
DK ....................................... -8

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

----------------------------------------------------
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)
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]

END_LP03
========

<p>| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |</p>
<table>
<thead>
<tr>
<th>MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF NO OTHER PERSONS MEET THE STATED CONDITIONS,</td>
</tr>
<tr>
<td>END LOOP_03 AND CONTINUE WITH AC36</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
</tr>
</tbody>
</table>

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}
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 |

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
    REF  ...................................... -7
    DK  ...................................... -8

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]

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

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

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH LOOP_03</th>
</tr>
</thead>
</table>

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 |
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?

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]

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]

END_LP06
=====

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_06 AND CONTINUE WITH AC48A             |
----------------------------------------------------

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

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

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)

[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
--------

<p>| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |</p>
<table>
<thead>
<tr>
<th>MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF NO OTHER PERSONS MEET THE STATED CONDITIONS,</td>
</tr>
<tr>
<td>END LOOP_07 AND CONTINUE WITH AC52</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
</tr>
</tbody>
</table>

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]

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

---
<table>
<thead>
<tr>
<th>IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED, GO TO AC36.</th>
</tr>
</thead>
</table>

---
<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH LOOP_03</th>
</tr>
</thead>
</table>

LOOP_08

---
<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK AC54 - END LP08</th>
</tr>
</thead>
</table>

---
| 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) |

AC54

---
{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?

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
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

[Code One]

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_06 |
-------------

BOX_06

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

Return to Top
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.

| IF PERSON BEING ASKED ABOUT IS 18 YEARS OF AGE OR | |
| OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH | AP16 |
| | |

| IF PERSON BEING ASKED ABOUT IS 16 OR 17 YEARS OF | |
| AGE, GO TO AP32 | |
| | |

| OTHERWISE (THAT IS, PERSON BEING ASKED ABOUT IS | |
| LESS THAN 16 YEARS OF AGE OR IN AGE CATEGORIES | |
| 1-3), GO TO BOX_02 | |
| | |

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
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

Press F1 for definition of blood cholesterol check.

(Code One)

AP17

AP18

AP18A

Omitted. (Denture item)

AP18B

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

- **Yes**: 1
- **No**: 2
- **Ref**: -7
- **DK**: -8

Press F1 for definition of flu vaccination.

(Code One)
BOX_01A

----------------------------------------
| IF PERSON BEING ASKED ABOUT IS MALE AND IS 40 |
| YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 6-9), |
| CONTINUE WITH AP19

----------------------------------------
| IF PERSON BEING ASKED ABOUT IS MALE AND IS LESS |
| THAN 40 YEARS OF AGE (OR IN AGE CATEGORIES 4-5), |
| GO TO AP23

----------------------------------------
| OTHERWISE (I.E., PERSON BEING ASKED ABOUT IS |
| FEMALE), GO TO AP20A

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

AP19

{PERSON'S FIRST MIDDLE AND LAST NAME}
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"?

WITHIN PAST YEAR ....................... 1 {AP23}
WITHIN PAST 2 YEARS ..................... 2 {AP23}
WITHIN PAST 3 YEARS ..................... 3 {AP23}
WITHIN PAST 5 YEARS ..................... 4 {AP23}
MORE THAN 5 YEARS ..................... 5 {AP23}
NEVER .................................. 6 {AP23}
REF ................................... -7 {AP23}
DK .................................... -8 {AP23}

[Code One]

AP20A

{PERSON'S FIRST MIDDLE AND LAST NAME}
(Have/Has) (PERSON) had a hysterectomy?

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

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 |

AP22
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
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]

AP23
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
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}

AP24
====

{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
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}

(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                         |
----------------------------------------------------

AP29.02
=======

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]
AP32
====

{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]

BOX_02
====

<table>
<thead>
<tr>
<th>GO TO NEXT QUESTIONNAIRE SECTION.</th>
</tr>
</thead>
</table>

Return to Top
Assets (AS) Section

AS01
====

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

AS02
====

Does anyone in the family own this home?
YES .................................... 1
NO .................................... 2 {AS16}
REF ................................... -7 {AS16}
DK .................................... -8 {AS16}
PRESS F1 FOR DEFINITION OF ‘OWN THIS HOME’.

AS03
====

Who in the family owns this home?
PROBE: Does anyone else in the family own this home?
CODE ALL THAT APPLY.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65] ...
[Code All That Apply]

<p>| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |</p>
<table>
<thead>
<tr>
<th>RU-MEMBERS-ROSTER.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY ‘PERSON DECEASED’ AND ‘PERSON NOT IN RU’</td>
</tr>
<tr>
<td>AS THE LAST TWO ENTRIES ON THE ROSTER.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

AS04
====

What is the present value of this home, that is, about how much would it bring if you sold it on today’s market?
IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).
IF AMOUNT IS NOTHING, CODE ‘0’.

[Enter Whole $ Worth] ................. {AS06}
NOTHING ................................ 0 {AS06}
REF .................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF VALUE.

<table>
<thead>
<tr>
<th>SOFT RANGE CHECK: $1 - $9,999,999</th>
</tr>
</thead>
</table>
AS05
====

SHOW CARD AS-1.
Which category on the card best indicates the value of this home?

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

[Code One]

AS06
====

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

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

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

AS07
====

How much is still owed for this home, that is, how much principal is still owed on the mortgage(s)?
IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON'T KNOW' (SHIFT/8).

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

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
AS09
=====

Does anyone in the family own a second home?
YES ......................................... 1
NO ............................................. 2 {AS16}
REF .......................................... -7 {AS16}
DK ............................................. -8 {AS16}
PRESS F1 FOR DEFINITION OF SECOND HOME.

AS10
=====

Who in the family owns the second home?
PROBE: Does anyone else in the family own the second home? CODE ALL THAT APPLY.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

AS11
=====

What is the present value of the second home, that is, about how much would it bring if you sold it on today's market?
IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON'T KNOW' (SHIFT/8).
IF AMOUNT IS NOTHING, CODE '0'.

AS12
=====

SHOW CARD AS-1.
Which category on the card best indicates the value of the second home?
0 - 500 ...................................... 1
501 - 1,000 ..................................... 2
1,001 - 5,000 .................................. 3
5,001 - 10,000 .................................. 4
10,001 - 25,000 ................................... 5
25,001 - 50,000 ................................... 6
50,001 - 100,000 ................................... 7
Is any money owed or are there any loans outstanding on the second home?
PROBE: Please do not include any debt we’ve already talked about.
YES .................................... 1
NO ..................................... 2 {AS16}
REF ................................... -7 {AS16}
DK .................................... -8 {AS16}
PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

How much is still owed for the second home?  
IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).
[Enter Whole $ Amount Owed] ...........    {AS16}
REF ................................... -7  {AS16}
DK .................................... -8 {AS16}
PRESS F1 FOR DEFINITION OF STILL OWED.
----------------------------------------------------
|  SOFT RANGE CHECK: $1 - $9,999,999                 |
----------------------------------------------------

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  {AS24}
DK .................................... -8 {AS24}

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}
How many farm(s) or business(es) are owned by the family?
[Enter Number] ......................
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] ...
[2. First Name,[Middle Name],Last Name] ...
[3. First Name,[Middle Name],Last Name] ...

    | ROSTER DEFINITION: THIS ITEM DISPLAYS THE
    | RU-MEMBERS-ROSTER.
    |  ---------------------------------------
    |  DISPLAY ‘PERSON DECEASED’ AND ‘PERSON NOT IN RU’
    |  AS THE LAST TWO ENTRIES ON THE ROSTER.
    |  ---------------------------------------

What are all the 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 {AS21}
DK ..........................-8 {AS21}

    | 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
AS21
====

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

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

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

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

AS22
====

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

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

[Enter Whole $ Amount Owed] ...........    {AS24}

REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF STILL OWED.

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

AS23
====

SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

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

[Code One]
AS24
====

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

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

PRESS F1 FOR DEFINITION OF REAL ESTATE.

AS25
====

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

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

CODE ALL THAT APPLY.

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

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

[Code All That Apply]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE        |
| RU-MEMBERS-ROSTER.                               |
----------------------------------------------------
| DISPLAY ‘PERSON DECEASED’ AND ‘PERSON NOT IN RU’ |
| AS THE LAST TWO ENTRIES ON THE ROSTER.           |
----------------------------------------------------

AS26
====

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

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

IF AMOUNT IS NOTHING, CODE ‘0’.

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

PRESS F1 FOR DEFINITION OF VALUE.

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

AS27
====

SHOW CARD AS-1.

Which category on the card best indicates the value of the other properties or real estate (such as land, rental real estate, or a real estate partnership)?
AS28
====
Is any money owed or are there any loans outstanding on the other properties or real estate (such as land, rental real estate, or a real estate partnership)?
PROBE: Please do not include any debt we’ve already talked about.

YES .................................... 1
NO ..................................... 2 {AS31}
REF ................................... -7 {AS31}
DK .................................... -8 {AS31}
PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

AS29
====
How much is still owed for the other properties or real estate (such as land, rental real estate, or a real estate partnership)?
IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).

[Enter Whole $ Amount Owed] ............. {AS31}
REF ................................... -7 {AS31}
DK .................................... -8 {AS31}
PRESS F1 FOR DEFINITION OF STILL OWED.

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

AS30
====
SHOW CARD AS-1.
Which category on the card best indicates the amount owed?

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

[Code One]
AS31

Does anyone in the family own any transportation vehicles, such as cars, trucks, or vans?
PROBE: Do not include recreational vehicles, such as motorcycles, trailers, motor homes, boats, or airplanes.
We ask about those types of vehicles next.

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

AS32

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

[Enter Number-2] ......................

REF .................................. -7
DK .................................. -8

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

AS33

Who in the family owns the transportation vehicles (such as cars, trucks, or vans)?
PROBE: Does anyone else in the family own the transportation vehicles (such as cars, trucks, or vans)?
CODE ALL THAT APPLY.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

[Code All That Apply]

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

AS34

Altogether, what is the present value of the transportation vehicles (such as cars, trucks, or vans), that is, about how much would it bring if you sold them on today's market?
IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON'T KNOW' (SHIFT/8).
IF AMOUNT IS NOTHING, CODE '0'.

[Enter Whole $ Worth] ...................... \{AS36\}
NOTHING .................................... 0 \{AS36\}
REF .......................................... -7 \{AS36\}
DK .......................................... -8
SHOW CARD AS-1.

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

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

[Code One]

SHOW CARD AS-1.

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

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

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

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

SHOW CARD AS-1.

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

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

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

PRESS F1 FOR DEFINITION OF STILL OWED.

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

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

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

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] .....................

REF .................................... -7
DK .................................... -8

| 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
AS43

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

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

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

PRESS F1 FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

AS44

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

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

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

PRESS F1 FOR DEFINITION OF STILL OWED.

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

AS45

SHOW CARD AS-1.

Which category on the card best indicates the amount owed?

0 - 500 ............................... 1
501 - 1,000 ............................ 2
1,001 - 5,000 .......................... 3
5,001 - 10,000 .......................... 4
10,001 - 25,000 ........................ 5
25,001 - 50,000 ........................ 6
50,001 - 100,000 ........................ 7
100,001 - 250,000 ........................ 8
250,001 - 500,000 ........................ 9
500,001 - 1,000,000 ....................... 10
1,000,001 OR MORE ........................ 11
REF .......................... -7 {AS46}
DK .......................... -8 {AS46}

[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]

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS THE</th>
<th>R</th>
<th>RU-MEMBERS-ROSTER.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY <code>PERSON DECEASED</code> AND <code>PERSON NOT IN RU</code></td>
<td></td>
<td>AS THE LAST TWO ENTRIES ON THE ROSTER.</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---</td>
<td>---------------------</td>
</tr>
</tbody>
</table>

AS48
====

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 {AS57}
DK ..................................... -8 {AS57}
PRESS F1 FOR DEFINITION OF WORTH.

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

AS49
====

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

Page 13 of 20
5,001 - 10,000 ........................... 4
10,001 - 25,000 ........................ 5
25,001 - 50,000 ........................ 6
50,001 - 100,000 ........................ 7
100,001 - 250,000 ........................ 8
250,001 - 500,000 ........................ 9
500,001 - 1,000,000 ....................... 10
1,000,001 OR MORE ....................... 11
REF ................................... -7
DK .................................... -8

[Code One]

AS49A
====
OMITTED.

AS49B
====
OMITTED.

AS49C
====
OMITTED.

AS50
====
OMITTED.

AS51
====
OMITTED.

AS52
====
OMITTED.

AS53
====
OMITTED.

BOX_01
====
OMITTED.

AS54
====
OMITTED.

AS55
====
OMITTED.

AS56
====
OMITTED.
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

<table>
<thead>
<tr>
<th>SOFT RANGE CHECK: 1 - 20</th>
</tr>
</thead>
</table>

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]
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSTER DEFINITION: THIS ITEM DISPLAYS THE</td>
</tr>
<tr>
<td>RU-MEMBERS-ROSTER.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘PERSON DECEASED’ AND ‘PERSON NOT IN RU’</td>
</tr>
<tr>
<td>AS THE LAST TWO ENTRIES ON THE ROSTER.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

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.

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

OMITTED.

OMITTED.

OMITTED.

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

YES .................................... 1
NO ..................................... 2 {AS72}
REF .................................... -7 {AS72}
DK ........................................ -8 {AS72}
PRESS F1 FOR DEFINITION OF CHECKING, SAVINGS, AND MONEY MARKET ACCOUNTS.

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

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

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

Page 16 of 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.

AS71

SHOW CARD AS-1.

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

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

REF ................................... -7
DK .................................... -8

[Code One]
AS72

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

YES .................................... 1
NO ..................................... 2 {AS76}
REF ................................... -7 {AS76}
DK .................................... -8 {AS76}
PRESS F1 FOR DEFINITION OF ‘OTHER SAVINGS OR ASSETS’.

AS73

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

PROBE: Does anyone else in the family have other savings or assets [such as jewelry, money owed to you, a collection for investment purposes, rights in a trust or estate, or an annuity]?
CODE ALL THAT APPLY.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65] ...
[2. First Name,[Middle Name],Last Name-65] ...
[3. First Name,[Middle Name],Last Name-65] ...
[Code All That Apply]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-MEMBERS-ROSTER. |
----------------------------------------------------
| DISPLAY ‘PERSON DECEASED’ AND ‘PERSON NOT IN RU’ |
| AS THE LAST TWO ENTRIES ON THE ROSTER. |
----------------------------------------------------

AS74

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

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’ (SHIFT/8).
IF AMOUNT IS NOTHING, CODE ‘0’.

[Enter Whole $ Worth] .................    {AS76}
NOTHING .................................. 0 {AS76}
REF ..................................... -7 {AS76}
DK ..................................... -8 {AS76}
PRESS F1 FOR DEFINITION OF WORTH.

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

AS75

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

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

[Code One]

AS76

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

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

PRESS F1 FOR DEFINITION OF DEBTS.

AS77

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

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

CODE ALL THAT APPLY.

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

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

[Code All That Apply]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE | |
| RU-MEMBERS-ROSTER. | |
|----------------------------------------------------|
| DISPLAY ‘PERSON DECEASED’ AND ‘PERSON NOT IN RU’ | |
| AS THE LAST TWO ENTRIES ON THE ROSTER. | |

AS78

How much do these debts amount to?

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

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

Return to Top
Calendar (CA) Section

BOX_01
======

<table>
<thead>
<tr>
<th>IF ROUND 1 OR IF RESPONDENT FOR THIS ROUND IS NOT</th>
<th>THE SAME AS THE RESPONDENT FOR THE PREVIOUS ROUND</th>
<th>GO TO CA01</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF NOT ROUND 1 AND IF RESPONDENT FOR THIS ROUND</th>
<th>IS SAME AS RESPONDENT FOR THE PREVIOUS ROUND,</th>
<th>CONTINUE WITH BOX_02</th>
</tr>
</thead>
</table>

BOX_02
======

<table>
<thead>
<tr>
<th>IF NOT ROUND 1 AND RESPONDENT USED ANY CALENDAR</th>
<th>DURING THE PREVIOUS ROUND’S INTERVIEW - CL67_01</th>
<th>CL67_02, CL67_03, OR CL67_05 IS CODED ‘1’ (YES),</th>
<th>GO TO CA02</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH CA01</th>
</tr>
</thead>
</table>

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]

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.
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]

---

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_05}
MOST VISITS RECORDED ................. 2 {BOX_05}
SOME VISITS RECORDED ................. 3
DID NOT USE ........................... 4
VOLUNTEERED: NO EVENTS TO RECORD ...... 5 {BOX_05}
REF .................................. -7
DK ................................... -8

[Code One]

---

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.

---

DISPLAY ‘AND DATE OF LAST INTERVIEW’ IF NOT ROUND 1. OTHERWISE, USE A NULL DISPLAY.
RETURN TO TOP

----------------------------------------------------
| CONTINUE WITH BOX_05.                                  |
----------------------------------------------------

BOX_03
======
OMITTED.

BOX_04
======
OMITTED.

CA05
=====
OMITTED.

BOX_05
======

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

Return to Top
Condition Enumeration (CE) Section

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

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

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

CE01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
I'd like to talk about (PERSON)'s health.
In general, compared to other people of (PERSON)'s age, would
you say that (PERSON)'s health is excellent, very good, good,
fair, or poor?
EXCELLENT .............................. 1
VERY GOOD .............................. 2
GOOD ................................... 3
FAIR ................................... 4
POOR ................................... 5
REF ................................... -7
DK .................................... -8
[Code One]

CE01OV
======
OMITTED.

CE02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
In general, would you say that (PERSON)'s mental health is
excellent, very good, good, fair, or poor?

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

[Code One]

----------------------------------------------------
| IF FIRST CYCLE OF LOOP, CONTINUE WITH CE03        |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, GO TO CE04                             |
----------------------------------------------------

CE02OV

======

OMITTED.

CE03

===

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

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

PRESS ENTER TO CONTINUE.

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.

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

CE04

===

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

{At the time (PERSON) entered the institution, did (PERSON) have any physical or mental health problems, or had (PERSON) experienced any accidents or injuries?/Between (START DATE) and (END DATE), did (PERSON) have any physical or mental health problems, accidents, or injuries?} [Please include all of (PERSON)'s conditions, accidents or injuries regardless of whether (PERSON) saw a medical provider, received treatment, or took medications {since (START DATE)/between (START DATE) and (END DATE)}. {Also include health problems that may have been mentioned during a previous interview, but have also bothered (PERSON) {since (START DATE)/between (START DATE) and (END DATE)}.}]

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

PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.
| DISPLAY ‘At the time (PERSON) entered the institution, did (PERSON) have any physical or mental health problems, or had (PERSON) experienced any accidents or injuries?’ IF PERSON CODED AS BEING INSTITUTIONALIZED. |
| OTHERWise, DISPLAY ‘Between (START DATE) and (END DATE), did (PERSON) have any physical or mental health problems, accidents, or injuries?’ |

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

| DISPLAY ‘Also include health problems that may have been mentioned during a previous interview, but have also bothered (PERSON) {since (START DATE)/between (START DATE) and (END DATE)}.’ IF NOT ROUND 1. IF ROUND 1, USE A NULL DISPLAY. |
| DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5. |

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

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
</table>

| OTHERWISE, GO TO BOX_06 |

LOOP_02

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK LOOP_03-END_LP02</th>
</tr>
</thead>
</table>

| 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. |
ASK PREGNANCY DETAIL (PG) SECTION

WHEN PG SECTION COMPLETED, CONTINUE WITH 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.

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 |

CE07

====

{STR-DT}
{END-DT}

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

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

--------

| DISPLAY ‘Besides the pregnancies we’ve already |
| talked about, {since/between}’ IF SOMEONE IN THE |
| RU WAS FLAGGED AS ‘STILL PREGNANT’ AT TIME OF LAST |
| INTERVIEW. OTHERWISE, DISPLAY '{Since/Between}'. |

--------

| DISPLAY ‘since’ AND ‘Since’ IF NOT ROUND 5. |
| DISPLAY ‘between’ AND ‘Between’ IF ROUND 5. |
| DISPLAY ‘ and (END DATE)’ IF ROUND 5. OTHERWISE, |
| USE A NULL DISPLAY. |
| DISPLAY 'else' IF SOMEONE IN THE RU WAS FLAGGED AS 'STILL PREGNANT' AT TIME OF LAST INTERVIEW. | OTHERWISE, USE A NULL DISPLAY. |

---

**CE08**

---

{STR-DT}

{END-DT}

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

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

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

TO LEAVE, PRESS ESC.

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

---

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

---

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS FEMALE AND 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 PREGNANCIES

---

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

---

**LOOP_04**

---

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

---

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

- PERSON IS FEMALE AND 10-55 YEARS OF AGE, INCLUSIVE, OR IN AGE CATEGORIES 3-8

AND

- PERSON WAS NOT FLAGGED AS 'STILL PREGNANT'
MEPS FAMES Panel 11 Round 5 Condition Enumeration (CE) Section

(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.

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

Page 9 of 10
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

Return to Top
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.

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

CL01
====

{[As I mentioned during the last interview], it/It} is important for us to get accurate names and addresses for medical providers so that we can contact them for more information about the services they provide. To do this, we must have written 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 'AP STATUS ... -40)' IF CURRENT PERSON-|
|  PROVIDER-PAIR IS OUTSTANDING FROM THE PREVIOUS |
|  ROUND AND NO ELIGIBLE EVENT WAS CREATED FOR THIS |
|  PAIR IN THE CURRENT ROUND.                        |
|  FOR 'DISPLAY PREVIOUS...-40', DISPLAY THE CATEGORY|
|  ENTRY ASSOCIATED WITH THE PREVIOUS ROUND (OR      |
|  RECEIPT CONTROL UPDATED) CL04 OUTSTANDING STATUS. |
|  THAT IS, IF CL04 WAS CODED '3', DISPLAY 'LEFT WITH |
|  R'; IF CL04 WAS CODED '4', DISPLAY 'MAILED TO R';  |
|  IF CL04 WAS CODED '5', DISPLAY 'REFUSED'; AND IF  |
|  CL04 WAS CODED '91', DISPLAY THE FIRST 40        |
|  CHARACTERS FROM THE OTHER SPECIFY ENTRY FIELD (OR |
|  THE RECEIPT CONTROL UPDATE TEXT GENERATED FOR THE |
|  '91' CODE).                                       |
|  DISPLAY THE INTERVIEW DATE OF THE MOST RECENT     |
|  ROUND'S INTERVIEW FOR WHICH PAIR IS/WAS ELIGIBLE  |
|  FOR 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                |

Page 5 of 47
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.

CL04
=====

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.’ |

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

CL04OV1
=======

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

CL04OV2
=======

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

CL05
====

PID: [PID-3] PERSON: [First, [Middle], Last Name-35]
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:
[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 DIGIT MUST BE 1, 2, 3, 4, or 5. |
ENTER MPC AUTHORIZATION FORM SIGNATURE DATE:
[Enter Month, Day, Year-4] .................. {END_LP02}
----------------------------------------------------
| EDIT: DATE ENTERED MUST BE ON OR AFTER THE |
| INTERVIEW DATE OF THE MOST RECENT ROUND’S |
| INTERVIEW FOR WHICH THE PAIR IS/WAS ELIGIBLE FOR |
| AUTHORIZATION FORM COLLECTION. IF DATE IS BEFORE |
| CORRECT DATE, DISPLAY THE FOLLOWING MESSAGE: |
| ‘MPC AF MUST BE SIGNED ON OR AFTER ABOVE DATE. |
| VERIFY AND RE-ENTER DATE OR COMPLETE NEW AF.’ |
----------------------------------------------------

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

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]

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

END_LP02

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

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

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

LOOP_02A
========

| OTHERWISE, GO TO BOX_03 |

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. CAPI WILL NOT COLLECT THIS INFORMATION.

PRESS ENTER TO CONTINUE.

END_LP02A

-------------------------------------------------------------------------------------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
-------------------------------------------------------------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_02A AND CONTINUE WITH BOX_03 |
-------------------------------------------------------------------------------------------------------------

Subsection 2: HIPS Authorization Forms (In Panel 11, 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.

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

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

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

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.
Subsection 3: HIPS Policy Booklets (Not collected in Panel 11)

BOX_05

| GO TO BOX_10 |

BOX_06

CL12

CL13

CL14

LOOP_04

CL15

CL15OV

CL16

CL17
Subsection 4: Pharmacy Requests and Authorization Forms (Round 3 and Round 5)

IF ROUND 3 OR ROUND 5, CONTINUE WITH BOX 11

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
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.

CL30
====

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.]
FOR ROUNDS 1, 2, OR 3 IF ROUND 3 OR FOR ROUNDS 3, 4, OR 5 IF ROUND 5.

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

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

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

CL31
=====

INTERVIEWER: (LOCATE APPROPRIATE PREPRINTED PHARMACY 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’.

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

END_LP07
========

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

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

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

IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_07 AND CONTINUE WITH LOOP_08

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

LOOP_08
=======

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

FOR EACH ELEMENT ON THE RU-PERSON-PHARMACY-PAIRS-ROSTER, ASK CL32 - END_LP08

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

LOOP DEFINITION: LOOP_08 PRESENTS EACH UNIQUE PERSON-PHARMACY-PAIR ELIGIBLE FOR PHARMACY 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.’

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

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

NOTE: EACH PHARMACY AUTHORIZATION FORM HAS A PRE-ASSIGNED PHARMACY AUTHORIZATION FORM NUMBER.
CL34  

PID: [PID]  PERSON: [First,[Middle],Last Name-35]  
DOB: [MM/DD/YYYY]  AGE: [XXX]  STATUS: [Status Code Description]  
PHARMID: [PharmID-4]  
PHARMACY NAME: [Pharmacy Name-35]  
PHARMACY ADDRESS: [Street Address for Pharmacy]  
[City Name], [ST]  [Zip Code]  [Telephone]  
ENTER MAIN REASON FOR REFUSAL:  
DOESN'T WANT TO BOTHER PHARMACY ........ 1 {END_LP08}  
CONFIDENTIALITY/SENSITIVE ISSUE ........ 2 {END_LP08}  
PAYMENT PROBLEM WITH PHARMACY ........... 3 {END_LP08}  
HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP08}  
WANTS MORE INFORMATION BEFORE SIGNING .. 5 {END_LP08}  
NOT INTERESTED ............................ 6 {END_LP08}  
NO REASON GIVEN ........................... 7 {END_LP08}  
OTHER ..................................... 91  
[Code One]  
CL34OV  

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

END_LP08  

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

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 |  
----------------------------------------------------
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, 2006 IF ROUND 2 OR ON JULY 1, 2007 IF ROUND 4 OR HAS TURNED 18 BETWEEN JULY 1, 2006 IF ROUND 2 OR JULY 1, 2007 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.

CL35

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>[Last Name-65]</td>
<td>[PID]</td>
</tr>
<tr>
<td>[Last Name-65]</td>
<td>[PID]</td>
</tr>
<tr>
<td>[Last Name-65]</td>
<td>[PID]</td>
</tr>
</tbody>
</table>

AS APPROPRIATE, PREPARE AN SAQ FOR EACH PERSON LISTED ABOVE. PRESS F1 FOR MORE INFORMATION ON SAQ COLLECTION

ROSTER DEFINITION: DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET 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, 2006 IF ROUND 2 OR ON JULY 1, 2007 IF ROUND 4 OR HAS TURNED 18 BETWEEN JULY 1, 2006 IF ROUND 2 OR JULY 1, 2007 IF ROUND 4 AND THE DATE OF INTERVIEW

DISPLAY THE ROW PERSON’S PID AT CL35_01.

LOOP_09

FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK
<table>
<thead>
<tr>
<th>CL36 - END_LP09</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOOP DEFINITION: LOOP_09 COLLECTS THE SAQ STATUS</td>
</tr>
<tr>
<td>FOR EACH PERSON ELIGIBLE TO COMPLETE THE SAQ.</td>
</tr>
<tr>
<td>THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-</td>
</tr>
<tr>
<td>ROSTER WHO MEETS THE FOLLOWING CONDITIONS:</td>
</tr>
<tr>
<td>- PERSON DOES NOT HAVE A STATUS OF DECEASED OR</td>
</tr>
<tr>
<td>INSTITUTIONALIZED ON ROUND 2 OR 4 INTERVIEW DATE</td>
</tr>
<tr>
<td>- PERSON CURRENTLY IN RU ON ROUND 2 OR 4 INTERVIEW</td>
</tr>
<tr>
<td>DATE</td>
</tr>
<tr>
<td>- PERSON IS 18 YEARS OF AGE OR OLDER (OR IN AGE</td>
</tr>
<tr>
<td>CATEGORIES 4-9) ON JULY 1, 2005 IF ROUND 2 OR</td>
</tr>
<tr>
<td>ON JULY 1, 2006 IF ROUND 4 OR HAS TURNED 18</td>
</tr>
<tr>
<td>BETWEEN JULY 1, 2005 IF ROUND 2 OR JULY 1, 2006</td>
</tr>
<tr>
<td>IF ROUND 4 AND THE DATE OF INTERVIEW</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
</tr>
</tbody>
</table>

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.’

CL36OV
=======

ENTER OTHER:

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

CL37
=====

{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]

CL370V
=====

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

CL38
=====

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.
PRESS F1 FOR MORE INFORMATION ON SAQ COLLECTION

<table>
<thead>
<tr>
<th>ROSTER. PERSON</th>
<th>CL38_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>

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, 2006 IF ROUND 2 OR |
| ON JULY 1, 2007 IF ROUND 4 OR HAS TURNED 18 |
| BETWEEN JULY 1, 2006 IF ROUND 2 OR JULY 1, 2007 |
| 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

FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK |
CL39 - END_LP10

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, 2006 IF ROUND 2 OR |
ON JULY 1, 2007 IF ROUND 4 OR HAS TURNED 18 |
BETWEEN JULY 1, 2006 IF ROUND 2 OR JULY 1, 2007 |
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)) |
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}

CL40
====

{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]

CL40OV
======

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|
Subsection 5a: Diabetes Care Supplement (DCS) Questionnaire (Rounds 3 and 5)

**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 |
---

**CL40A**

---

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.

Roster. Person | CL40A_01. PID | CL40A_02. TYPE OF DCS
---|---|---
[First Name, [Middle Name], Last Name-65] [PID] {SELF/PROXY}
[First Name, [Middle Name], Last Name-65] [PID] {SELF/PROXY}
[First Name, [Middle Name], Last Name-65] [PID] {SELF/PROXY}

As appropriate, collect DCS for each person listed above.

---

| ROSTER DEFINITION: DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION: |
| - PC02 IS CODED ‘1’ (YES) FOR THE PERSON |
---

| DISPLAY THE ROW PERSON’S PID AT CL40A_01 |
---

| DISPLAY THE TYPE OF DCS FOR THE PERSON AT CL40A_02. IF PC03 FOR THE ROW PERSON IS CODED ‘1’ (SELF), DISPLAY ‘SELF.’ IF PC03 FOR THE ROW PERSON IS CODED ‘2’ (PROXY), DISPLAY ‘PROXY.’ |
---
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}

CL40C

{PERSON’S FIRST MIDDLE AND LAST NAME}
ENTER MAIN REASON FOR REFUSAL:
TOO BUSY/NOT INTERESTED ................. 1 {END_LP10A}
TOO PERSONAL/SENSITIVE INFORMATION ..... 2 {END_LP10A}
TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP . 3 {END_LP10A}
HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP10A}
WANTS MORE INFORMATION ................... 5 {END_LP10A}
NOT INTERESTED ............................ 6 {END_LP10A}
NO REASON GIVEN ........................... 7 {END_LP10A}
OTHER ....................................... 91

[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 |
----------------------------------------------------
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] .................

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.
-------------------------------------------------------------------

CL44
====

What is that telephone number?
IF AVAILABLE, VERIFY AND UPDATE CURRENT SECOND PHONE.
IF UNAVAILABLE, ENTER COMPLETE SECOND TELEPHONE NUMBER.
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.
Current Info: [2ND_TELEPHONE]
[Enter Area Code, Exchange, Local] .......
-------------------------------------------------------------------
EDIT: DISALLOW LEADING ZEROS AS AN ENTRY.
-------------------------------------------------------------------

EDIT: IF NO CURRENT SECOND PHONE AVAILABLE, AN ENTRY MUST BE MADE FOR EVERY FIELD (REF AND DK ARE ALLOWED).
-------------------------------------------------------------------
EDIT: IF CURRENT SECOND PHONE AVAILABLE, AT LEAST ONE FIELD MUST BE UPDATED.
-------------------------------------------------------------------
FLAG SECOND PHONE INFORMATION FOR THE RU WITH THE NUMBER ENTERED OR CORRECTED AT CL44 FOR THE CURRENT ROUND.
-------------------------------------------------------------------

CL45
====

Where is that telephone located?
OFFICE/PLACE OF BUSINESS .......... 1 {CL45OV2}
RELATIVE .......................... 2 {CL45OV2}
NEIGHBOR ............................... 3 {CL45OV2}
FRIEND ................................. 4 {CL45OV2}
OTHER ................................. 91 {CL45OV2}
REF ................................. -7 {CL45OV2}
DK ................................. -8 {CL45OV2}

CL45OV1
=======

ENTER OTHER:

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

CL45OV2
=======

What is the name of that location?
ENTER NAME AND/OR DESCRIPTION. ALSO, INCLUDE ANY SPECIAL
INSTRUCTIONS FOR CALLING AT THE ALTERNATE TELEPHONE NUMBER (FOR
EXAMPLE, CALL ONLY IN EMERGENCY).

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

| NOTE: ALLOW 2 LINES OF 45 CHARACTERS FOR |
| DESCRIPTION.                               |

CL46
====

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.' |

CL47
====
[What is that address?]
IF AVAILABLE, VERIFY AND UPDATE CURRENT MAILING ADDRESS.
IF UNAVAILABLE, ENTER COMPLETE MAILING ADDRESS.
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

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

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

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

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

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

BOX_17A
=======

| IF NOT ROUND 5, CONTINUE WITH CL48               |
----------------------------------------------------
| OTHERWISE (I.E., IF ROUND 5), GO TO CL62         |
----------------------------------------------------

CL48
====

ITEM: ANOTHER HOME SUCH AS SECOND HOME OR VACATION HOME WHERE
FAMILY CAN SOMETIMES BE CONTACTED.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT SECOND HOME
INFORMATION SHOWN BELOW.
IF NO CURRENT INFORMATION, PROBE:
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]

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

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

CL49
====

[What is the address and phone number of that home?] 
IF AVAILABLE, VERIFY AND UPDATE CURRENT SECOND HOME ADDRESS. 
IF UNAVAILABLE, ENTER COMPLETE SECOND HOME ADDRESS. 
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD. 

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

1ST_STR_ADDRESS (CL49_01): [_____________] 
2ND_STR_ADDRESS (CL49_02): [_____________] 
CITY (CL49_03): [_____________] 
STATE (CL49_04): [_____________] 
ZIP CODE (CL49_05): [_____________] 
TELEPHONE (CL49_06): [_____________] 
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

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

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

CL50
====

ITEM: LOCATING CONTACT - RELATIVE OR FRIEND WHO DOES NOT LIVE 
HERE WHO WILL ALWAYS KNOW HOW TO GET IN TOUCH WITH FAMILY. 
INTERVIEWER: IF AVAILABLE, VERIFY CURRENT CONTACT INFORMATION 
SHOWN BELOW. 
IF NO CURRENT INFORMATION, PROBE: 
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.’
----------------------------------------------------

CL51
====

[What is the name, address, and phone number of that person?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT CONTACT INFORMATION.
IF UNAVAILABLE, ENTER COMPLETE CONTACT INFORMATION.
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.
ENTER ‘NMN’ IF NO MIDDLE NAME.

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

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

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

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

----------------------------------------------------
| FLAG CONTACT PERSON INFORMATION FOR THE RU WITH |
| THE NAME, ADDRESS, AND PHONE ENTERED OR CORRECTED |
| AT CL51 FOR THE CURRENT ROUND. |
----------------------------------------------------
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): [_____________]
----------------------------------------------------
<p>| DISPLAY THE NAME ENTERED AT CL51_01 FOR ‘NAME OF  |
| CONTACT PERSON FROM CL51_01’.                     |
|                                                    |
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE  |</p>
<table>
<thead>
<tr>
<th>RU FOR ‘NAME OF REFERENCE PERSON’.</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE ENTRY FIELD FOR CL52_01 SHOULD BE 45</td>
</tr>
<tr>
<td>CHARACTERS OF FREE FORM TEXT IN LENGTH.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>EDIT: IF NO CURRENT CONTACT RELATIONSHIP</td>
</tr>
<tr>
<td>AVAILABLE, AN ENTRY MUST BE MADE (REF AND DK ARE</td>
</tr>
<tr>
<td>ALLOWED).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>EDIT: IF CURRENT CONTACT RELATIONSHIP AVAILABLE,</td>
</tr>
<tr>
<td>ACCEPT AN ENTRY, REF OR DK, OR NO UPDATE.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>FLAG CONTACT PERSON RELATIONSHIP FOR THE RU WITH</td>
</tr>
<tr>
<td>THE RELATIONSHIP ENTERED OR CORRECTED AT CL52 FOR</td>
</tr>
<tr>
<td>THE CURRENT ROUND.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

ITEM: ALTERNATE RESPONDENT - BEST PERSON TO PROVIDE HEALTH CARE
AND EXPENSES INFORMATION FOR THIS FAMILY IF CURRENT
RESPONDENT IS UNAVAILABLE DURING NEXT INTERVIEW.

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT ALTERNATE RESPONDENT
INFORMATION SHOWN BELOW. IF NO CURRENT INFORMATION, PROBE:
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. |

CL54
====

INTERVIEWER: SELECT PERSON NAMED FROM ROSTER.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

| ROSTER DEFINITION: DISPLAY ALL PERSONS ON DU- |  
| MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS: |  
| - PERSON IS NOT CURRENT RESPONDENT |  
| - PERSON IS NOT DECEASED |

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

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

| IF ‘SOMEONE OUTSIDE DU’ SELECTED, CONTINUE WITH |  
| CL55 |

| OTHERWISE, GO TO CL57 |

CL55
====

[What is the name, address, and phone number of that person?]
IF AVAILABLE, VERIFY AND UPDATE CURRENT ALTERNATE RESPONDENT.
IF UNAVAILABLE, ENTER COMPLETE ALTERNATE RESPONDENT INFORMATION.
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS
ALTERNATE RESPONDENT: [NAME OF ALTERNATE RESPONDENT CL55_01]
REFERENCE PERSON: [NAME OF REFERENCE PERSON]

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

IF AVAILABLE, VERIFY AND UPDATE CURRENT ALTERNATE RESPONDENT. IF UNAVAILABLE, ENTER COMPLETE ALTERNATE RESPONDENT RELATIONSHIP. TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [ALTERNATE_RELATIONSHIP] ALTERNATE_RELATIONSHIP (CL56_01): [___________]

------------
| DISPLAY THE NAME ENTERED AT CL55_01 FOR 'NAME OF |
| ALTERNATE RESPONDENT CL55_01'. ___________ |
| |
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE |
| RU FOR 'NAME OF REFERENCE PERSON'. |
| |

------------
| THE ENTRY FIELD FOR CL56_01 SHOULD BE 45 |
| CHARACTERS OF FREE FORM TEXT IN LENGTH. |
| |

------------
| EDIT: IF NO CURRENT ALTERNATE RELATIONSHIP |
| AVAILABLE, AN ENTRY MUST BE MADE (REF AND DK ARE |
| ALLOWED). |
| |

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

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

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

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

CL57

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

YES ........................................ 1
NO ......................................... 2 [BOX_18]
REF ....................................... -7 [BOX_18]
DK .......................................... -8 [BOX_18]

CL58

Who is that?
PROBE: Anyone else?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

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

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

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

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

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

LOOP_11

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

CL59 - END_LP11

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

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

CL59

(PERSON’S FIRST MIDDLE AND LAST NAME)
Please give me the address and telephone number of the place where (PERSON) is planning to move.

1ST_STR_ADDRESS (CL59_01): [___________]
2ND_STR_ADDRESS (CL59_02): [__________]
   CITY (CL59_03): [__________]
   STATE (CL59_04): [__________]
   ZIP CODE (CL59_05): [__________]
   TELEPHONE (CL59_06): [__________]
   PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
----------------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED FOR EACH FIELD.   |
----------------------------------------------------
----------------------------------------------------
| FLAG PERSON AS ‘PROCESSED FUTURE MOVER’.          |
----------------------------------------------------
----------------------------------------------------
| IF ALL PERSONS SELECTED AS FUTURE MOVERS (I.E.,   |
| SELECTED AT CL58) ARE FLAGGED AS ‘PROCESSED FUTURE|
| MOVER’, GO TO END_LP11                            |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, CONTINUE WITH CL60                     |
----------------------------------------------------

CL60
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}
IF KNOWN, CODE WITHOUT ASKING.
Is (PERSON) planning to move with anyone in the family?
   YES ........................................ 1
   NO ........................................ 2 {END_LP11}
   REF .................................... -7 {END_LP11}
   DK .................................... -8 {END_LP11}

CL61
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}
IF KNOWN, CODE WITHOUT ASKING.
Who is (PERSON) planning to move with?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
   [First Name, [Middle Name], Last Name-65]
   [First Name, [Middle Name], Last Name-65]
   [First Name, [Middle Name], Last Name-65]
   
   ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS
   IN THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING
   CONDITIONS:
   - PERSON IS A CURRENT RU MEMBER (I.E., PERSON PART
     OF THE RU ON INTERVIEW DATE)
   - PERSON SELECTED AS A FUTURE MOVER (I.E.,
     SELECTED AT CL58)
   - PERSON NOT FLAGGED AS ‘PROCESSED FUTURE MOVER’
   
   FLAG ALL SELECTED PERSONS AS ‘PROCESSED FUTURE
   MOVER’. 
---
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO | MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
---
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, | END LOOP_11 AND CONTINUE WITH BOX_18 |
---

BOX_18
======

---
| IF CURRENT RESPONDENT IS A PROXY, CONTINUE WITH | BOX_18A |
---
| OTHERWISE, GO TO CL62 |
---

BOX_18A
======

---
| IF NOT ROUND 5, CONTINUE WITH CL61A |
---
| OTHERWISE (I.E., IF ROUND 5), GO TO CL62 |
---

CL61A
=====

**ITEM: PROXY INFORMATION - NEED ADDRESS AND PHONE NUMBER OF CURRENT PROXY.**

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

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

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

---
| EDIT: CODES '2' (PROXY ADDRESS AND TELEPHONE CORRECT) AND '3' (PROXY ADDRESS OR TELEPHONE NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT PROXY ADDRESS INFORMATION AVAILABLE. IF CODES '2' OR '3' SELECTED WHEN NO CURRENT PROXY ADDRESS, DISPLAY THE FOLLOWING MESSAGE: ‘CODE NOT AVAILABLE. NO CURRENT PROXY ADDRESS. VERIFY AND RE-ENTER.’ |
---
[What is your address and phone number?]
IF AVAILABLE, VERIFY AND UPDATE CURRENT PROXY ADDRESS.
IF UNAVAILABLE, ENTER COMPLETE PROXY ADDRESS.
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.
Current Info: [1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY], [STATE] [ZIP CODE]
[TELEPHONE]
1ST_STR_ADDRESS (CL61B_01): [_____________]
2ND_STR_ADDRESS (CL61B_02): [_____________]
CITY (CL61B_03): [_____________]
STATE (CL61B_04): [_____________]
ZIP CODE (CL61B_05): [_____________]
TELEPHONE (CL61B_06): [_____________]
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
----------------------------------------------------
|   EDIT: IF NO CURRENT PROXY ADDRESS AVAILABLE, AN   |
| ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT SECOND   |
| STREET ADDRESS (REF AND DK ARE ALLOWED).           |
----------------------------------------------------
----------------------------------------------------
|   EDIT: IF CURRENT PROXY ADDRESS AVAILABLE, AT     |
| LEAST ONE FIELD MUST BE UPDATED.                   |
----------------------------------------------------
----------------------------------------------------
|  FLAG PROXY ADDRESS INFORMATION FOR THE RU WITH THE|
| ADDRESS AND PHONE ENTERED OR CORRECTED AT CL61B    |
| FOR THE CURRENT ROUND.                            |
----------------------------------------------------

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] .......................
CL63
====
INTERVIEWER: WAS ANYONE OTHER THAN THE {RESPONDENT/PROXY} PRESENT FOR ALL OR PART OF THE INTERVIEW?
NO ONE ELSE PRESENT ..................... 1 {CL65}
SOMEONE ELSE PRESENT FOR ALL OF INTERVIEW ........................... 2
SOMEONE ELSE PRESENT FOR PART OF INTERVIEW ........................... 3
[Code One]
----------------------------------------------------
| DISPLAY ‘RESPONDENT’ IF CURRENT RESPONDENT IS AN | | RU MEMBER. DISPLAY ‘PROXY’ IF CURRENT RESPONDENT | | IS A PROXY. |
----------------------------------------------------

CL64
====
INTERVIEWER: CODE ALL OTHER PERSONS PRESENT DURING INTERVIEW. TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.
[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]
----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS | | ON THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING | | CONDITION(S): |
| - PERSON IS ON THE DU ROSTER, BUT NOT THE RU | | ROSTER |
| OR |
| - PERSON ON THE RU ROSTER AND WAS ELIGIBLE AT THE | | END OF RE-ENUMERATION AND IS PHYSICALLY IN THE | | RU ON THE INTERVIEW DATE |
| AND |
| - PERSON IS NOT IDENTIFIED AS CURRENT RESPONDENT |
----------------------------------------------------
----------------------------------------------------
| DISPLAY ‘SOMEONE OUTSIDE DU’ AS LAST ENTRY ON THE | | ROSTER. |
----------------------------------------------------

CL65
====
INTERVIEWER: USE BLACK BALL POINT PEN TO COMPLETE CHECKS AND FORMS.
{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 |
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 2006/early 2007/the fall of 2007/early 2008.)/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.

CL67

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
<table>
<thead>
<tr>
<th>CL67_04</th>
<th>RECORD FILE</th>
<th>1     2</th>
</tr>
</thead>
<tbody>
<tr>
<td>CL67_05</td>
<td>OTHER CALENDAR</td>
<td>1     2</td>
</tr>
<tr>
<td>---------</td>
<td>---------------</td>
<td>--------</td>
</tr>
<tr>
<td>CL67_06</td>
<td>CHECK BOOK</td>
<td>1     2</td>
</tr>
<tr>
<td>---------</td>
<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td>CL67_07</td>
<td>BILL/STATEMENT FROM PROVIDER</td>
<td>1     2</td>
</tr>
<tr>
<td>---------</td>
<td>-------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>CL67_08</td>
<td>INSURANCE PAYMENT STATEMENT</td>
<td>1     2</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>CL67_09</td>
<td>MEDICINE BOTTLE/RECEIPT</td>
<td>1     2</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>CL67_10</td>
<td>OTHER</td>
<td>1     2</td>
</tr>
</tbody>
</table>

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

-------------------------------------------------------------------------------------------------------------------
| OTHERWISE, GO TO BOX_20 |

-------------------------------------------------------------------------------------------------------------------
| CL68 | WHICH OTHER MEMORY AIDS? |

| Yes | No |

<table>
<thead>
<tr>
<th>CL68_01</th>
<th>DOCTOR'S CARD OR APPOINTMENT SLIP</th>
<th>1     2</th>
</tr>
</thead>
<tbody>
<tr>
<td>CL68_02</td>
<td>INSURANCE POLICY</td>
<td>1     2</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------</td>
<td>--------</td>
</tr>
<tr>
<td>CL68_03</td>
<td>INSURANCE CARDS</td>
<td>1     2</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------</td>
<td>--------</td>
</tr>
<tr>
<td>CL68_04</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TELEPHONE BOOK

CL68_05

OTHER

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

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

-------------------------------------------------------------------------------
| OTHERWISE, GO TO BOX_20 |

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

CL68OV

ENTER OTHER:

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

BOX_20

-------------------------------------------------------------------------------
| END INTERVIEW. |

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

Return to Top
Conditions (CN) Section

BOX_01

<table>
<thead>
<tr>
<th>IF AT LEAST ONE CONDITION ON PERSON’S-MEDICAL-CONDITIONS-ROSTER FLAGGED AS ‘CREATED’ DURING THE CURRENT ROUND, CONTINUE WITH BOX_02</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_07</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NOTE: FOR THE PURPOSE OF HARD COPY SPECIFICATIONS, CONDITIONS CAN ONLY BE FLAGGED AS ‘CREATED’ OR ‘SELECTED’ DURING A PARTICULAR ROUND.</th>
</tr>
</thead>
</table>

BOX_02

<table>
<thead>
<tr>
<th>IF ‘PREGNANCY’ ONLY CONDITION FLAGGED AS ‘CREATED’ FOR THIS PERSON DURING THE CURRENT ROUND, GO TO BOX_07</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH CN01</th>
</tr>
</thead>
</table>

CN01

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

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

CN02

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

{Was the (CONDITION) due to an accident or injury?/INTERVIEWER: CHECK (CONDITION) AGAINST PRIORITY LIST JOB AID.}
IF OBVIOUS, CODE WITHOUT ASKING.
TO LEAVE, PRESS ESC.

1 = YES 2 = NO

<table>
<thead>
<tr>
<th>ROSTER. CONDITION</th>
<th>CN02_02. ACCIDENT/INJURY?</th>
<th>CN02_03. ON LIST?</th>
</tr>
</thead>
<tbody>
<tr>
<td>{PERSON'S CN MEDICAL CONDITION.}</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>{PERSON'S CN MEDICAL CONDITION.}</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>{PERSON'S CN MEDICAL CONDITION.}</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>{PERSON'S CN MEDICAL CONDITION.}</td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

PRESS F1 FOR DEFINITION OF ACCIDENT/INJURY AND LIST OF PRIORITY CONDITIONS.
ROSTER THAT MEET THE FOLLOWING CONDITION:

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

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

**CN02 SCREEN BEHAVIOR AND FILL SPECIFICATIONS:**

1. DO NOT ALLOW CONDITIONS TO BE ADDED, EDITED, OR DELETED.
2. ESC CANNOT BE USED ON THIS SCREEN UNTIL ALL ANSWER FIELDS ARE ACCOUNTED FOR. IF ESC IS USED BEFORE ALL FIELDS ARE COMPLETED, DISPLAY THE FOLLOWING MESSAGE: ‘CANNOT LEAVE SCREEN UNLESS ALL FIELDS COMPLETED. CHECK FOR BLANK FIELDS.’
3. THE CURSOR WILL MOVE FROM CN02_02 TO CN02_03 FOR THE SAME CONDITION AND THEN WILL MOVE TO CN02_02 FOR THE NEXT CONDITION ON THE ROSTER, ETC. THE CURSOR MOVES IN THIS FASHION UNTIL ALL FIELDS ARE COMPLETED. IF ‘PREGNANCY’ IS THE CONDITION, THE CURSOR SKIPS TO THE NEXT CONDITION. IF CONDITION WAS SELECTED AT DN02, THUS CN02_02 IS ALREADY PRECODED, THE CURSOR SKIPS TO CN02_03 FOR THAT CONDITION.
4. WHEN THE CURSOR IS IN COLUMN CN02_02 THE FOLLOWING QUESTION SHOULD BE DISPLAYED: ‘Was the (CONDITION) due to an accident or injury?’.
   WHEN THE CURSOR IS IN COLUMN CN02_03 THE FOLLOWING TEXT SHOULD BE DISPLAYED:
   ‘INTERVIEWER: CHECK (CONDITION) AGAINST PRIORITY LIST JOB AID.’

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

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

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

NOTE: CAPI WILL PRECODE PREGNANCY AS ‘2’ (NO) IN BOTH CN02_02 AND CN02_03. THESE PRECODED RESPONSES WILL ALREADY APPEAR AT CN02 BEFORE THE INTERVIEWER ENTERS ANY RESPONSES.

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

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

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

**BOX_03**

-----

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

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

OTHERWISE, GO TO BOX_07
LOOP_01

------

FOR EACH ELEMENT IN PERSON’S-MEDICAL-CONDITIONS-ROSTER, ASK BOX_04-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT MEDICAL CONDITIONS CREATED DURING THE CURRENT ROUND THAT ARE DUE TO AN ACCIDENT OR INJURY AND/OR ARE ON THE PRIORITY LIST. THIS LOOP CYCLES ON MEDICAL CONDITIONS THAT MEET EITHER OR BOTH OF THE FOLLOWING CONDITIONS:

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

AND ALSO MEET THE FOLLOWING CONDITION:

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

BOX_04

------

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

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

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

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

<table>
<thead>
<tr>
<th>OTHERWISE (I.E., NO EVENT-PROVIDER PAIR ASSOCIATED WITH THE CONDITION), CONTINUE WITH CN03</th>
</tr>
</thead>
</table>

**CN03**

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

Did (PERSON) ever see or talk to a doctor or other medical person about the (CONDITION)?

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

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (I.E., IF ROUND 1 AND CN03 IS CODED '1') (YES), CONTINUE WITH CN04</th>
</tr>
</thead>
</table>

**CN04**

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

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

BEFORE START DATE ......................... 1
AFTER START DATE ......................... 2
REF ........................................... -7
DK ............................................ -8
[Code One]

---
| IF CONDITION FLAGGED AS BOTH 'DUE TO ACCIDENT/ INJURY' AND 'ON PRIORITY LIST', GO TO CN06 |
---
| IF CONDITION FLAGGED ONLY AS 'DUE TO ACCIDENT/ INJURY', GO TO CN06 |
---
| IF CONDITION FLAGGED ONLY AS 'ON PRIORITY LIST', CONTINUE WITH CN05 |
---

CN05
====

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

When did (PERSON) first notice or find out that (PERSON) had (CONDITION)?
{PROBE IF ANY EVENTS LISTED: The dates we have recorded for the medical care for (CONDITION) include (READ EVENT DATES BELOW).}

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

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

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

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

| MATRIX BEHAVIOR SPECIFICATIONS: |
| 1. THE ROSTER DEFINED ABOVE WILL BE DISPLAYED IN COLUMN 2. THE ASSOCIATED MEDICAL PROVIDER AND EVENT TYPE WILL BE DISPLAYED FOR EACH EVENT IN COLUMN 1 (CN05_01) AND COLUMN 2 (CN05_03), RESPECTIVELY. |
| 2. INFORMATION IN THE MATRIX IS FOR DISPLAY ONLY. |
IF THERE ARE NO EVENTS RELATED TO THE CONDITION BEING ASKED ABOUT, DO NOT DISPLAY THE PROBE OR EVENT GRID.

IF YEAR IS REFERENCE YEAR, CONTINUE WITH CN05OV1

IF YEAR IS REFERENCE YEAR MINUS 1, GO TO CN05OV2

 OTHERWISE, GO TO BOX_06

CN05OV1
=======

ENTER MONTH AND DAY:
[Enter Month-2, Day-2] ................. {BOX_06}
REF ................................... -7 {BOX_06}
DK .................................... -8 {BOX_06}

CN05OV2
=======

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

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2012 (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
- EVENT OCCURRED DURING THE CURRENT ROUND

---

MATRIX BEHAVIOR SPECIFICATIONS:

SEE SPECIFICATIONS AT CN05.

---

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

---

IF YEAR IS REFERENCE YEAR, CONTINUE WITH CN06OV1

---

IF YEAR IS REFERENCE YEAR MINUS 1, GO TO CN06OV2

---

OTHERWISE, GO TO BOX_05
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 2012 (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

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

[Code One]
PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

CN09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}
Was it inside or outside the house?
INSIDE ............................................. 1
OUTSIDE ......................................... 2
REF .................................................. -7
DK ..................................................... -8

[Code One]

CN10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}
SHOW CARD CN-1.
Did the accident or injury involve any of the things listed on this card?
CODE ALL THAT APPLY.
MOTOR VEHICLE ................................. 1
GUN ............................................... 2
WEAPON OTHER THAN GUN ..................... 3
POISON OR SOMETHING THAT CAN POISON (LIKE GASOLINE OR A CLEANING FLUID OR CHEMICAL) ................. 4
FIRE OR SOMETHING HOT THAT WOULD CAUSE A BURN ......................... 5
MEPS FAMES Panel 11 Round 5 Conditions (CN) Section

DROWNING OR NEAR-DROWNING .............. 6
SPORTS INJURY .......................... 7
FALL (EXCLUDE FALLS RELATED TO SPORTS) . 8
SOMETHING ELSE/NOTHING ................. 95
REF ................................... -7
DK .................................... -8

[Code All That Apply]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

BOX_06

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

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

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

| OTHERWISE, CONTINUE WITH CN11 |

CN11

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

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

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

PRESS F1 FOR DEFINITION OF STILL BEING TREATED.

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

| IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND CONDITION IS FLAGGED ONLY AS ‘ON |

Page 10 of 17
<table>
<thead>
<tr>
<th>PRIORITY LIST’, GO TO CN13</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHERWISE, CONTINUE WITH CN12</td>
<td></td>
</tr>
</tbody>
</table>

CN12
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}
ASK IF APPROPRIATE. IF INAPPROPRIATE TO ASK, CODE '3' TO SHOW THAT THE CONDITION IS PERSISTENT OR PERMANENT.

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

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

PRESS F1 FOR DEFINITION OF RECOVERED.

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

CN13
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {PERSON'S CN MEDICAL CONDITION.}  {STR-DT}
{END-DT}
How seriously did the (CONDITION) affect (PERSON)’s overall health and well-being {since/between} {(START DATE){and (END DATE)}/that accident or injury}? Would you say it affected (PERSON)’s health ...

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

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

---

{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.

---

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

{How/As of December 31, 2007, 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.

---

{CODE ONE}

| 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.

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

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

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

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

----------------------------------------------------
| OTHERWISE (I.E., NO EVENT-PROVIDER PAIR FROM THE |
| CURRENT ROUND ASSOCIATED WITH THE CONDITION), |
| CONTINUE WITH CN17 |
----------------------------------------------------
| DISPLAY 'Between (START DATE) and (END DATE)' IF | ROUND 5. |
|---------------------------------------------------|
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T | KNOW), AND CN03 WAS CODED '2' (NO), '-7' | (REFUSED), OR '-8' (DON'T KNOW) FOR THIS CONDITION| DURING THE ROUND IN WHICH THE CONDITION WAS | CREATED, GO TO CN19 |
|---------------------------------------------------|
| OTHERWISE, CONTINUE WITH CN18 |

---

**CN18**

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

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

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

PRESS F1 FOR DEFINITION OF STILL BEING TREATED.

---

**CN19**

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

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

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

[Code One]

---

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

Page 15 of 17
Are any of the health conditions, accidents, and injuries we have listed for (PERSON) [(READ CONDITION NAMES BELOW, IF NECESSARY)] related to service in the Armed Forces of the United States? CODE ‘3’ IF RESPONDENT VOLUNTEERS NEVER IN ARMED FORCES.

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.
[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]
YES .................................... 1
NO ..................................... 2 {BOX_12}
NEVER IN ARMED FORCES .............. 3 {BOX_12}
REF ................................... -7 {BOX_12}
DK .................................... -8 {BOX_12}

[Code One]

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

--

{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.

---

GO TO NEXT QUESTIONNAIRE SECTION

---

Return to Top
Charge Payment (CP) Section

BOX_00
=======

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

| 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)

Now I’d like to ask you about the charges for (PERSON)’s prescription medicine.

Has (PERSON)’s health insurance or another source of coverage helped pay for any of (PERSON)’s prescription medications since (START DATE)?

CODE “NO” IF PERSON REPORTS NO HEALTH INSURANCE OR ANOTHER SOURCE OF COVERAGE.

YES .................................... 1
NO ..................................... 2 {CP01}
REF ................................. -7 {CP01}
DK .................................... -8 {CP01}

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE OR ANOTHER SOURCE OF COVERAGE.

CP01B
=====

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

Who usually helps pay?

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]

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES ON THE RU-SOURCES-OF-PAYMENT ROSTER. DO NOT INCLUDE PERSON/FAMILY ON ROSTER.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRITE SOURCES SELECTED TO THE SOURCES-OF-PAYMENT ROSTER.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOURCE ROSTER BEHAVIOR SPECIFICATIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTERVIEWER MAY SELECT ONLY ONE SOURCE ALREADY LISTED ON THE ROSTER.</td>
</tr>
<tr>
<td>2. INTERVIEWER SHOULD BE ABLE TO ADD ONLY ONE SOURCE AT THIS QUESTION.</td>
</tr>
<tr>
<td>3. INTERVIEWER SHOULD BE ABLE TO DELETE A SOURCE THAT WASRecorded 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.</td>
</tr>
<tr>
<td>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.’</td>
</tr>
</tbody>
</table>

Page 2 of 35
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.
IF AMOUNT PAID VARIES DEPENDING ON THE TYPE OF MEDICATION, ENTER THE OUT-OF-POCKET FOR THE LAST PRESCRIPTION FILLED DURING THE REFERENCE PERIOD.
IF MORE THAN ONE PRESCRIPTION WAS FILLED AT THE SAME TIME, ENTER THE AMOUNT FOR THE LAST PRESCRIPTION ON RECEIPT.

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% |

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

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

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

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

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

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

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

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

---

BOX_03

---

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

---

| OTHERWISE, GO TO CP03 |

---

CP02

---

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

Before we talk about the charges for (PERSON)'S visit to (PROVIDER) on (VISIT DATE), 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. |

---

CP02OV

---

What is the correct copayment amount?

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

---

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

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

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

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

IF CODED '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.

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

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...)/the services for (FLAT FEE GROUP) for (PERSON)/the 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.

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

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

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

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

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

OTHERWISE, GO TO CP05

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

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

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}
CP06

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP...}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}
{NAME OF PRESCRIBED MEDICINE...}  {OME ITEM GROUP NAME...........}
SHOW CARD CP-1.

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

PAID AT TIME OF VISIT ...................  1 {CP08}
MADE A COPAYMENT ........................  2 {CP08}
BILL SENT DIRECTLY TO OTHER SOURCE .....  3
BILL HAS NOT ARRIVED ....................  4 {CP08}
NO BILL SENT:
HMO PLAN ..................................  5 {BOX_04}
VA .......................................  6 {BOX_04}
MILITARY FACILITY .......................  7 {BOX_04}
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}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES AND FLAT FEE.

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

IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM,
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  {CP08}
VA  .................................... 2  {CP08}
TRICARE/CHAMPVA  ......................... 3  {CP08}
OTHER MILITARY  ......................... 4  {CP08}
PUBLIC ASSISTANCE/MEDICAID/SCHIP ...... 5  {CP08}
WORKER’S COMPENSATION .................. 6  {CP08}
PRIVATE INSURANCE COMPANY .............. 7  {CP08}
OTHER .................................... 91  {CP08}
REF  .................................. -7  {CP08}
DK  .................................. -8  {CP08}

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
| OR |
| -  EVENT TYPE IS HS |
| OR |
| -  THIS EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP, |
| GO TO CP11 |

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

| OTHERWISE, GO TO CP10 |

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

CP08

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT: } {NAME OF REPEAT VISIT GROUP...}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}
Do you know the total charge for ((PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of (NAME OF PRESCRIBED MEDICINE...) for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON))? {CODE '95' IF THIS IS A FLAT FEE SITUATION.}
YES .................................... 1 {CP09}
NO ..................................... 2
INCLUDED WITH OTHER CHARGES ............ 95
REF ....................................... -7
DK ......................................... -8
PRESS F1 FOR DEFINITIONS OF TOTAL CHARGE AND FLAT FEE.

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

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

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

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

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

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

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

| IF CODED '95' (INCLUDED WITH OTHER CHARGES) AND THE EVENT TYPE IS NOT PM AND THE EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP OR A FLAT FEE GROUP. PRESS ENTER TO CONTINUE.' |
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...'

Page 10 of 35
| separately on the bill or statement, include those |
| in the total charge.' IF CP05 IS CODED '1' (YES, |
| AND DOCUMENTATION AVAILABLE). OTHERWISE, USE A |
| NULL DISPLAY. |

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

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

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

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

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

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

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

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

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

| CP090V |
| ====== |

ENTER $ AMOUNT:
[Enter $ Amount] .......................
REF ................................. -7
DK ................................. -8

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

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

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

| IF THE AMOUNT IS $0, GO TO CP37 |

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

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

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

| IF: |
EVENT TYPE IS ER, OP, MV, OR DN
AND
TOTAL CHARGE IS A NON-ZERO WHOLE NUMBER < OR = $50.00 OR CP090V IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW),
GO TO CP10

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

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 'out-of-pocket,' that is, amounts paid before any reimbursements.

IF AMOUNT PAID IS NOTHING, DK, OR REF, ENTER 1 FOR DOLLARS, THEN RESPONSE.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ............................. 1

PERCENT ............................. 2 [CP11OV2]

[Code One]

PRESS F1 FOR INFORMATION ON AMOUNTS TO INCLUDE.

CP11OV1

ENTER DOLLARS:

[Enter $ Amount] .................

REF ................................... -7

DK .................................... -8

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

| WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF-       |
| PAYMENT-ROSTER.                                  |
----------------------------------------------------

CP11OV2

ENTER PERCENT:

[Enter Percent %] ....................

----------------------------------------------------
| SOFT RANGE CHECK: 1% - 100%                   |
----------------------------------------------------

| MULTIPLY THE PERCENTAGE ENTERED BY THE TOTAL     |
| CHARGE ENTERED AT CP09 TO CALCULATE THE AMOUNT  |
| PAID BY THE FAMILY AT CP11.                     |
----------------------------------------------------

| IF CP09 IS CODED '-7' (REFUSED), OR '-8' (DON'T |
| KNOW), DOLLAR AMOUNT PAID BY FAMILY CANNOT BE   |
| CALCULATED. RECORD DOLLAR AMOUNT PAID BY        |
| PERSON/FAMILY AS 'DK' OR 'REF' AS APPROPRIATE.  |
----------------------------------------------------

<p>| WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF-      |</p>
<table>
<thead>
<tr>
<th>PAYMENT-ROSTER.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRITE 'PERSON/FAMILY' TO THE EVENT'S-SOURCES-OF-PAYMENT-ROSTER.</td>
</tr>
</tbody>
</table>

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

CP12A

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

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

Who else paid? PROBE: Anyone else?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.
[1. Name of Source of Direct Payment-35]
[2. Name of Source of Direct Payment-35]
[3. Name of Source of Direct Payment-35]

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL SOURCES|
| ON THE RU-SOURCES-OF-PAYMENT-ROSTER. |
| WRITE SOURCES SELECTED TO THE EVENT’S-SOURCES-OF-|
| PAYMENTS-ROSTER. |

| SOURCE ROSTER BEHAVIOR SPECIFICATIONS: |
| 1. INTERVIEWER MAY SELECT A SOURCE(S) ALREADY |
| LISTED ON THE ROSTER. |
| 2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF |
| SOURCES AT THE ROSTER QUESTIONS (I.E., NO |
### 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: {xxxxxxxxxxx}**

<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>
</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 a number, display the dollar amount in CP13_02, ‘dollar amount paid’.

If the response to CP11OV2 is a percentage, display the percentage amount in CP13_03, ‘percent amount paid’. If CP11OV1 or CP11OV2 is coded ‘-8’ (don’t know), display ‘DK’ for the amount in both CP13_02 and CP13_03. If CP11OV1 or CP11OV2 is coded ‘-7’ (refused), display ‘REF’ for the amount in both CP13_02 and CP13_03.
NOTE: FEATURES OF THE SOURCE OF PAYMENT MATRIX.

1. Interviewer uses right and left arrow keys to move to either the percent or dollar amount column associated with that source. Interviewer uses the up and down arrow keys to move between amount paid columns for different sources.

2. Source column is protected. Cursor will not enter this column, so no changes are allowed to sources at this screen.

3. Interviewer enters either a dollar or a percentage amount for each source displayed. Amounts can be changed as many times as necessary before the interviewer leaves the screen.

4. The person/family amount paid columns may be changed or corrected.

5. When cursor leaves the cell and a dollar or percentage amount has been entered and there is a total charge, the reciprocal amount will be displayed. For example, if the interviewer enters a percentage, the dollar amount will be calculated using the total charge. This dollar amount would then be displayed in the dollar amount paid column (next to the percent amount paid column).

6. If a source is entered in error, the interviewer will zero out the amount paid.

7. Interviewers will be instructed to only enter direct payments made to the provider at this screen.

8. The cursor should first appear in the dollar amount paid column for the first source added/selected at the previous screen (not in the person/family column).

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
======

<table>
<thead>
<tr>
<th>IF 'AMOUNT PAID' BY PERSON/FAMILY &gt; $0, CONTINUE WITH LOOP_02</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_07</th>
</tr>
</thead>
</table>

LOOP_02
=======

<table>
<thead>
<tr>
<th>FOR EACH OF THE FOLLOWING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOURCE OF REIMBURSEMENT 1</td>
</tr>
<tr>
<td>SOURCE OF REIMBURSEMENT 2</td>
</tr>
<tr>
<td>SOURCE OF REIMBURSEMENT 3</td>
</tr>
<tr>
<td>SOURCE OF REIMBURSEMENT 4</td>
</tr>
</tbody>
</table>

ASK BOX_LP02-END_LP02

| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION ON SOURCES OF |
| REIMBURSEMENT TO PERSON/FAMILY AND ASSOCIATED REIMBURSEMENT |
| AMOUNTS. THE RESPONSE TO CP150V DETERMINES WHETHER THE LOOP |
| CYCLES AGAIN. SUBSEQUENT CYCLES, IF ANY, COLLECT ADDITIONAL |
| SOURCES OF REIMBURSEMENT AND ASSOCIATED AMOUNTS. IF CP150V |
| IS CODED '1' (YES), THE LOOP CYCLES AGAIN. IF CP150V IS NOT |
| ASKED OR IS CODED '2' (NO), THE LOOP ENDS.                   |

BOX_LP02
========

<table>
<thead>
<tr>
<th>IF FIRST CYCLE OF LOOP_02, CONTINUE WITH CP14</th>
</tr>
</thead>
</table>

<p>| OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE |</p>
<table>
<thead>
<tr>
<th>OF LOOP_02), GO TO CP14A</th>
</tr>
</thead>
</table>

CP14
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVEN-DE}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}|
{NAME OF PRESCRIBED MEDICINE...} {OME ITEM GROUP NAME............}

Has any source reimbursed or paid back anything to (PERSON) (or anyone in the family) for the amount paid 'out-of-pocket'?
That is, has any source reimbursed any of the {$/% FAMILY PAID} paid?

YES ................................. 1
NO .................................... 2 {END_LP02}
REF .................................. -7 {END_LP02}
DK .................................. -8 {END_LP02}
PRESS F1 FOR DEFINITION OF SOURCE AND REIMBURSEMENT.

CP14A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP...}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}
{NAME OF PRESCRIBED MEDICINE...}  {OME ITEM GROUP NAME...........}  
Who reimbursed or paid anyone in the family back?
PROBE:  Anyone else?

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

[1. Name of Source of Reimbursement-35]
[2. Name of Source of Reimbursement-35]
[3. Name of Source of Reimbursement-35]

| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL SOURCES ON THE RU-SOURCES-OF-PAYMENT-ROSTER EXCLUDING THE 'PERSON/FAMILY' RECORD. |
| WRITE SOURCES SELECTED TO THE EVENT’S-SOURCES-OF-PAYMENTS-ROSTER. |

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

CP15
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP...}/FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}
{NAME OF PRESCRIBED MEDICINE...}  {OME ITEM GROUP NAME...........}  
How much did (SOURCE) reimburse or pay anyone in the family back?

ENTER THE AMOUNT REIMBURSED IN COLUMN 2 OR COLUMN 3.
TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.
PERSON/FAMILY PAYMENT:  {$XXXXXXXXX}   TOTAL CHARGE:  {$XXXXXXXXX}

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF REIMBURSEMENT</th>
<th>CP15_02. DOLLAR AMOUNT REIMBURSED</th>
<th>CP15_03. PERCENT AMOUNT REIMBURSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Source of Reimbursement]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
<tr>
<td>[Display Source of Reimbursement]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>
TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.

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

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'REIMBURSEMENT'.

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

NOTE: FEATURES OF THE REIMBURSEMENT MATRIX.

1. INTERVIEWER USES RIGHT AND LEFT ARROW KEYS TO MOVE TO EITHER THE PERCENT OR DOLLAR AMOUNT COLUMN ASSOCIATED WITH THAT SOURCE. INTERVIEWER USES THE UP AND DOWN ARROW KEYS TO MOVE BETWEEN AMOUNT PAID COLUMNS FOR DIFFERENT SOURCES.

2. SOURCE COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO SOURCES AT THIS SCREEN.

3. INTERVIEWER ENTERS EITHER A DOLLAR OR A PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED. AMOUNTS CAN BE CHANGED AS MANY TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES THE SCREEN.


5. IF A SOURCE IS ENTERED IN ERROR, THE INTERVIEWER WILL ZERO OUT THE AMOUNT REIMBURSED.

6. INTERVIEWERS WILL BE INSTRUCTED TO ONLY ENTER REIMBURSEMENTS MADE TO THE FAMILY AT THIS SCREEN.

7. IF THE TOTAL AMOUNT REIMBURSED BY ALL SOURCES EXCEEDS THE AMOUNT PAID BY THE PERSON/FAMILY, CAPI DISPLAYS THE MESSAGE: 'REIMBURSED AMOUNT GREATER THAN FAMILY PAYMENT. VERIFY REIMBURSED AMOUNT AND RE-ENTER. IF NEED TO CORRECT FAMILY PAYMENT, JUMPBACK TO CP13.' IF INTERVIEWER RE-ENTERS THE SAME AMOUNTS, CAPI WILL ACCEPT. THAT IS, WE WILL INFORM THE INTERVIEWER OF THE DISCREPANCY, BUT NOT FORCE HER TO RECONCILE IT.

8. THE SAME SOURCE CAN BE FLAGGED AS BOTH A REIMBURSEMENT AND A DIRECT PAYMENT. ONLY THE AMOUNT ASSOCIATED WITH THE DIRECT PAYMENT WILL PLAY INTO THE RESOLUTION PROCESS.

9. POST DATA COLLECTION EDITING WILL BE NECESSARY TO DETERMINE THE NET PAYMENTS OF SOURCES.
ARE THERE ANY OTHER SOURCES OF REIMBURSEMENT?
YES .................................... 1
NO ..................................... 2
PRESS F1 FOR DEFINITION OF REIMBURSEMENT.

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

| GO TO BOX_11                                 |
-----------------------------------------------

| GO TO BOX_11                                 |
-----------------------------------------------

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

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

Page 21 of 35
| REIMBURSED FOR ANY AMOUNT PAID (CP14 IS CODED | '2', '-7', OR '-8'). |
|--------------------------------------------------|

BOX_10

---

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

---

| OTHERWISE, GO TO BOX_09 |

---

CP18

---

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

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

YES ............................................. 1

NO ............................................. 2 {BOX_09}

REF ........................................... -7 {BOX_09}

DK ............................................ -8 {BOX_09}

PRESS F1 FOR DEFINITION OF REIMBURSEMENT.

---

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

---

CP19

---

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

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

PROBE: Include amounts to be reimbursed from all sources.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ......................................... 1

PERCENT ......................................... 2 {CP19OV2}

[Code One]

CP19OV1

---

ENTER DOLLARS:

[Enter $ Amount] ....................... {CP20}

REF ........................................ -7 {CP20}

DK ........................................... -8 {CP20}

---

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

---

CP19OV2

---

ENTER PERCENT:

[Enter % Amount] .......................

---
From whom do you expect these reimbursements to come?

If more than one source of reimbursement, probe for the main source (i.e., the source reimbursing the most).

To turn check mark on/off, use arrow keys, press enter.
To add, press ctrl/a. To delete, press ctrl/d.
To leave, press esc.

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

---

Roster definition: This item displays all sources on the ru-sources-of-payment-roster excluding the 'person/family' record.

---

Write sources selected to the event’s-sources-of-payments-roster.

---

Refer to CP12 for source of payment roster behavior specifications.

---

Box_09

Determine if there is an overpayment or underpayment: Subtract the total payment from the total charge at CP09. If the absolute value of the remainder is > 3% or $5 (whichever is higher) of the total charge, continue with box_12.

Otherwise, display the following message: 'no charge-payment resolution needed for this case. press enter to continue.' then go to cp37.

---

Box_12

If CP09 (total charge) or 'amount paid' by any source of direct payment (including person/family, but excluding reimbursements) is coded '-7' (refused) or '-8' (don't know), display the following message: 'no charge-payment resolution

---
| NEEDED FOR THIS CASE. PRESS ENTER TO CONTINUE. |
| THEN GO TO CP37 |
| BOX_13 |
| OTHERWISE, CONTINUE WITH BOX_13 |

BOX_13

| IF THE UNDERPAYMENT IS > 3% OR $5 (WHICHEVER IS HIGHER) OF THE TOTAL CHARGE, CONTINUE WITH CP21 |

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}

CP22

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP...}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}}
How much more does anyone in the family or any other source expect to pay?
IS ANSWER IN DOLLARS OR PERCENT?
DOLLARS ........................................ 1
PERCENT ......................................... 2 {CP22OV2} [Code One]

CP22OV1

ENTER DOLLARS: 
[Enter $ Amount] .................................. {BOX_14}
REF ........................................... -7 {BOX_14}
DK ........................................... -8 {BOX_14}

| SOFT RANGE CHECK: $0 - $10,000 |
CP22OV2

ENTER PERCENT:
[Enter % Amount] ........................
REF ................................. -7
DK .................................. -8

| SOFT RANGE CHECK: 1% - 100% |

BOX_14

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

LOOP_03

FOR EACH OF THE FOLLOWING:
SOURCE OF DIRECT PAYMENT 1
SOURCE OF DIRECT PAYMENT 2
SOURCE OF DIRECT PAYMENT 3
SOURCE OF DIRECT PAYMENT 4

ASK BOX_LP03-END_LP03

LOOP DEFINITION: LOOP_03 REVIEWS PAYMENT INFORMATION WHERE AN UNDERPAYMENT HAS BEEN REPORTED AND EITHER VERIFIES THE UNDERPAYMENT OR COLLECTS CORRECTIONS AND ADDITIONAL PAYMENT INFORMATION TO RESOLVE THE UNDERPAYMENT. THE FIRST CYCLE OF THIS LOOP COLLECTS CORRECTIONS OF ERRONEOUS INFORMATION ON DIRECT PAYMENTS AND THE THE ASSOCIATED AMOUNTS PAID. SUBSEQUENT LOOP CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS. THE RESPONSE TO CP24OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF CP24OV IS CODED ‘1’ (YES), THE LOOP CYCLES AGAIN. IF CP24OV IS CODED ‘2’ (NO), THE LOOP ENDS.

BOX_LP03

IF FIRST CYCLE OF LOOP_03, GO TO CP24

OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_03), CONTINUE WITH CP23
CP23
====

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

Who else paid?  PROBE:  Anyone else?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A.  TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

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

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

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

----------------------------------------------------
| REFER TO CP12A FOR SOURCE OF PAYMENT ROSTER       |
| BEHAVIOR SPECIFICATIONS.                          |
----------------------------------------------------

CP24
====

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

At the moment, it appears that {AMOUNT REMAINING} of the total charge for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE...} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME............} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON) 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)

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>CP24 02. DOLLAR AMOUNT PAID</th>
<th>CP24 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>[Display $ Amount]</td>
<td>[Display % 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 ARE FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED DIRECT PAYMENT AMOUNTS.

TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.

DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.

IF THE AMOUNT PAID BY PERSON/FAMILY WAS ADJUSTED AT CP13, DISPLAY ADJUSTED AMOUNT. IF AMOUNT PAID BY PERSON/FAMILY WAS NOT ADJUSTED, DISPLAY THE RESPONSE TO CP11 IN THE 'AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11OV1 IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN CP24_02, 'DOLLAR AMOUNT PAID'. IF THE RESPONSE TO CP11OV2 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN CP24_03, 'PERCENT AMOUNT PAID'. IF CP11OV1 OR CP11OV2 IS CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH CP24_02 AND CP24_03. IF CP11OV1 OR CP11OV2 IS CODED '-7' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH CP24_02 AND CP24_03.

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS 'DIRECT PAYMENTS'.

NOTE: FEATURES OF THE SOURCE OF PAYMENT MATRIX.

1. THIS MATRIX WILL WORK JUST LIKE THE SOURCE OF PAYMENT MATRIX AT CP13. HOWEVER IN THIS FIRST STAGE RESOLUTION PROCESS, ONLY CORRECTIONS TO DIRECT PAYMENTS CAN BE MADE. AS WELL, ONLY NEW SOURCES OF DIRECT PAYMENTS MAY BE ADDED. AT NO TIME IN THIS FIRST STAGE RESOLUTION PROCESS CAN ANY CORRECTIONS OR UPDATES BE MADE TO SOURCE NAMES OR AMOUNTS OF REIMBURSEMENTS.

CP24OV

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

YES ................................. 1
NO ................................... 2
PRESS F1 FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.

END_LP03

IF CP24OV IS CODED '1' (YES), CYCLE TO COLLECT ADDITIONAL SOURCES OF PAYMENT.
MEPS FAMES Panel 11 Round 5 Charge Payment (CP) Section

| IF CP24OV IS CODED '2' (NO), END LOOP_03 AND GO |
| TO BOX_15 |
----------------------------------------------------

LOOP_04
=======
----------------------------------------------------
| FOR EACH OF THE FOLLOWING: |
| SOURCE OF DIRECT PAYMENT 1 |
| SOURCE OF DIRECT PAYMENT 2 |
| SOURCE OF DIRECT PAYMENT 3 |
| SOURCE OF DIRECT PAYMENT 4 |
| ASK BOX_LP04-END_LP04 |
----------------------------------------------------

LOOP DEFINITION: LOOP_04 REVIEWS PAYMENT INFORMATION WHERE AN OVERPAYMENT HAS BEEN REPORTED AND EITHER VERIFIES THE OVERPAYMENT OR COLLECTS CORRECTIONS AND ADDITIONAL PAYMENT INFORMATION TO RESOLVE THE OVERPAYMENT. THE FIRST CYCLE OF THIS LOOP COLLECTS CORRECTIONS OF ERRONEOUS INFORMATION ON DIRECT PAYMENTS AND ASSOCIATED AMOUNTS PAID. SUBSEQUENT LOOP CYCLES, IF ANY, COLLECT ADDITIONAL SOURCES OF DIRECT PAYMENT AND ASSOCIATED AMOUNTS. THE RESPONSE TO CP26OV DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF CP26OV IS CODED '1' (YES), THE LOOP CYCLES AGAIN. IF CP26OV IS CODED '2' (NO), THE LOOP ENDS.

BOX_LP04
========
----------------------------------------------------
| IF FIRST CYCLE OF LOOP_04, GO TO CP26 |
----------------------------------------------------

| OTHERWISE (I.E., IF ANY CYCLE SUBSEQUENT TO THE FIRST CYCLE OF LOOP_04), CONTINUE WITH CP25 |
----------------------------------------------------

CP25
=====

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

Page 28 of 35
The payments you reported for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of (NAME OF PRESCRIBED MEDICINE...) for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME.............} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)} 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.

OVERPAYMENT: ($XXXXXXXXX) TOTAL CHARGE: ($XXXXXXXXX)

<table>
<thead>
<tr>
<th>PERSON/FAMILY</th>
<th>Display $ Amount</th>
<th>Display % Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSTER. SOURCE OF PAYMENT</td>
<td>CP26_02. DOLLAR AMOUNT PAID</td>
<td>CP26_03. PERCENT AMOUNT PAID</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>[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 ARE FLAGGED AS 'DIRECT PAYMENT' AND THE ASSOCIATED DIRECT PAYMENT AMOUNTS.

TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.
<p>| AMOUNT PAID’. IF CP110V1 OR CP110V2 IS CODED ‘-8’ | (DON’T KNOW), DISPLAY ‘DK’ FOR THE AMOUNT IN BOTH | CP26_02 AND CP26_03. IF CP110V1 OR CP110V2 IS CODED ‘-7’ (REFUSED), DISPLAY ‘REF’ FOR THE AMOUNT IN BOTH CP26_02 AND CP26_03. |</p>
<table>
<thead>
<tr>
<th>----------------------------------------------------</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS ‘DIRECT PAYMENTS’.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>NOTE: <strong>FEATURES OF THE SOURCE OF PAYMENT MATRIX.</strong></td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>IF CP26OV IS CODED ‘1’ (YES), CYCLE TO COLLECT ADDITIONAL SOURCES OF PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>IF CP26OV IS CODED ‘2’ (NO), END LOOP_04 AND CONTINUE WITH BOX_15</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

**BOX_15**

<table>
<thead>
<tr>
<th>RECALCULATE AMOUNT OF UNDERPAYMENT OR OVERPAYMENT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>IF UNDERPAYMENT IS &gt; 3% OR $5 (WHICHEREVER IS HIGHER) OF TOTAL CHARGE, CONTINUE WITH BOX_19</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO CP37</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

**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           |
----------------------------------------------------
MEPS FAMES Panel 11 Round 5 Charge Payment (CP) Section

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

| SOFT RANGE CHECK: 1% - 100% |

BOX_21
======
OMITTED.

CP33
====
OMITTED.

CP34
====
OMITTED.

CP34OV1
=======
OMITTED.

CP34OV2
=======
OMITTED.

BOX_22
======
OMITTED.

CP35
====
OMITTED.

CP36
====
OMITTED.

CP37
====

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

BOX_23
=====

| IF CP37 IS CODED '3' (PROVIDER'S OFFICE), '4'
| (EXPLANATION OF BENEFITS FROM MEDICARE), OR '5'
| (EXPLANATION OF BENEFITS FROM PRIVATE INSURANCE |
| CARRIER) |
| AND |
| EVENT TYPE IS NOT PM OR OM, |
| CONTINUE WITH CP38 |

| OTHERWISE, GO TO BOX_24                         |

CP38
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE
PROVIDER.} [EV] [EVN-DT]
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE
GROUP:  {NAME OF FLAT FEE EVENT GROUP..}}
INTERVIEWER:  DOES THE PAPERWORK SHOW THAT (PROVIDER) HAS
ANOTHER NAME?
  YES ......................................... 1
  NO ......................................... 2 {BOX_24}
PRESS F1 FOR DEFINITION OF PROVIDER NAME.

CP39
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE
PROVIDER.} [EV] [EVN-DT]
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP....}/FLAT FEE
GROUP: {NAME OF FLAT FEE EVENT GROUP..}}
INTERVIEWER: ENTER OTHER NAME FOR (PROVIDER).
[Enter Medical-Provider-65]

BOX_24 ======

| IF: |
| EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP, |
| OR |
| EVENT TYPE IS PM, HS, OM, OR HH, |
| OR |
| PERSON-PROVIDER PAIR ALREADY FLAGGED AS ‘COPAYMENT |
| SITUATION’, |
| GO TO BOX_26 |

| OTHERWISE, CONTINUE WITH BOX_25 |

BOX_25 ======

| IF [CP08 IS CODED ’2’ (NO), ’-7’ (REFUSED), OR |
| ’-8’ (DON’T KNOW)] OR [THE AMOUNT IN CP09 IS SET |
| TO THE COPAYMENT AMOUNT] OR [CP08 AND CP09 WERE |
| NOT ASKED AND CP06 IS CODED ’5’ (NO BILL SENT: |
| HMO PLAN), ’6’ (NO BILL SENT: VA), OR ’8’ (NO BILL |
| SENT: 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 CP11OV1, |
| FLAG THIS PERSON-PROVIDER PAIR AS A ‘COPAYMENT |
| SITUATION’, THEN CONTINUE WITH BOX_26 |

| OTHERWISE, DO NOT SET ANY FLAGS AND THEN CONTINUE |
| WITH BOX_26 |

BOX_26 ======

| FLAG CP STATUS OF EVENT-PROVIDER PAIR AS |
| ‘PROCESSED’. |

| END OF CHARGE PAYMENT (CP) SECTION. |

Return to Top
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. ( )
c. When there is something going around, (PERSON) usually catches it. (   )

d. I expect (PERSON) will have a very healthy life. (   )

e. I worry more about (PERSON)’s health than other people worry about their children’s health. (   )

-------------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>REFUSED (-7) ALLOWED ON ALL ENTRY FIELDS.</th>
</tr>
</thead>
</table>

-------------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

-------------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>PROGRAMMER NOTE: CS01_01 AND CS01_03 WERE PREVIOUSLY NUMBERED HE55_01 AND HE55_03, RESPECTIVELY.</th>
</tr>
</thead>
</table>

{PERSON’S FIRST MIDDLE AND LAST NAME}

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.

{PERSON’S FIRST MIDDLE AND LAST NAME}

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}

CS03OV1

Is this because of any medical, behavioral or other health condition?

YES ..................................... 1
NO ..................................... 2 {CS04}
REF ................................... -7 {CS04}
DK .................................... -8 {CS04}

CS03OV2

Is this a condition that has lasted or is expected to last for
MEPS FAMES Panel 11 Round 5 Child Preventive Health Supplement (CS) Section

CS04
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
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}

CS04OV1
======

Is this because of any medical, behavioral or other health condition?

YES .................................... 1
NO ..................................... 2 {CS05}
REF ................................... -7 {CS05}
DK .................................... -8 {CS05}

CS04OV2
======

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

Page 3 of 17
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}

Is this because of any medical, behavioral or other health condition?

YES .................................... 1
NO ........................................ 2 {CS07}
REF ...................................... -7 {CS07}
DK ....................................... -8 {CS07}

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
MEPS FAMES Panel 11 Round 5 Child Preventive Health Supplement (CS) Section

---
| OTHERWISE, GO TO CS09A |
---

CS08
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
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 |

Page 5 of 17
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.

---

CS09
====
OMITTED.

CS10
====
OMITTED.

CS11
====
OMITTED.

CS09A
=====  
{PERSON'S FIRST MIDDLE AND LAST NAME}  
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}

CS12
====
OMITTED.

CS10A
=====  
{PERSON'S FIRST MIDDLE AND LAST NAME}  
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]
CS11A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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
DK .................................... -8
[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]
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]

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

<table>
<thead>
<tr>
<th>RANGE CHECK: 0-10</th>
</tr>
</thead>
</table>

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]

About how tall is (PERSON) without shoes? PROBE FOR INCHES IF NOT REPORTED.

ENTER FEET:

[Enter Feet] ............................  
REF ................................... -7  {CS24}
DK .................................... -8  {CS24}

| SOFT RANGE CHECK: 0 TO 7 |

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. |

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\}

---

<table>
<thead>
<tr>
<th>SOFT RANGE CHECK: 1 TO 300</th>
</tr>
</thead>
</table>

---

| 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

---

<table>
<thead>
<tr>
<th>SOFT RANGE CHECK: 0-15</th>
</tr>
</thead>
</table>

---

| EDIT: IF POUNDS (CS25_01) = 0, THEN OUNCES MUST |
| BE 1-16.                                       |

---

BOX_03
======

---

| 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

BOX_04
=====

----------------------------------------------------
<p>| IF RU MEMBER BEING ASKED ABOUT IS &gt; OR = 2 YEARS |
| OF AGE OR IN AGE CATEGORIES 2 THROUGH 4, CONTINUE |</p>
<table>
<thead>
<tr>
<th>WITH CS27</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_05</th>
</tr>
</thead>
</table>

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.

YES .................................... 1
NO ...................................... 2
TRIED, BUT (PERSON) Was UNCOOPERATIVE .. 3
REF .................................... -7
DK ..................................... -8

CS27OV
=====

When was that?
WITHIN PAST YEAR ............................ 1
WITHIN PAST 2 YEARS .......................... 2
MORE THAN 2 YEARS ............................. 3
REF .................................... -7
DK ..................................... -8

[Code One]

CS28
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) having regular dental check-ups?

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

PRESS F1 FOR DEFINITION OF “ADVICE TO YOU.”
CS28OV
=======
When was that?
WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS .................... 2
MORE THAN 2 YEARS ...................... 3
REF ................................... -7
DK .................................... -8

[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
DK .................................... -8

[Code One]

CS30
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}
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.”

CS30OV
=======
When was that?
WITHIN PAST YEAR ....................... 1
WITHIN PAST 2 YEARS .................... 2
MORE THAN 2 YEARS ...................... 3
REF ................................... -7
DK .................................... -8

[Code One]

BOX_05
=======

| IF RU MEMBER BEING ASKED ABOUT: |
| - HAS A WEIGHT AT CS25 < OR = 40 POUNDS, |
| OR |

Page 13 of 17
- 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                            |
----------------------------------------------------

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 |
| 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 {CS35}
DK ..................................... -8 {CS35}

[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 {BOX_07}
DK ..................................... -8 {BOX_07}

[Code One]

BOX_07

----------------------------------------------------
| IF RU MEMBER BEING ASKED ABOUT IS > OR = 12 YEARS |
| OF AGE OR IN AGE CATEGORY 4, CONTINUE WITH CS36 |
----------------------------------------------------
| OTHERWISE, GO TO END_LP01                        |
----------------------------------------------------

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 |

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

Return to Top
Disability Days (DD) Section

BOX_01
======
----------------------------------------------------
| IF PERSON IS LESS THAN 1 YEAR OF AGE (OR AGE      |
| CATEGORY 1), GO TO BOX_03                         |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, CONTINUE WITH DD01                    |
----------------------------------------------------

DD01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
The next questions ask about time when (PERSON) may have missed a half day or more from work or school or spent a half day or more in bed {since (START DATE)/between (START DATE) and (END DATE)}. In answering these questions, please include any time when this occurred because of (PERSON)’s physical illness or injury, or a mental or emotional problem such as stress or depression.
PRESS ENTER TO CONTINUE.
----------------------------------------------------
| DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.      |
| DISPLAY ‘between (START DATE) and (END DATE)’ IF  |
| ROUND 5.                                          |
----------------------------------------------------
----------------------------------------------------
| IF PERSON IS = OR > 1 YEAR OLD AND < 3 YEARS OLD  |
| (OR AGE CATEGORY 2), GO TO DD08                  |
----------------------------------------------------
----------------------------------------------------
| IF PERSON IS = OR > 3 YEARS OLD AND < OR = 15     |
| YEARS OLD (OR AGE CATEGORY 3), GO TO DD05        |
----------------------------------------------------
----------------------------------------------------
| IF PERSON IS = OR > 16 YEARS OLD (OR AGE          |
| CATEGORIES 4-9), CONTINUE WITH DD02               |
----------------------------------------------------
----------------------------------------------------
| NOTE: THERE IS NO UPPER AGE LIMIT RESTRICTION FOR |
| PERSONS WHO ARE ASKED THE WORK-LOSS DISABILITY   |
| DAYS QUESTION.                                    |
----------------------------------------------------

DD02
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
{NUMBER OF DAYS IN HOSPITAL:  {NUMBER OF DAYS}}
Let's start with work. {Including the time (PERSON) (were/was) in the hospital, how/How} many days did (PERSON) miss a half day or more from work {since (START DATE)/between (START DATE) and (END DATE)}? Please do not include work around the house.
PROBE: Include any time when a half day or more was missed because of a physical illness or injury, or a mental or emotional problem.
IF NO DAYS MISSED FROM WORK, CODE ‘995’.
IF PERSON DOES NOT WORK, CODE ‘996’.

[Enter Number of Days] .................
NONE .................................. 995
DOES NOT WORK (OTHER THAN AROUND THE
HOUSE) .................................. 996
REF ................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE.

DISPLAY ‘NUMBER OF DAYS IN HOSPITAL: {  }’ IF
PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED
IN CURRENT ROUND (I.E., DISCHARGE DATE NOT
CODED ‘95’ (STILL IN HOSPITAL)).

FOR ‘NUMBER OF DAYS’, DISPLAY TOTAL NUMBER OF DAYS
PERSON WAS IN HOSPITAL FOR ALL HOSPITAL STAYS THAT
ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT
CODED ‘95’ (STILL IN HOSPITAL)).

DISPLAY ‘Including the time..., how’ IF PERSON HAS
AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT
ROUND (I.E., DISCHARGE DATE NOT CODED ‘95’ (STILL
IN HOSPITAL)).
OTHERWISE, DISPLAY ‘How’.
DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF
ROUND 5.

RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE
PERIOD FOR THIS PERSON.

IF ‘0’ ENTERED, DISPLAY THE FOLLOWING ERROR
MESSAGE: ‘IF NO WORK DAYS MISSED, CODE ‘995’.’

IF NUMBER ENTERED > NUMBER OF DAYS IN REFERENCE
PERIOD, DISPLAY THE FOLLOWING ERROR MESSAGE:
‘NUMBER OF DAYS MUST BE EQUAL TO OR LESS THAN
NUMBER IN REFERENCE PERIOD.’

IF CODED ‘995’ (NONE), ‘996’ (DOES NOT WORK), ‘-7’
(REFUSED), OR ‘-8’ (DON’T KNOW) AND PERSON IS 16
THROUGH 22 YEARS OF AGE INCLUSIVE (OR AGE
CATEGORY 4), GO TO DD05

IF CODED ‘995’ (NONE), ‘996’ (DOES NOT WORK), ‘-7’
(REFUSED), OR ‘-8’ (DON’T KNOW) AND PERSON IS 23
YEARS OF AGE OR OLDER (OR AGE CATEGORIES 5-9),
GO TO DD08

OTHERWISE, CONTINUE WITH 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 2006?
[Enter Number of Days] .................
REF ................................... -7
DK .................................... -8

EDIT: DAYS IN 2006 AT DD02A ≤ DAYS MISSED FROM WORK AT DD02.

FOR ‘NUMBER OF DAYS,’ DISPLAY THE NUMBER ENTERED AT DD02

DD03

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
What are the health problems that caused (PERSON) to miss work on those days?
PROBE: Any other health problems?
IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

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

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

ROSTER BEHAVIOR SPECIFICATIONS:

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

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

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

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

---

**DD04**

(Person’s First Middle and Last Name) (STR-DT)

(End-DT)

NUMBER OF DAYS MISSED WORK: {NUMBER OF DAYS}

Of those days, how many did (PERSON) stay in bed for half a day or more?

[Enter Number of Days] ............... REF ................................ -7

DK .................................... -8

PRESS F1 FOR DEFINITION OF STAY IN BED.

| IF 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. |
**MEPS FAMES Panel 11 Round 5 Disability Days (DD) Section**

**BOX_01B**

```
<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>

| IF NOT ROUND 3 AND PERSON IS 23 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 5-9), GO TO DD08 |
```

**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 2006?
   [Enter Number of Days] ..................  
   REF ....................................... -7
   DK ........................................ -8

<table>
<thead>
<tr>
<th>EDIT: DAYS IN 2006 AT DD04A ≤ DAYS IN BED AT DD04.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EDIT: DAYS IN 2006 AT DD04A ≤ DAYS IN 2006 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>

| IF PERSON IS 23 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 5-9), GO TO DD08 |
```

**DD05**

```
{PERSON’S FIRST MIDDLE AND LAST NAME}  (STR-DT)
{END-DT}
{NUMBER OF DAYS IN HOSPITAL: {NUMBER OF DAYS}}
Let's talk about school (and day care). (Including the time (PERSON) (were/was) in the hospital, how/How) many days did (PERSON) miss a half day or more of school (or day care) {since (START DATE)/between (START DATE) and (END DATE)}?
PROBE: Include any time when a half day or more of school (or day care) was missed because of a physical illness or injury, or a mental or emotional problem.
IF NO DAYS MISSED FROM SCHOOL, CODE ‘995’.
IF PERSON DOES NOT ATTEND SCHOOL, CODE ‘996’.
   [Enter Number of Days] ..................  
   NONE ...................................... 995 {DD08} 
```
DOES NOT ATTEND SCHOOL ................. 996 \{DD08\}
REF .................................... -7 \{DD08\}
DK ..................................... -8 \{DD08\}

PRESS F1 FOR DEFINITION OF HALF DAY OR MORE.

[Code One]

| DISPLAY 'NUMBER OF DAYS IN HOSPITAL: \{ \}' IF |
| PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED |
| IN CURRENT ROUND (i.e., discharge date not |
| coded '95' (still in hospital)). |

| FOR 'NUMBER OF DAYS', DISPLAY TOTAL NUMBER OF DAYS |
| PERSON WAS IN HOSPITAL FOR ALL HOSPITAL STAYS THAT |
| ENDED IN CURRENT ROUND (i.e., discharge date not |
| coded '95' (still in hospital)). |

| DISPLAY 'Including the time..., how' IF PERSON HAS |
| AT LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT |
| ROUND (i.e., discharge date not coded '95' (still |
| in hospital)). |
| OTHERWISE, DISPLAY 'How'. |
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5. |

| RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE |
| PERIOD FOR THIS PERSON. |

| IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR |
| MESSAGE: 'IF NO SCHOOL DAYS MISSED, CODE '995'. |

| IF NUMBER ENTERED > NUMBER OF DAYS IN REFERENCE |
| PERIOD, DISPLAY THE FOLLOWING ERROR MESSAGE: |
| 'NUMBER OF DAYS MUST BE EQUAL TO OR LESS THAN |
| NUMBER IN REFERENCE PERIOD.' |

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 2006? |
[Enter Number of Days] ................. |
REF .................................... -7 |
DK ..................................... -8 |
EDIT: DAYS IN 2006 AT DD05A \( \leq \) 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 NUMBERRecorded 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 2006?

[Enter Number of Days] .................
REF ....................................-7
DK .....................................-8
-----------------------------------------------------
| EDIT: DAYS IN 2006 AT DD07A ≤ DAYS IN BED AT |
| DD07.                                          |
-----------------------------------------------------
| EDIT: DAYS IN 2006 AT DD07A ≤ DAYS IN 2005 AT |
| DD05A.                                         |
-----------------------------------------------------
DD08

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{NUMBER OF DAYS IN HOSPITAL: {NUMBER OF DAYS}}
{Besides the days in bed you just told me about, how/How} many
{additional} days did (PERSON) spend a half day or more in bed
{since (START DATE)/between (START DATE) and (END DATE)} because
of a physical illness or injury, or mental or emotional problem?
{Please include the time (PERSON) (were/was) in the hospital.}
IF NO {ADDITIONAL} BED DAYS, CODE '995'.

[Enter Number of Days] ..................
NONE .......................... 995 {BOX_02}
REF ............................ -7 {BOX_02}
DK ............................. -8 {BOX_02}
PRESS F1 FOR DEFINITION OF HALF DAY OR MORE AND STAY IN BED.

DISPLAY 'NUMBER OF DAYS IN HOSPITAL: { }' IF
PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED
IN CURRENT ROUND (I.E., DISCHARGE DATE NOT
CODED '95' (STILL IN HOSPITAL)).

FOR 'NUMBER OF DAYS', DISPLAY TOTAL NUMBER OF DAYS
PERSON WAS IN HOSPITAL FOR ALL HOSPITAL STAYS THAT
ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT
CODED '95' (STILL IN HOSPITAL)).

DISPLAY 'Besides the days...how', 'additional',
AND 'ADDITIONAL' IF ANY BED DAYS RECORDED FOR THIS
PERSON IN EITHER DD04 OR DD07. IF NO BED DAYS
RECORDED AT DD04 AND DD07, DISPLAY, 'How'.

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

DISPLAY 'Please include...' IF PERSON HAS AT
LEAST ONE HOSPITAL STAY THAT ENDED IN CURRENT
ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL
IN HOSPITAL)).

RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE
PERIOD FOR THIS PERSON.

IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR
MESSAGE: 'IF NO ADDITIONAL BED DAYS, CODE '995'.

EDIT: TOTAL BED DAYS (SUM OF ENTRY AT DD04 PLUS
ENTRY AT DD07 PLUS ENTRY AT DD08) MUST BE LESS
THAN OR EQUAL TO NUMBER OF DAYS IN REFERENCE PERIOD FOR PERSON.

BOX_01E

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 2006?
[Enter Number of Days] .................
REF .................................. -7
DK .................................. -8

EDIT: DAYS IN 2006 AT DD08A ≤ ADDITIONAL DAYS IN BED AT DD08.

DISPLAY ‘ADDITIONAL’ IF ANY BED DAYS RECORDED FOR THIS PERSON IN EITHER DD04 OR DD07. OTHERWISE, USE A NULL DISPLAY.

FOR ‘NUMBER OF DAYS,’ DISPLAY THE NUMBER ENTERED AT DD08.

DD09

[PERSON'S FIRST MIDDLE AND LAST NAME] (STR-DT)
{END-DT}
What are the health problems that caused (PERSON) to spend half day or more in bed on those days?
PROBE: Any other health problems?
IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.
[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]

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

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

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

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

Flag all conditions selected or added as being associated with bed days in this round.

Box_02

Check age and work status:
If less than 16 years of age (or age categories 1-3), go to Box_03

If 16 years of age or older (or age categories 4-9) and DD02 is not coded ‘996’ (does not work other than around the house), continue with DD10

If 16 years of age or older (or age categories 4-9) and DD02 is coded ‘996’ (does not work other than around the house), go to Box_03

DD10

[Person’s first middle and last name] (STR-DT)
{END-DT}

{Besides the {number missed work days} days (PERSON) missed a half day or more from work because of (PERSON)’s own illness or injury, did/Did} (PERSON) miss more than a half day from work {between (START DATE) and (END DATE)} because of someone else’s illness, injury, or health care needs, for example, to take care of a sick child or a relative?

YES .................................... 1
NO/DO NOT WORK .......................... 2 {BOX_03}
REF ........................................ -7 {BOX_03}
DK .......................................... -8 {BOX_03}

[Code One]

Press F1 for definition of half day or more.
DISPLAY 'Besides the ..., did' IF ANY 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.

DD11
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}
How many days did (PERSON) miss a half day or more from work because of someone else's illness, injury, or health care needs?
[Enter Number of Days] .................
REF ................................ -7 {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.'

BOX_02A
=======

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 2006?
[Enter Number of Days] .................
REF ..................................... -7
DK ..................................... -8
<table>
<thead>
<tr>
<th>EDIT: DAYS IN 2006 AT DD11A ≤ DAYS MISSED WORK DUE TO SOMEONE ELSE’S HEALTH AT DD11.</th>
</tr>
</thead>
</table>

FOR 'NUMBER OF DAYS,' DISPLAY THE NUMBER ENTERED AT DD11.

BOX_03
======

<table>
<thead>
<tr>
<th>GO TO NEXT QUESTIONNAIRE SECTION</th>
</tr>
</thead>
</table>

Return to Top
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.

DN04
====
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}
SHOW CARD DN-1.
What did (PERSON) have done during this visit?
PROBE: What else was done? CODE ALL THAT APPLY.
FOR DEFINITIONS OF ANSWER CATEGORIES, PRESS F1.
  *DIAGNOSTIC OR PREVENTATIVE
    GENERAL EXAM, CHECKUP OR CONSULTATION .. 1
    CLEANING, PROPHYLAXIS, OR POLISHING .... 2
    X-RAYS, RADIOGRAPHS, OR BITEWINGS ...... 3
    FLUORIDE TREATMENT ....................... 4
    SEALANT (PLASTIC COATINGS ON BACK
    TEETH) .................................. 5
  *RESTORATIVE OR ENDODONTIC
    FILLINGS ................................ 6
    INLAYS .................................. 7
    CROWNS OR CAPS .......................... 8
    ROOT CANAL ............................. 9
  *PERIODONTIC (GUM TREATMENT)
    PERIODONTAL SCALING, ROOT PLANING, OR
    GUM SURGERY ............................. 10
    PERIODONTAL RECALL VISIT (PERIODIC OR
    REGULAR) ............................... 11
  *ORAL SURGERY
    EXTRACTION, TOOTH PULLED ............... 12
IMPLANTS ............................... 13
ABSCESS OR INFECTION TREATMENT ....... 14
OTHER ORAL SURGERY .................... 15
*PROSTHETICS
FIXED BRIDGES .......................... 16
DENTURES OR REMOVABLE PARTIAL DENTURES . 17
RELINING OR REPAIR OF BRIDGES OR
DENTURES ............................... 18
*ORTHODONTICS
ORTHODONTIA, BRACES, OR RETAINERS ...... 19
*ADDITIONAL PROCEDURES
BOND, WHiten, OR BLEACH ............... 20
TREATMENT FOR TMD OR TMJ ............. 21
OTHER .................................... 91
REF ...................................... -7
DK ....................................... -8
[Code All That Apply]

----------------------------------------
| IF CODE ‘91’ (OTHER) ENTERED ALONE OR IN |
| COMBINATION WITH ANY OTHER CODE, CONTINUE WITH |
| DN04OV |
----------------------------------------

| OTHERWISE, GO TO DN05 |
----------------------------------------

| HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE |
| SCREEN. THEREFORE, HEADINGS WILL ONLY APPEAR ON |
| F1 SCREEN AND SHOW CARD DN-1. HEADINGS SHOULD |
| BE ASSOCIATED WITH CODES AS FOLLOWS: |
| *DIAGNOSTIC OR PREVENTATIVE = CODES 1-5 |
| *RESTORATIVE OR ENDODONTIC = CODES 6-9 |
| *PERIODONTIC (GUM TREATMENT) = CODES 10-11 |
| *ORAL SURGERY = CODES 12-15 |
| *PROSTHETICS = CODES 16-18 |
| *ORTHODONTICS = CODE 19 |
| *ADDITIONAL PROCEDURES = CODES 20-21 AND 91 |
----------------------------------------

DN04OV
======

ENTER OTHER TYPE OF DENTAL CARE:
[Enter Other Specify]...................
REF ...................................... -7
DK ....................................... -8

DN05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}
During this visit, were any medicines prescribed for
(PERSON)? Please include only prescriptions which were filled.
YES ..................................... 1
NO ....................................... 2 {BOX_01}
REF ...................................... -7 {BOX_01}
DK ....................................... -8 {BOX_01}
PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}

Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescriptions from this visit filled?

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

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- | |
| PRESCRIBED-MEDICINES-ROSTER.                     | |

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

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

BOX_01

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

| IF THE CHARGE/PAYMENT SECTION HAS NOT BEEN ASKED |
| FOR THE EVENT-PROVIDER PAIR BEING ASKED ABOUT, GO|
| TO THE CHARGE/PAYMENT SECTION.                   | |

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

| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |

Return to Top
Event Driver (ED) Section

BOX_01
=====
----------------------------------------------------
| DISPLAY EVENTS BY PERSON THEN BY THE ORDER OF |
| ENTRY - THAT IS, IN THE ORDER BY PROVIDER PROBES, |
| AND THEN ANY ADDITIONS. |
----------------------------------------------------

LOOP_01
=======
----------------------------------------------------
| FOR EACH ELEMENT IN PERSON’S-MEDICAL-EVENTS- |
| ROSTER, ASK ED01 - END_LP01. |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_01 CORRECTS EVENT |
| INFORMATION, IF NECESSARY, AND CALLS THE |
| APPROPRIATE UTILIZATION SECTION FOR THE EVENT. |
| THIS LOOP CYCLES ON EVENTS THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - EVENT TYPE IS NOT PM OR IC |
| - EVENT IS NOT YET FLAGGED AS PROCESSED IN |
| UTILIZATION |
----------------------------------------------------

ED01
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}
{The next questions ask detail about each of the times |
(PERSON) received medical or dental care.} |
THERE {IS/ARE} {NUMBER} {EVENT/EVENTS} REMAINING TO BE |
PROCESSED FOR (PERSON). |
PRESS ENTER TO CONTINUE.
----------------------------------------------------
| DISPLAY ‘The....care.’ IF FIRST EVENT TO BE ASKED |
| ABOUT FOR THIS PERSON. |
| | |
| DISPLAY ‘IS’ IF ONLY ONE EVENT LEFT TO BE ASKED |
| ABOUT FOR THIS PERSON. DISPLAY ‘ARE’ IF MORE THAN |
| ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. |
| | |
| DISPLAY THE ACTUAL NUMBER OF EVENTS LEFT TO BE |
| ASKED ABOUT FOR THIS PERSON FOR ‘{NUMBER}’.
| | |
| DISPLAY ‘EVENT’ IF ONLY ONE EVENT LEFT TO BE ASKED |
| ABOUT FOR THIS PERSON. DISPLAY ‘EVENTS’ IF MORE |
| THAN ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS |
| PERSON. |
----------------------------------------------------
For each of the following:

EVENT NOT YET CODED AS 'INFORMATION OK' AT ED02

ask ED02 - END_LP02

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

Let's talk about {the hospital stay for (PERSON) at (PROVIDER) that began on (ADMIT DATE)/when (PERSON) visited the emergency room at (PROVIDER) on (VISIT DATE)/when (PERSON) received medical care from an outpatient department at (PROVIDER) on (VISIT DATE)/when (PERSON) received medical care from (PROVIDER) on (VISIT DATE)/when (PERSON) received dental care from (PROVIDER) on (VISIT DATE)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/the services (PERSON) received at home from (PROVIDER) during (MONTH)}.

CODE '1' UNLESS RESPONDENT VOLUNTEERS CORRECTION.

INFORMATION OK ......................... 1 {END_LP02}

CORRECTIONS NEEDED:

- PROVIDER MISSPELLED/INCOMPLETE ........ 2
- DATE(S) INCORRECT ......................... 3
- WRONG EVENT TYPE .......................... 4
- WRONG PROVIDER ............................ 5
- WRONG OME ITEM GROUP ...................... 6
- EVENT NOT FOR THIS PERSON ............ 7
- EVENT ENTERED IN ERROR .................. 8
- WANT TO REVIEW (PERSON)’S EVENTS OR
  ADD EVENT FOR ANY RU MEMBER ........ 9 {ED09}

[Code One]

DISPLAY 'the hospital....(ADMIT DATE)' IF EVENT TYPE IS HS. DISPLAY 'when...emergency...(VISIT DATE)' IF EVENT TYPE IS ER. DISPLAY 'when...outpatient...(VISIT DATE)' IF EVENT TYPE IS OP. DISPLAY 'when...medical...(VISIT DATE)' IF EVENT TYPE IS MV. DISPLAY 'when...dental...(VISIT DATE)' IF EVENT TYPE IS DN. DISPLAY 'the {OME ITEM GROUP NAME}...(START DATE)' IF EVENT TYPE IS OM. DISPLAY 'the...home...(MONTH)' IF EVENT TYPE IS HH.

IF CODED '2' (PROVIDER MISSPELLED/INCOMPLETE) AND EVENT TYPE IS OM, DISPLAY THE FOLLOWING MESSAGE:

'THIS CODE NOT AVAILABLE FOR OM EVENTS. PRESS ENTER TO CONTINUE.'

IF CODED '2' (PROVIDER MISSPELLED/INCOMPLETE) AND EVENT TYPE IS NOT OM, DISPLAY THE FOLLOWING MESSAGE: ‘THIS OPTION IS DISABLED. PLEASE RECORD INFORMATION IN COMMENTS.’ THEN, GO TO END_LP02.
If coded "3" (date(s) incorrect), "4" (wrong event type), or "5" (wrong provider) and event type is HH, display the following message: 'This code not available for HH events. If correction necessary, delete and re-add this HH event. Press enter to continue.'

If coded "3" (date(s) incorrect), "4" (wrong event type), or "5" (wrong provider) and event type is OM, display the following message: 'This code not available for OM events. If correction necessary, delete and re-add this OM event. Press enter to continue.'

If coded "3" (date(s)) incorrect and event type is not HH or OM, go to ED04

If coded "4" (wrong event type) and event type is not HH or OM, go to ED07

If coded "5" (wrong provider) and event is already linked to a flat fee bundle, display the following message: 'Change of provider disallowed. Record already linked to other events.'

If coded "5" (wrong provider), and event type is not HH or OM, and event is not already linked to a flat fee bundle, go to BOX_02

If coded "6" (wrong OME item group) and event type is not OM, display the following message: 'This code only available for OM events. Enter new code. Press enter to continue.'

If coded "6" (wrong OME item group) and event type is OM, and OM group type is 'regular' (EV02A=1 or not asked), go to ED06

If coded "6" (wrong OME item group) and event type is OM, and OM group type is 'additional' (EV02A=2), go to ED06A

If coded "7" (event not for this person) and single-person RU, display the following message: 'This code not available for single-person RU. Enter new code.'
| IF CODED ‘7’ (EVENT NOT FOR THIS PERSON) AND      |
| EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE,    |
| DISPLAY THE FOLLOWING MESSAGE: 'TRANSFER         |
| DISALLOWED. RECORD ALREADY LINKED TO OTHER       |
| EVENTS.’                                         |
----------------------------------------------------

| IF CODED ‘7’ (EVENT NOT FOR THIS PERSON), AND     |
| MULTI-PERSON RU, AND EVENT IS NOT ALREADY LINKED |
| TO A FLAT FEE BUNDLE, GO TO ED05                  |
----------------------------------------------------

| IF CODED '8' (EVENT ENTERED IN ERROR), AND EVENT  |
| IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE,      |
| FLAG EVENT FOR DELETION AND GO TO END_LP02       |
----------------------------------------------------

| IF CODED '8' (EVENT ENTERED IN ERROR) AND EVENT IS|
| ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY THE  |
| FOLLOWING MESSAGE: ‘DELETION DISALLOWED. RECORD   |
| ALREADY LINKED TO OTHER EVENTS.’                  |
----------------------------------------------------

ED03
=====
OMITTED.

ED04
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE|
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} {EVN-DT} |
INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT. |
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. |
TO LEAVE, PRESS ESC. |
[1. First Name,[Middle Name],Last|
Name-35] ...............................
[2. First Name,[Middle Name],Last|
Name-35] ...............................
[3. First Name,[Middle Name],Last|
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

---

ASK THE PROVIDER ROSTER (PV) SECTION FOR THIS EVENT. AT COMPLETION OF PROVIDER ROSTER (PV) SECTION, CONTINUE WITH BOX_03

---

WRITE PROVIDER CORRECTION TO PERSON’S-EVENT- PROVIDER-PAIRS-ROSTER.

GO TO END_LP02

---

INTERVIEWER: SELECT CORRECT OME ITEM GROUP.
GLASSES OR CONTACT LENSES ......... 1
INSULIN .......................... 2
OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3

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.

---
ED06A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}
INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

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

ED06AOV
=======

ENTER OTHER GROUPING OF OTHER MEDICAL EXPENSES:

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

BOX_ED06A
=======

----------------------------------------
| CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH |
| THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP |
| SELECTED IN ED06A OR ENTERED IN ED06AOV. |
----------------------------------------

----------------------------------------
| GO TO END_LP02 |
----------------------------------------

ED07
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}  {EVN-DT}
INTERVIEWER: SELECT CORRECT EVENT TYPE.

HOSPITAL STAY ............................. HS
HOSPITAL EMERGENCY ROOM ............... ER {END_LP02}
HOSPITAL OUTPATIENT DEPARTMENT ....... OP {END_LP02}
MEDICAL PROVIDER VISIT .................. MV {END_LP02}
DENTAL CARE .............................. DN {END_LP02}

[Code One]

PRESS F1 FOR DEFINITIONS OF EVENT TYPES.

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

----------------------------------------
| IF CHANGE TO HS, ER, OR OP AND PROVIDER IS A |
| PERSON-TYPE-PROVIDER, DISPLAY THE FOLLOWING |
----------------------------------------
MESSAGE: ‘YOU MUST CHANGE TO A FACILITY PROVIDER BEFORE CHANGING THE EVENT TYPE.’

----------------------------------------------------
ED08
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER....} {EV} {EVN-DT}
INTERVIEWER: RE-TYPE ENTIRE EVENT DATE(S) TO CORRECT.
[Enter Month,Day,Year-4] - [Enter Month,Day,Year-4]

----------------------------------------------------
WRITE CORRECTION TO PERSON’S-MEDICAL-EVENTS-ROSTER.
----------------------------------------------------

----------------------------------------------------
GO TO END_LP02
----------------------------------------------------

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

----------------------------------------------------
ED09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER....} {EV} {EVN-DT}
{OME ITEM GROUP: {NAME OF OME ITEM GROUP....}}
INTERVIEWER: SO FAR, THE FOLLOWING EVENTS HAVE BEEN RECORDED FOR (PERSON):
TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<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>

----------------------------------------------------
MEPS FAMES Panel 11 Round 5 Event Driver (ED) Section

<table>
<thead>
<tr>
<th>CAPI DISPLAYS A CHECK MARK IN THE 'UTIL' COLUMN IF</th>
<th>THE EVENT BEING ASKED ABOUT HAS COMPLETED THE</th>
<th>APPROPRIATE UTILIZATION SECTION.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CAPI DISPLAYS A CHECK MARK IN THE 'C/P' COLUMN IF</th>
<th>THE EVENT BEING ASKED ABOUT HAS COMPLETED THE</th>
<th>CHARGE/PAYMENT (CP) SECTION.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTINUE WITH ED09OV1</th>
</tr>
</thead>
</table>

ED09OV1
=======

ADD AN EVENT?
YES ............................... 1
NO ................................. 2 \{END_LP02\}

| ED09OV1 IS DISPLAYED BENEATH THE GRID ON ED09 |
| WHENEVER ED09 IS DISPLAYED. |

| ED09OV1 IS DISPLAYED BENEATH THE GRID ON ED09 |
| WHENEVER ED09 IS DISPLAYED. |

BOX_04
======

| ASK THE EVENT ROSTER (EV) SECTION FOR THIS EVENT. |
| AT COMPLETION OF EVENT ROSTER (EV) SECTION, |
| CONTINUE WITH END_LP02 |

| NOTE: CAPI CONTINUES THE LOOP FOR THE EVENT |
| THAT WAS IN PROCESS WHEN ANOTHER EVENT WAS ADDED. |
| ADDED EVENTS ARE PROCESSED IN THE ED SECTION |
| AFTER EVENTS THAT WERE RECORDED IN THE PROVIDER |
| PROBES (PP) SECTION. |

END_LP02
========

<p>| IF ED02 IS CODED '1' (INFORMATION OK), CONTINUE |</p>
<table>
<thead>
<tr>
<th>WITH END_LP01</th>
</tr>
</thead>
</table>

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

END_LP01
========

| ASK APPROPRIATE UTILIZATION SECTION FOR THIS EVENT. |
| WHEN UTILIZATION IS COMPLETED FOR THIS EVENT, |
| CYCLE ON NEXT EVENT IN PERSON’S-MEDICAL-EVENTS- |
| ROSTER THAT MEETS THE CONDITIONS STATED IN THE |
| LOOP DEFINITION. |
| IF NO MORE EVENTS MEET THE STATED CONDITIONS, END |
| LOOP_01 AND CONTINUE WITH BOX_05                  |

BOX_05

| GO TO THE NEXT QUESTIONNAIRE SECTION |

Return to Top
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 12/31/2007, did} (PERSON) {currently} have a job for pay or own a business {that we have not yet talked about}?
PROBE: Do not count work around the house. Include work in a family farm or business, even if unpaid.
YES ................................... 1 {EM04}
NO .................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

EM02

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
(END-DT)
At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have {a/any other} job for pay or own a business {that we have not yet talked about}?
PROBE: Do not count work around the house. Include work in a family farm or business, even if unpaid.
YES ................................... 1 {EM26}
NO .................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.
EM03
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{(Do/Does)/Did} (PERSON) have a job or business (PERSON)
{can/could} return to {that we have not yet talked about}?

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

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

----------------------------------------------------
| IF CODED ‘1’ (YES), GO TO EM05                    |
----------------------------------------------------
| IF CODED ‘2’ (NO), ‘-7’ (REF), or ‘-8’ (DK)       |
| AND PERSON WAS ASKED EMPLOYMENT SECTION 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                    |

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

EM04
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{(Do/Does)/On 12/31/2007, did} (PERSON) {currently} work at
more than one job or business?

YES .....................................  1 {EM11}
NO .......................................  2
REF ....................................... -7
DK ....................................... -8

PRESS F1 FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

EM05
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{(Are/Is)/(Were/Was)) (PERSON) self-employed, or {do/does)/did}
(PERSON) work for someone else at that job?

SELF-EMPLOYED .............................  1
FOR SOMEONE ELSE ..........................  2
REF ........................................ -7
DK ......................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

----------------------------------------------------
| IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS         |
| ‘SELF-EMPLOYED’                                   |
----------------------------------------------------
| IF CODED ‘2’ (FOR SOMEONE ELSE), ‘-7’ (REFUSED), |
| OR ‘-8’ (DON’T KNOW), FLAG JOB AS ‘NOT SELF-      |
| EMPLOYED’                                         |
----------------------------------------------------
If there are no establishments flagged as 'Employer' on RU-Establishments-Roster, go to EM06A.

If there is one or more establishment flagged as 'Employer' on RU-Establishments-Roster, continue with EM06.

EM06

{Person's First Middle and Last Name} {STR-DT}

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.

ROSTER. EMPLOYER

<table>
<thead>
<tr>
<th>Roster. Employer</th>
<th>EM06_02. Street</th>
<th>EM06_03. City</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

Roster Definition: This item displays all employers in the RU-Establishments-Roster.

Note the following establishment roster behavior specifications apply to every establishment roster throughout EM-A.

Roster Behavior Specifications:

1. Interviewer may select any establishment already listed or select none of the above.
2. Only one selection may be made.
3. Interviewer can not add at this screen. Establishments are 'added' by using none of the above.
4. Interviewer cannot delete at this screen (i.e., CTRL/D).

Display 'None of the above' as the last entry on this roster.

If informed consent paragraph has not been read this round, go to EM06A. Screens containing
EM06A

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_01A

IF ESTABLISHMENT SELECTED HAS ONLY A PARTIAL ADDRESS, GO TO EM09

IF "NONE OF THE ABOVE" IS SELECTED, OR NO ESTABLISHMENT FLAGGED AS EMPLOYER ON RU-EST ROSTER, GO TO EM08

OTHERWISE, CONTINUE WITH EM07

EM07

(PERSON’S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (STR-DT)
(END-DT)

Is the address of (EMPLOYER)... [ESTABLISHMENT STREET ADDRESS LINE1.]
[ESTABLISHMENT STREET ADDRESS LINE2.]
[ESTABLISHMENT CITY....... , ST, ZIP..]
[EST. TEL #]

ADDRESS AND TELEPHONE CORRECT ............ 1 (BOX_02)
ADD NEW ADDRESS FOR EMPLOYER ............ 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION .......................... 3 (EM09)
SELECTED WRONG EMPLOYER/ADDRESS ....... 4
REF ........................................... 7 (BOX_02)
DK ........................................... 8 (BOX_02)

[Code One]

IF CODED ‘4’ (SELECTED WRONG EMPLOYER/ADDRESS), CAPI REDISPLAYS EM06 SO THAT INTERVIEWER CAN SELECT ANOTHER EMPLOYER.
What is the name of the employer who pays (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

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]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE RU-|
| ESTABLISHMENTS-ROSTER. |
When did (PERSON) start working at that job?

[Enter Year-4] ........................

REF ................................... -7 {EM38}

DK .................................... -8 {EM38}

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM100V1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM100V2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_03</th>
</tr>
</thead>
</table>

[Enter Month-2, Day-2] ................    {BOX_03}

REF ................................... -7 {BOX_03}

DK .................................... -8 {BOX_03}
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 < 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

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
Please think about (PERSON)’s main job or business. {(Are/Is)/(Were/Was)} (PERSON) self-employed, or {(do/does)/did} (PERSON) work for someone else at that job?

SELF-EMPLOYED ......................... 1
FOR SOMEONE ELSE  ....................... 2
REF  ................................. -7
DK  ................................. -8

[Code One]
PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'.

IF CODED '2' (FOR SOMEONE ELSE) '7' (REFUSED), OR '-8' (DON’T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'.

IF THERE ARE NO ESTABLISHMENTS FLAGGED AS 'EMPLOYER' ON THE RU-ESTABLISHMENTS-ROSTER, GO TO EM12A

OTHERWISE, CONTINUE WITH EM12
What is the name of (PERSON)’s main job/business? SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN. IF EMPLOYER IS NOT ON THE LIST, SELECT ‘NONE OF THE ABOVE’ TO ENTER A NEW EMPLOYER. TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM12_02. STREET</th>
<th>EM12_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

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 ‘EMPLOYER’ ON RU-EST ROSTER, GO TO EM14 |
| OTHERWISE, CONTINUE WITH EM13 |

Page 8 of 91
EM13
====

(PERSON’S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (STR-DT)
(END-DT)
Is the address of (EMPLOYER) ...
[ESTABLISHMENT STREET ADDRESS LINE1.]
[ESTABLISHMENT STREET ADDRESS LINE2.]
[ESTABLISHMENT CITY......., ST, ZIP..]

{EST. TEL #}
ADDRESS AND TELEPHONE CORRECT .......... 1 {BOX_05}
ADD NEW ADDRESS FOR EMPLOYER .......... 2
ABOVE ADDRESS/TELEPHONE NEEDS
CORRECTION ................................ 3 {EM15}
SELECTED WRONG EMPLOYER/ADDRESS .... 4
REF ..................................... -7 {BOX_05}
DK ..................................... -8 {BOX_05}

[Code One]

| IF CODED ‘4’ (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM12 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER. |

EM14
====

(PERSON’S FIRST MIDDLE AND LAST NAME)  (STR-DT)
(END-DT)
(What is the name of (PERSON)’s main {job/business}?)
What is the {new} address {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.

| IF EM13 WAS CODED ‘2’ (ADD NEW ADDRESS FOR |
| EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE |
| ESTABLISHMENT FIELD. ALSO, EMPLOYER IS DISPLAYED |
| IN THE CONTEXT HEADER. |

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
| ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’. |

| GO TO BOX_05 |

Page 9 of 91
EM15
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (STR-DT)
(END-DT)
CORRECT ADDRESS OR TELEPHONE FOR:  (EMPLOYER)
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.
Current Info:  [1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]
1ST_STR_ADDRESS (EM15_01):  [_____________
2ND_STR_ADDRESS (EM15_02):  [_____________
CITY (EM15_03):  [_____________
STATE (EM15_04):  [_____________
ZIP CODE (EM15_05):  [_____________
TELEPHONE (EM15_06):  [_____________
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
----------------------------------------------------
|  WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE  |
|  RU-ESTABLISHMENTS-ROSTER.                        |
----------------------------------------------------

BOX_05
======
----------------------------------------------------
|  FLAG JOB SUBTYPE AS 'CURRENT MAIN'.              |
----------------------------------------------------
----------------------------------------------------
|  FLAG JOB AS 'NOT RETIRED FROM'.                  |
----------------------------------------------------

EM16
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (STR-DT)
(END-DT)
When did (PERSON) start working at that job?
[Enter Year-4] ........................
REF ................................... -7
DK .................................... -8
----------------------------------------------------
|  IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM16OV1  |
----------------------------------------------------
----------------------------------------------------
|  IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM16OV2  |
----------------------------------------------------
----------------------------------------------------
|  OTHERWISE, GO TO EM17                            |
----------------------------------------------------

EM16OV1
=======

[Enter Month-2, Day-2].................  (EM17)
REF ................................... -7 (EM17)
DK .................................... -8 (EM17)
EM16OV2

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

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED ‘04’, ‘06’, ‘09’, ‘11’;
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED ‘02’ AND YEAR IS 1996, 2000, 2004, 2008, OR 2012 (LEAP YEAR);

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

EM17

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

You mentioned that (PERSON) {have/has/had} another job {now/on 12/31/2007}. 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)

(Are/Is)/(Were/Was) (PERSON) self-employed, or (do/does)did (PERSON) work for someone else at this job?

| SELF-EMPLOYED | 1 |
| FOR SOMEONE ELSE | 2 |
| REF | -7 |
| DK | -8 |

[Code One]

Press F1 for definition of self-employed.

| IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS ‘SELF-EMPLOYED’. |
| IF CODED ‘2’ (FOR SOMEONE ELSE), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG JOB AS ‘NOT SELF-EMPLOYED’. |

**EM19**

(Person’s first middle and last name) (STR-DT)

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>
<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. |


Page 12 of 91
EM19A
=====
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 |
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)
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.

----------------------------------------------------
<p>| Write address corrections to the                     |</p>
<table>
<thead>
<tr>
<th>RU-ESTABLISHMENTS-ROSTER.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to box_06</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

EM22
====

[Person's first middle and last name] (STR-DT)

What is the new address of this employer or (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.

----------------------------------------------------
<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Write establishment to the RU-ESTABLISHMENTS-ROSTER, and flag establishment as 'employer'.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Go to box_06</th>
</tr>
</thead>
</table>

EM23
====

[Person's first middle and last name] (STR-DT)

What is the new address of this employer or (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.

<p>| IF EM20 WAS CODED '2' (ADD NEW ADDRESS FOR |
| EMPLOYER) OR IF EM21 WAS CODED '2' (ADD NEW |
| PARTIAL ADDRESS FOR EMPLOYER), THE EMPLOYER IS |
| DISPLAYED IN THE ESTABLISHMENT FIELD. ALSO |</p>
<table>
<thead>
<tr>
<th>EMPLOYER IS DISPLAYED IN THE CONTEXT HEADER.</th>
</tr>
</thead>
</table>

<p>| WRITE ESTABLISHMENT TO THE |
| RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT |</p>
<table>
<thead>
<tr>
<th>AS 'EMPLOYER'.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GO TO BOX_06</th>
</tr>
</thead>
</table>

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.

<p>| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE |</p>
<table>
<thead>
<tr>
<th>RU-ESTABLISHMENTS-ROSTER.</th>
</tr>
</thead>
</table>

BOX_06
=====

<p>| FLAG JOB SUBTYPE AS ‘CURRENT MISCELLANEOUS JOB |</p>
<table>
<thead>
<tr>
<th>WITHIN REFERENCE PERIOD’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FLAG JOB AS ‘NOT RETIRED FROM’.</th>
</tr>
</thead>
</table>
EM25
====

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

When did (PERSON) start working at that job?

[Enter Year-4]..........................

REF ................................. -7

DK .................................... -8

----------------------------------------------------
|  IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM25OV1  |

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

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

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

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

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

EM25OV1
=======

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

REF ................................... -7

DK .................................... -8

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
    OR 2012 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED
    '02' AND YEAR IS NOT 1996, 2000, 2004,

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.
| IF JOB START DATE OF CURRENT MAIN JOB (EM16) < OR |
| (I.E., ON OR BEFORE) REFERENCE PERIOD START     |
| DATE, GO TO EM51                                  |

| IF JOB START DATE OF CURRENT MAIN JOB (EM16) > |
| (I.E., AFTER) REFERENCE PERIOD START DATE, OR IF |
| EM16 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), |
| GO TO EM38                                        |

EM26
====

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

Please think about the employer or business where (PERSON) worked {most recently/just before 12/31/2007}.

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

At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

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

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

| IF CODED ‘1’ (YES), FLAG JOB AS ‘PROVIDES |
| HEALTH INSURANCE’.

EM27
====

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

(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

SELF-EMPLOYED ......................... 1
FOR SOMEONE ELSE ................. 2
REF .................................. -7
DK .................................. -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

| IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS |
| ‘SELF-EMPLOYED’.

| IF CODED ‘2’ (FOR SOMEONE ELSE), ‘-7’ (REFUSED), |
| OR ‘-8’ (DON’T KNOW), FLAG JOB AS ‘NOT |
| SELF-EMPLOYED’.
What is the name of {the employer who paid (PERSON) at the job worked most recently/just before 12/31/2007}/(PERSON)’s business? IF MORE THAN ONE EMPLOYER MENTIONED, PROBE: What was (PERSON)’s main job at the time?

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

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

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

TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
<th>EM28_02. STREET</th>
<th>EM28_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EMPLOYERS IN THE RU-ESTABLISHMENTS-ROSTER. |
| DISPLAY ‘NONE OF THE ABOVE’ AS THE LAST ENTRY ON THIS ROSTER. |

| OTHERWISE, GO TO BOX_07A |

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]
AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),
GO TO EM30

----------------------------------------------------
----------------------------------------------------
IF:
EM26 IS CODED ‘1’ (YES)
AND
‘NONE OF THE ABOVE’ IS SELECTED,
GO TO EM31

----------------------------------------------------
----------------------------------------------------
IF:
EM26 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)
AND
‘NONE OF THE ABOVE’ IS SELECTED,
GO TO EM32

----------------------------------------------------
----------------------------------------------------
IF:
EM26 IS CODED ‘1’ (YES)
AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED),
GO TO EM33

----------------------------------------------------
----------------------------------------------------
OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM29

EM29
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....) {STR-DT}
{END-DT}
Is the address of {EMPLOYER} ...
{ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY........, ST, ZIP..}
{EST. TEL #}
ADDRESS AND TELEPHONE CORRECT ............ 1 {BOX_08}
ADD NEW ADDRESS FOR EMPLOYER ............. 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ........................................... 3 {EM33}
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ........................................ -7 {BOX_08}
DK ..................................... -8 {BOX_08}
[Code One]
<table>
<thead>
<tr>
<th>IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND EM26 IS CODED '1' (YES), GO TO EM31</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND EM26 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO EM32</td>
</tr>
<tr>
<td>IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), CAPI REDISPLAYS EM28 SO THAT THE INTERVIEWER CAN SELECT ANOTHER EMPLOYER.</td>
</tr>
</tbody>
</table>

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 |

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

Page 21 of 91
EM31
====

{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 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 |
-----------------------------------------------------------------------------
EM33
====

(Person’s first middle and last name) (Employer being asked about....) (Str-Dt)
(End-Dt)

(Correct address or telephone for: (Employer)/previously recorded partial address information. Now need to record complete address information for (Employer).)

To verify current information or to leave a field blank, press enter. To correct or enter information, type entire field.

Current Info:  [1st str address]
[2nd str address]
[CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]

1ST STR ADDRESS (EM33_01):  [_____________]
2ND STR ADDRESS (EM33_02):  [_____________]
CITY (EM33_03):  [_____________]
STATE (EM33_04):  [_____________]
ZIP CODE (EM33_05):  [_____________]
TELEPHONE (EM33_06):  [_____________]

Press F1 for list of state abbreviations.

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

BOX_08
======

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

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 2012 (LEAP YEAR);

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

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

EM35

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

When did (PERSON) stop working at that job?
[Enter Year-4] .........................
REF ..................................... -7 (EM36)
DK ..................................... -8 (EM36)

IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM35OV1

IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM35OV2

OTHERWISE, GO TO BOX_09

EM35OV1

[Enter Month, Day-2] ..................... {BOX_09}
REF ..................................... -7 {BOX_09}
DK ..................................... -8 {BOX_09}
EM35OV2

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

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

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004, 2008, OR 2012 (LEAP YEAR);

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

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

BOX_09

IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM37

IF JOB END DATE = OR > (I.E., ON OR AFTER) THE REFERENCE PERIOD START DATE, GO TO BOX_10

IF MONTH FIELD OF JOB END DATE IS MISSING (THAT IS, EM35OV1 OR EM35OV2 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW)) AND IF THE YEAR OF JOB END DATE (EM35) IS REFERENCE YEAR, CONTINUE WITH EM36
EM36
=====
(PERSON’S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (STR-DT)
(END-DT)
Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?
BEFORE (START DATE) .................... 1
ON OR AFTER (START DATE) ............... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}
[Code One]

EM37
=====
(PERSON’S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (STR-DT)
(END-DT)
INTERVIEWER: RESPONDENT REPORTED IN EM02 THAT (PERSON) HAD A JOB/BUSINESS SINCE (START DATE), BUT IS NOW REPORTING THAT THE JOB ENDED BEFORE (START DATE).
IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.
IF DATE STOPPED WORKING IS BEFORE THE BEGINNING OF THE REFERENCE PERIOD, JUMPBACK (CTRL/J) TO SCREEN EM02 AND CODE AS ‘2’ (NO).
IF DATE STOPPED WORKING IS AFTER THE REFERENCE PERIOD START DATE, JUMPBACK (CTRL/J) TO SCREEN EM35 AND RE-ENTER THE CORRECT JOB END DATE.

BOX_10
======
----------------------------------------------------
| IF JOB START DATE OF FORMER MAIN JOB = (I.E., ON) |
| REFERENCE PERIOD START DATE, GO TO EM51          |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE (I.E., JOB START DATE AFTER (>))       |
| REFERENCE PERIOD START DATE OR IT IS NOT KNOWN IF|
| JOB START DATE IS ON OR AFTER REFERENCE PERIOD), |
| CONTINUE WITH EM38                                |
----------------------------------------------------

EM38
=====
(PERSON’S FIRST MIDDLE AND LAST NAME)  (STR-DT)
(END-DT)
{Other than {EMPLOYER FROM EM19/EM22/EM23..}, did/Did} (PERSON) have a job between (START DATE) and the time the job with {EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31/EM32} started [other than what we have already discussed]?
DO NOT INCLUDE CURRENT JOBS.
YES ................................. 1
NO ................................. 2 {EM51}
REF ................................... -7 {EM51}
DK .................................... -8 {EM51}
EM39
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
Please think about the employer or business where (PERSON) worked before {EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31/EM32}.
IF PERSON HAD MORE THAN ONE EMPLOYER, PROBE: Please think about (PERSON)’s main job at the time.
At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through that job?
PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.
YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

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

EM40
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?
SELF-EMPLOYED .......................... 1
FOR SOMEONE ELSE ........................ 2
REF ................................... -7
DK .................................... -8
[Code One]
PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

----------------------------------------------------
|  IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS ‘SELF- |
|  EMPLOYED’.                                     |
----------------------------------------------------

|  OR ‘2’ (FOR SOMEONE ELSE), ‘-7’ (REFUSED), ‘-8’ |
|  (DON’T KNOW), FLAG JOB AS ‘NOT SELF-EMPLOYED’   |

EM41
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
What is the name of {the employer who paid (PERSON) before {EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31/EM32}’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.
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_10A

<table>
<thead>
<tr>
<th>IF:</th>
<th>EM39 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)</th>
<th>AND</th>
<th>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),</th>
<th>GO TO EM43</th>
</tr>
</thead>
</table>

| IF: | EM39 IS CODED ‘1’ (YES) | AND |
'NONE OF THE ABOVE' IS SELECTED,                  | GO TO EM44                      |
----------------------------------------------------
IF:                                                   |
EM39 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'      |
(DON'T KNOW)                                          |
AND                                                   |
'NONE OF THE ABOVE' IS SELECTED,                      |
GO TO EM45                                            |
----------------------------------------------------
IF:                                                   |
EM39 IS CODED '1' (YES)                              |
AND                                                   |
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS       |
INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY       |
THE INFORMATION FOR JOBS NOT PROVIDING HEALTH        |
INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS      |
COLLECTED), GO TO EM46                                |
----------------------------------------------------
OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED     |
ADDRESS INFORMATION ALREADY RECORDED), CONTINUE       |
WITH EM42                                              |
----------------------------------------------------

EM42
====
{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {STR-DT}
{END-DT}
Is the address of (EMPLOYER) ... {ESTABLISHMENT STREET ADDRESS LINE1.}
{ESTABLISHMENT STREET ADDRESS LINE2.}
{ESTABLISHMENT CITY..........., ST, ZIP..}
{EST. TEL #}
ADDRESS AND TELEPHONE CORRECT ............ 1 {BOX_11}
ADD NEW ADDRESS FOR EMPLOYER ............ 2
ABOVE ADDRESS/TELEPHONE NEEDS           |
CORRECTION .................................. 3 {EM46}
SELECTED WRONG EMPLOYER/ADDRESS .......... 4
REF ......................................... -7 {BOX_11}
DK .......................................... -8 {BOX_11}
[Code One]
----------------------------------------------------
IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND    |
EM39 IS CODED '1' (YES), GO TO EM44               |
----------------------------------------------------
IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND    |
EM39 IS CODED '2' (NO), '-7' (REFUSED), OR '-8'   |
(DON'T KNOW), GO TO EM45                         |
----------------------------------------------------
IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS),   |
CAPI REDISPLAYS EM41 SO THAT THE INTERVIEWER CAN   |
SELECT ANOTHER EMPLOYER.                         |
----------------------------------------------------
EM43
====

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

Is the address of (EMPLOYER) ...

{ESTABLISHMENT STREET ADDRESS LINE1.}

{ESTABLISHMENT CITY........, ST}

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

[Code One]

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

EM43A
=====

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

CORRECT ADDRESS FOR:  (EMPLOYER)

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

Current Info:  [ESTABLISHMENT]
[1ST_STR_ADDRESS]
[CITY]
[STATE]

1ST_STR_ADDRESS (EM43A_01):  [_____________]
CITY (EM43A_02):  [_____________]
STATE (EM43A_03):  [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

----------------------------------------------------
|  GO TO BOX_11                                      |
----------------------------------------------------

EM44
=====

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

What is the {new} address {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):  [_____________]

Page 30 of 91
CITY (EM44_04): [_____________
STATE (EM44_05): [_____________
ZIP CODE (EM44_06): [_____________
TELEPHONE (EM44_07): [_____________
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

<p>| IF EM42 IS CODED ‘2’ (ADD NEW ADDRESS FOR |
| EMPLOYER), EMPLOYER IS DISPLAYED IN ESTABLISHMENT |
| FIELD. ALSO EMPLOYER IS DISPLAYED IN THE CONTEXT |</p>
<table>
<thead>
<tr>
<th>HEADER.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-</td>
</tr>
<tr>
<td>ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>GO TO BOX_11</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

EM45
====

{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 (EM45_01): [__________]
1ST_STR_ADDRESS (EM45_02): [_____________
CITY (EM45_03): [_____________
STATE (EM45_04): [_____________
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

<p>| 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 |</p>
<table>
<thead>
<tr>
<th>IN THE CONTEXT HEADER.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRITE ESTABLISHMENT TO THE</td>
</tr>
<tr>
<td>RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT</td>
</tr>
<tr>
<td>AS 'EMPLOYER'.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>GO TO BOX_11</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

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.
MEPS FAMES Panel 11 Round 5 Employment (EM) Section Subsection A

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 P1 FOR LIST OF STATE ABBREVIATIONS.

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

---

<table>
<thead>
<tr>
<th>BOX_11</th>
</tr>
</thead>
</table>

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

---

| 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] ....................... [EM46]
REF .................................. -7 [EM48]
DK ................................... -8 [EM48]

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM47OV1</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM47OV2</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO EM48</td>
</tr>
</tbody>
</table>

---

| EM47OV1 |

[Enter Month-2, Day-2] ................... 7 (EM48)
REF .................................. -7 8 (EM48)

---

| EM47OV2 |

[Enter Month-2] ....................... [EM48]
REF .................................. -7 [EM48]
DK ................................... -8 [EM48]

| 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 2012 (LEAP YEAR);
MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.
----------------------------------------------------
EDIT: JOB START DATE MUST BE = OR > THAN THE PERSON'S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THAN JOB START DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.
----------------------------------------------------
EM48
====
{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {STR-DT}
{END-DT}
When did (PERSON) stop working at that job?
[Enter Year-4] .................
REF ................................... -7 {EM49}
DK .................................... -8 {EM49}
----------------------------------------------------
IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM48OV1
----------------------------------------------------
----------------------------------------------------
IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM48OV2
----------------------------------------------------
----------------------------------------------------
OTHERWISE, GO TO BOX_12
----------------------------------------------------
EM48OV1
=======
[Enter Month-2, Day-2] ............ {BOX_12}
REF ................................... -7 {BOX_12}
DK .................................... -8 {BOX_12}

EM48OV2
=======
[Enter Month-2] .................
REF ................................... -7
DK .................................... -8
----------------------------------------------------
EDIT: COMPLETE DATE AT EM48 MUST BE = OR > COMPLETE DATE AT EM47.
EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED ‘04’, ‘06’, ‘09’, ‘11’;
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED ‘02’ AND YEAR IS 1996, 2000, 2004, 2008, OR 2012 (LEAP YEAR);

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

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

---

BOX_12

---

IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM50

---

IF JOB END DATE IS = OR > (I.E., ON OR AFTER) REFERENCE PERIOD START DATE, GO TO EM51

---

IF MONTH OF JOB END DATE IS MISSING (THAT IS, EM48O1 OR EM48O2 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW)) AND IF THE YEAR OF JOB END DATE (EM48) IS REFERENCE YEAR, CONTINUE WITH EM49

---

EM49

---

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

Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?

BEFORE (START DATE) .................... 1
ON OR AFTER (START DATE) ............... 2 {EM51}
REF ................................... -7 {EM51}
DK .................................... -8 {EM51}
INTERVIEWER: RESPONDENT REPORTED IN EM38 THAT (PERSON) HAD A
JOB/BUSINESS BETWEEN (START DATE) AND ANOTHER EMPLOYER, BUT IS
NOW REPORTING THAT THIS JOB ENDED BEFORE (START DATE).
IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE
RESPONDENT.
IF DATE STOPPED WORKING IS BEFORE THE BEGINNING OF THE
REFERENCE PERIOD, JUMPBACK (CTRL/J) TO SCREEN EM38 AND CODE AS
'2' (NO).
IF DATE STOPPED WORKING IS AFTER THE REFERENCE PERIOD START
DATE, JUMPBACK (CTRL/J) TO SCREEN EM48 AND RE-ENTER THE
CORRECT JOB END DATE.

[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}

Please think about the {next most recent} employer or business where
(PERSON) worked.

At any time {since (START DATE)/between (START DATE) and
(END DATE)}, did (PERSON) have health insurance through that job?
PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.
YES .................................... 1
NO ..................................... 2
REF .................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.
----------------------------------------------------
| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'. |
----------------------------------------------------

EM53
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?
SELF-EMPLOYED ......................... 1
FOR SOMEONE ELSE ...................... 2
REF .................................... -7
DK .................................... -8
[Code One]
PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.
----------------------------------------------------
| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'. |
----------------------------------------------------

----------------------------------------------------
| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), or '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'. |
----------------------------------------------------

EM54
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
What is the name of (the next most recent) employer 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]

BOX_12A

IF:
EM52 IS CODED ’2’ (NO), ’-7’ (REFUSED), OR ’-8’ (DON’T KNOW)
AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS
INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE
INFORMATION FOR JOBS NOT PROVIDING HEALTH
INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS
COLLECTED),
GO TO EM56

IF:
EM52 IS CODED ’1’ (YES)
AND
‘NONE OF THE ABOVE’ IS SELECTED,
GO TO EM57

IF:
EM52 IS CODED ’2’ (NO), ’-7’ (REFUSED), OR ’-8’ (DON’T KNOW)
AND
‘NONE OF THE ABOVE’ IS SELECTED,
GO TO EM58

IF:
EM52 IS CODED ’1’ (YES)
AND
EMPLOYER WAS SELECTED AND ONLY PARTIAL ADDRESS INFORMATION FOR THIS ESTABLISHMENT (I.E., ONLY THE INFORMATION FOR JOBS NOT PROVIDING HEALTH INSURANCE (ONE STREET ADDRESS, CITY, STATE) WAS COLLECTED), GO TO EM59

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

OTHERWISE (I.E., EMPLOYER SELECTED AND COMPLETED ADDRESS INFORMATION ALREADY RECORDED), CONTINUE WITH EM55

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

EM55
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (STR-DT)

(END-DT)

Is the address of (EMPLOYER) ...

(ESTABLISHMENT STREET ADDRESS LINE1.)
(ESTABLISHMENT STREET ADDRESS LINE2.)
(ESTABLISHMENT CITY........, ST, ZIP..)

(EST. TEL #)

ADDRESS AND TELEPHONE CORRECT ............ 1 (EM60)
ADD NEW ADDRESS FOR EMPLOYER ............. 2
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION .................................. 3 (EM59)
SELECTED WRONG EMPLOYER/ADDRESS .......... 4
REF .................................. -7 (EM60)
DK .................................. -8 (EM60)

[Code One]

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

IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND EM52 IS CODED '1' (YES), GO TO EM57

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

IF CODED '2' (ADD NEW ADDRESS FOR EMPLOYER) AND EM52 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO EM58

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

IF CODED '4' (SELECTED WRONG EMPLOYER/ADDRESS), CAPI REDISPLAYS EM54 SO THAT THE INTERVIEWER CAN SELECT ANOTHER EMPLOYER.

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

EM56
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (STR-DT)

(END-DT)

Is the address of (EMPLOYER) ...

(ESTABLISHMENT STREET ADDRESS LINE1.)
(ESTABLISHMENT CITY........, ST)

PARTIAL ADDRESS CORRECT .............. 1 (EM60)
ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 (EM58)
ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3
SELECTED WRONG EMPLOYER/ADDRESS ........ 4
REF ................................... -7 {EM60}
DK .................................... -8 {EM60}

[Code One]

| IF CODED ‘4’ (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM54 SO THAT THE INTERVIEWER CAN |
| SELECT ANOTHER EMPLOYER. |

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

EM56A

{PERSON’S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT....} {STR-DT}
{END-DT}
CORRECT ADDRESS FOR: (EMPLOYER)
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.
Current Info: [ESTABLISHMENT]
[1ST_STR_ADDRESS]
[CITY]
[STATE]

1ST_STR_ADDRESS (EM56A_01): [_____________]
CITY (EM56A_02): [_____________]
STATE (EM56A_03): [_____________]
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

EM57

{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 (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’. |
EM58
====

{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 WORKS.

ESTABLISHMENT (EM58_01):  [_____________]
1ST_STR_ADDRESS (EM58_02):  [_____________]
   CITY (EM58_03):  [___________]
   STATE (EM58_04):  [_______]
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| IF EM55 WAS CODED '2' (ADD NEW ADDRESS FOR |
| EMPLOYER) OR IF EM56 WAS CODED '2' (ADD NEW |
| PARTIAL ADDRESS FOR EMPLOYER), EMPLOYER IS |
| DISPLAYED IN ESTABLISHMENT FIELD. ALSO, EMPLOYER |
| IS DISPLAYED IN THE CONTEXT HEADER. |

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

| GO TO EM60 |

EM59
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {STR-DT}
{END-DT}
{CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY
RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD
COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).}
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

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

1ST_STR_ADDRESS (EM59_01):  [___________]
2ND_STR_ADDRESS (EM59_02):  [___________]
   CITY (EM59_03):  [___________]
   STATE (EM59_04):  [___________]
   ZIP CODE (EM59_05):  [___________]
   TELEPHONE (EM59_06):  [___________]
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE
RE-ESTABLISHMENTS-ROSTER.

EM60
====

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

When did (PERSON) start working at that job?

[Enter Year-4] ................................
REF ...................................... -7
DK ....................................... -8

IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM60OV1

IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM60OV2

OTHERWISE, GO TO EM61

EM60OV1
=======

[Enter Month-2, Day-2] ...............  {EM61}
REF .................................. -7  {EM61}
DK .................................... -8  {EM61}

EM60OV2
=======

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

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND
TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 31 IF MONTH CODED
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED
    ‘04’, ‘06’, ‘09’, ‘11’;
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED
    OR 2012 (LEAP YEAR);
  - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED
    ‘02’ AND YEAR IS NOT 1996, 2000, 2004,
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 12/31/2007), ENTER ‘0’ IN FIRST ENTRY FIELD.**  
[Enter Year-4]  
**REF**  
**DK**  
STILL AT JOB 0  

---

**EM61OV1**

[Enter Month-2, Day-2]  
**REF**  
**DK**  

**EM61OV2**

[Enter Month-2]  
**REF**  
**DK**  

---

**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 – 29 IF MONTH CODED ‘02’ AND YEAR IS 1996, 2000, 2004, 2008, OR 2012 (LEAP YEAR);  
MISSING VALUES = -7 AND -8 ALLOWED FOR MONTH AND DAY FIELDS.

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

---

[Box 13]

---

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

---

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

---

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

---

EM62

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

Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?

BEFORE (START DATE) ................. 1
ON OR AFTER (START DATE) ............ 2 {BOX_14}
REF .................................. -7 {BOX_14}
DK .................................... -8 {BOX_14}

[Code One]

---

EM63

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

INTERVIEWER: RESPONDENT REPORTED IN EM51 THAT (PERSON) HAD SOME OTHER JOB(S)/BUSINESS(ES) SINCE (START DATE), BUT IS NOW REPORTING THAT ONE OF THESE JOBS ENDED BEFORE (START DATE). IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS BEFORE THE BEGINNING OF THE REFERENCE PERIOD, CODE ‘DELETE JOB’ BELOW.
IF DATE STOPPED WORKING IS AFTER THE REFERENCE PERIOD START DATE, CODE ‘NEED TO CORRECT DATE’ BELOW.

DELETE JOB ............................. 1 {EM64}
NEED TO CORRECT DATE ................. 2

[Code One]
| IF CODED '2' (NEED TO CORRECT DATE), DISPLAY THE | FOLLOWING MESSAGE: ‘USE (CTRL/J) TO BACK UP TO | QUESTION EM61.’ |

<table>
<thead>
<tr>
<th>BOX_14</th>
</tr>
</thead>
</table>

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

| EM64 |

{PERSON’S FIRST MIDDLE AND LAST NAME} (STR-DT) 
{END-DT} 
{Since (START DATE), (have/has)/Between (START DATE) and | (END DATE), did} (PERSON) {had/have} another job we haven’t talked about {such as a job held at the same time as a job you’ve already mentioned)? 

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

END_LP01 |

| IF EM64 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT | MISCELLANEOUS JOB. |

| EM65 |

{PERSON’S FIRST MIDDLE AND LAST NAME} (STR-DT) 
{END-DT} 
(Have/Has) (PERSON) ever worked at a job for pay? 

YES .................................... 1 
NO ..................................... 2 {BOX_20} 
REF ................................... -7 {BOX_20} 
DK .................................... -8 {BOX_20}
EM66

(Person’s first middle and last name) (STR-DT)
(END-DT)

I’d like to know a little bit about the last job held by (PERSON). When did (PERSON) last stop working at a job for pay?

[Enter Year-4] .........................  -7 (EM67)
REF ..................................... -7 (EM67)
DK ...................................... -8 (EM67)

 IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM66OV1

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

 IF YEAR IS REFERENCE YEAR MINUS 1, GO TO EM66OV2

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

 OTHERWISE, GO TO BOX_15

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

EM66OV1

[Enter Month-2, Day-2] ................... (BOX 15)
REF ..................................... -7 (BOX 15)
DK ...................................... -8 (BOX_15)

EM66OV2

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

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED ‘04’, ‘06’, ‘09’, ‘11’;
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED ‘02’ AND YEAR IS 1996, 2000, 2004, 2008, OR 2012 (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.
MEPS FAMES Panel 11 Round 5 Employment (EM) Section Subsection A

BOX_15

<table>
<thead>
<tr>
<th>IF JOB END DATE = OR &gt; (I.E., ON OR AFTER) THE REFERENCE PERIOD START DATE, GO TO EM68</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF JOB END DATE &lt; (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM69</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF MONTH OF JOB END DATE IS MISSING (THAT IS, EM66OV1 OR EM66OV2 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW)) AND IF THE YEAR OF JOB END DATE (EM66) IS REFERENCE YEAR, CONTINUE WITH EM67</th>
</tr>
</thead>
</table>

EM67

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

Can you just tell me if (PERSON) stopped working at that job before or after (START DATE)?

BEFORE (START DATE) .................... 1 {EM69}
ON OR AFTER (START DATE) ............... 2
REF ................................... -7 {EM69}
DK .................................... -8 {EM69}

[Code One]

EM68

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

INTERVIEWER: RESPONDENT REPORTED IN EM02 THAT (PERSON) HAS NOT HAD A JOB/BUSINESS SINCE (START DATE), BUT IS NOW REPORTING THAT THE LAST JOB HELD ENDED AFTER (START DATE). IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS AFTER THE BEGINNING OF THE REFERENCE PERIOD, JUMPBACK (CTRL/J) TO SCREEN EM02 AND CODE AS ‘1’ (YES).

IF DATE STOPPED WORKING IS BEFORE THE REFERENCE PERIOD START DATE, JUMPBACK (CTRL/J) TO SCREEN EM66 AND RE-ENTER THE CORRECT JOB END DATE.

EM69

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

At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

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

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.
IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'.

(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.

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...

Otherwise, go to BOX_15A

EM71A

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_15A

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
EM72

| **PERSON’S FIRST MIDDLE AND LAST NAME** | **EMPLOYER BEING ASKED ABOUT....** | **STR-DT** |
| **END-DT** |

Is the address of (EMPLOYER) ...

**ESTABLISHMENT STREET ADDRESS LINE1.**

**ESTABLISHMENT STREET ADDRESS LINE2.**

**ESTABLISHMENT CITY........, ST, ZIP..**

**EST. TEL #**

ADDRESS AND TELEPHONE CORRECT ............ 1 {BOX_16}

ADD NEW ADDRESS FOR EMPLOYER .......... 2

ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ........ 3 {EM76}

SELECTED WRONG EMPLOYER/ADDRESS ........ 4

REF ..................................... -7 {BOX_16}

DK ....................................... -8 {BOX_16}

[Code One]

| IF CODED ‘2’ (ADD NEW ADDRESS FOR EMPLOYER) AND EM69 IS CODED ‘1’ (YES), GO TO EM74 |

| IF CODED ‘2’ (ADD NEW ADDRESS FOR EMPLOYER) AND EM69 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO EM75 |

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

EM73

| **PERSON’S FIRST MIDDLE AND LAST NAME** | **EMPLOYER BEING ASKED ABOUT....** | **STR-DT** |
| **END-DT** |

Is the address of (EMPLOYER) ...

**ESTABLISHMENT STREET ADDRESS LINE1.**

**ESTABLISHMENT CITY........, ST**

PARTIAL ADDRESS CORRECT ............ 1 {BOX_16}

ADD NEW PARTIAL ADDRESS FOR EMPLOYER ... 2 {EM75}

ABOVE PARTIAL ADDRESS NEEDS CORRECTION . 3 {EM76}

SELECTED WRONG EMPLOYER/ADDRESS ........ 4

REF ..................................... -7 {BOX_16}

DK ....................................... -8 {BOX_16}

[Code One]

| IF CODED ‘4’ (SELECTED WRONG EMPLOYER/ADDRESS), CAPI REDISPLAYS EM71 SO THAT THE INTERVIEWER CAN SELECT ANOTHER EMPLOYER. |
EM73A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {STR-DT}
{END-DT}
CORRECT ADDRESS FOR:  (EMPLOYER)
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS
ENTER.  TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.
Current Info:  [ESTABLISHMENT]
             [1ST_STR_ADDRESS]
             [CITY]
             [STATE]
1ST_STR_ADDRESS (EM73A_01):  [_____________]
CITY (EM73A_02):  [_____________]
STATE (EM73A_03):  [_____________]
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
----------------------------------------------------
|  WRITE ADDRESS CORRECTIONS TO THE                  |
|  RU-ESTABLISHMENTS-ROSTER.                         |
|                                                   |
----------------------------------------------------
|  GO TO BOX_16                                      |
|                                                   |

EM74
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
What is the {new} address {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 (EM74_01):  [__________]
1ST_STR_ADDRESS (EM74_02):  [__________]
2ND_STR_ADDRESS (EM74_03):  [__________]
CITY (EM74_04):  [__________]
STATE (EM74_05):  [__________]
ZIP CODE (EM74_06):  [__________]
TELEPHONE (EM74_07):  [__________]
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
----------------------------------------------------
|  IF EM72 IS CODED ‘2’ (ADD NEW ADDRESS FOR       |
|  EMPLOYER), THE EMPLOYER IS DISPLAYED IN THE      |
|  ESTABLISHMENT FIELD.  ALSO, EMPLOYER IS DISPLAYED|
|  IN THE CONTEXT HEADER.                           |
|                                                   |
----------------------------------------------------
|  WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-    |
|  ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’     |
|                                                   |
----------------------------------------------------
|  GO TO BOX_16                                      |
|                                                   |
EM75
====

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

What is the {new} address {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                                       |
|----------------------------------------------------

EM76
====

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

{CORRECT ADDRESS OR TELEPHONE FOR:  (EMPLOYER)/PREVIOUSLY
RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD
COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).}

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

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

1ST_STR_ADDRESS (EM76_01):  [_____________]
2ND_STR_ADDRESS (EM76_02):  [_____________]
   CITY (EM76_03):  [_____________]
   STATE (EM76_04):  [_____________]
   ZIP CODE (EM76_05):  [_____________]
   TELEPHONE (EM76_06):  [_____________]
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
----------------------------------------------------
| WRITE ADDRESS AND TELEPHONE CORRECTIONS TO THE
| RU-ESTABLISHMENTS-ROSTER.------------------------
|----------------------------------------------------
Box 16

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

Box 17

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

-----------------------------------------------
| OTHERWISE, CONTINUE WITH EM77
-----------------------------------------------

EM77

{PERSON'S FIRST MIDDLE AND LAST NAME} (STR-DT)
{END-DT}
{I have recorded that (PERSON) (have/has) retired from
(READ JOB(S) BELOW):}
{TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.}
{ESTABLISHMENT PERSON RETIRED FROM..}
{ESTABLISHMENT PERSON RETIRED FROM..}
{ESTABLISHMENT PERSON RETIRED FROM..}
{(Have/Has)/Between (START DATE) and (END DATE), did} (PERSON)
{ever retired/retire} from {a/any other} job or business?
YES .................................... 1
NO ..................................... 2 {BOX_19A}
REF .................................... -7 {BOX_19A}
DK .................................... -8 {BOX_19A}
PRESS F1 FOR DEFINITION OF RETIRED.
-----------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL JOBS IN|
| PERSON’S-JOBS-ROSTER THAT ARE FLAGGED AS ‘RETIRED |
| FROM’ DURING ANY ROUND.
-----------------------------------------------

EM78

{PERSON’S FIRST MIDDLE AND LAST NAME} (STR-DT)
{END-DT}
Some people retire from more than one job during their life.
How many times (have/has) (PERSON) retired {since (START DATE)/
between (START DATE) and (END DATE)}?
[Enter Number of Times] ............... 
REF .................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF RETIRED.

Box 18

-----------------------------------------------
| IF ONLY JOB SUBTYPES FLAGGED AS ‘CURRENT MAIN’ OR |
| ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE |
| PERIOD’ IN PERSON’S-JOBS-ROSTER, GO TO LOOP_02 |

Page 52 of 91
EM79

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
Were any of the following jobs a job from which (PERSON) retired?  (READ JOBS BELOW):
TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.
{EMPLOYER BEING ASKED ABOUT....} {JOBSTR} - {JOBEND}
{EMPLOYER BEING ASKED ABOUT....} {JOBSTR} - {JOBEND}
{EMPLOYER BEING ASKED ABOUT....} {JOBSTR} - {JOBEND}
YES .................................... 1
NO .................................... 2 {LOOP_02}
REF ................................... -7 {LOOP_02}
DK .................................... -8 {LOOP_02}

| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL JOBS |
| IN PERSON’S-JOBS-ROSTER EXCEPT JOBS WITH JOB |
| SUBTYPES FLAGGED AS 'CURRENT MAIN' OR 'CURRENT |
| MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’. FOR |
| EACH JOB, DISPLAY THE ASSOCIATED START AND END |
| DATES. |

EM80

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
Which job did (PERSON) retire from {between (START DATE) and (END DATE)}?
PROBE: Any others?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
{EMPLOYER BEING ASKED ABOUT....} {JOBSTR} - {JOBEND}
{EMPLOYER BEING ASKED ABOUT....} {JOBSTR} - {JOBEND}
{EMPLOYER BEING ASKED ABOUT....} {JOBSTR} - {JOBEND}

| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL JOBS |
| IN PERSON’S-JOBS-ROSTER EXCEPT JOBS WITH JOB |
| SUBTYPES FLAGGED AS 'CURRENT MAIN' OR 'CURRENT |
| MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’. FOR |
| EACH JOB, DISPLAY THE ASSOCIATED START AND END |
| DATES. |

<table>
<thead>
<tr>
<th>FLAG ALL SELECTED JOBS AS ‘RETIRED FROM’.</th>
</tr>
</thead>
</table>
| FLAG ALL JOBS NOT SELECTED AS ‘NOT RETIRED FROM’.
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EDIT:  THE TOTAL NUMBER OF JOBS SELECTED AT EM80</td>
</tr>
<tr>
<td>MUST BE &lt; OR = NUMBER OF TIMES RETIRED AT EM78.</td>
</tr>
<tr>
<td>IF ESC USED AND NUMBER OF JOBS SELECTED AT EM80 &gt;</td>
</tr>
</tbody>
</table>
TIMES RETIRED AT EM78, DISPLAY THE FOLLOWING MESSAGE: ‘NUMBER OF RETIRED JOBS EXCEEDS TIMES RETIRED. VERIFY AND RESELECT JOBS.’

IF THE TOTAL NUMBER OF JOBS SELECTED AT EM80 EQUALS THE NUMBER OF TIMES RETIRED AT EM78, GO TO BOX_19A

OTHERWISE, CONTINUE WITH LOOP_02

LOOP_02

FOR EACH OF THE FOLLOWING:

RETIREMENT JOB NOT YET ACCOUNTED FOR

ASK EM81-END_LP02

LOOP DEFINITION: LOOP_02 ENUMERATES AND COLLECTS INFORMATION ABOUT JOBS PERSON RETIRED FROM THAT HAVE NOT YET BEEN ACCOUNTED FOR. THE NUMBER OF JOBS RETIRED FROM BUT NOT YET ACCOUNTED FOR (THE NUMBER ENTERED AT EM78 MINUS THE NUMBER OF JOBS SELECTED AT EM80, IF ANY) DETERMINES THE NUMBER OF LOOP CYCLES. '-7' (REFUSED) AND '-8' (DON’T KNOW) RESPONSES AT EM78 WILL BE TREATED AS A '1' (ONE JOB RETIRED FROM).

EM81

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Please think about the {first/next} employer or business (PERSON) retired from {between (START DATE) and (END DATE)}. At any time {since (START DATE)/between (START DATE) and (END DATE)}, did (PERSON) have health insurance through that job? PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

YES ................................. 1
NO ...................................... 2
REF ..................................... -7
DK ....................................... -8
PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

IF CODED '1' (YES), FLAG JOB AS ‘PROVIDES HEALTH INSURANCE’.

EM82

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
(Were/Was) (PERSON) self-employed, or did (PERSON) work for
someone else at that job?

SELF-EMPLOYED .......................... 1
FOR SOMEONE ELSE .......................... 2
REF ................................... -7
DK .................................... -8

[Code One]

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.

-------------------------------------------------------------------------
| IF CODED '1' (SELF-EMPLOYED), FLAG JOB AS 'SELF-EMPLOYED'. |
-------------------------------------------------------------------------

-------------------------------------------------------------------------
| IF CODED '2' (FOR SOMEONE ELSE), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG JOB AS 'NOT SELF-EMPLOYED'. |
-------------------------------------------------------------------------

EM83
====

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

What is the name of the {first/next} {employer/business} (PERSON) retired from {between (START DATE) and (END DATE)}? SELECT EMPLOYER NAMED BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.

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

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

TO LEAVE, PRESS ESC.

<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. |
-------------------------------------------------------------------------

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

-------------------------------------------------------------------------
| OTHERWISE, GO TO BOX_18A |
-------------------------------------------------------------------------
EM83A
=====

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_18A
=====

| 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]
----------------------------------------------------
<p>| IF CODED ’2’ (ADD NEW ADDRESS FOR EMPLOYER) AND |</p>
<table>
<thead>
<tr>
<th>EM81 IS CODED ’1’ (YES), GO TO EM86</th>
</tr>
</thead>
</table>
----------------------------------------------------
<p>| IF CODED ’2’ (ADD NEW ADDRESS FOR EMPLOYER) AND |
| EM81 IS CODED ’2’ (NO), ’-7’ (REFUSED), OR ’-8’ |</p>
<table>
<thead>
<tr>
<th>(DON’T KNOW), GO TO EM87</th>
</tr>
</thead>
</table>
----------------------------------------------------
<p>| IF CODED ’4’ (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM83 SO THAT THE INTERVIEWER CAN |</p>
<table>
<thead>
<tr>
<th>SELECT ANOTHER EMPLOYER.</th>
</tr>
</thead>
</table>

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]
----------------------------------------------------
<p>| IF CODED ’4’ (SELECTED WRONG EMPLOYER/ADDRESS), |
| CAPI REDISPLAYS EM83 SO THAT THE INTERVIEWER CAN |</p>
<table>
<thead>
<tr>
<th>SELECT ANOTHER EMPLOYER.</th>
</tr>
</thead>
</table>

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

EM86
====

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

EM87
====

{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.

Page 58 of 91
ESTABLISHMENT (EM87_01): [_____________]
1ST_STR_ADDRESS (EM87_02): [_____________]
   CITY (EM87_03): [_____________]
   STATE (EM87_04): [_____________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

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

----------------------------------------------------
| GO TO BOX_19                                        |
----------------------------------------------------

EM88
====

(Person's FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED
ABOUT....) (STR-DT)
(END-DT)
(CORRECT ADDRESS OR TELEPHONE FOR: (EMPLOYER)/PREVIOUSLY
RECORDED PARTIAL ADDRESS INFORMATION. NOW NEED TO RECORD
COMPLETE ADDRESS INFORMATION FOR (EMPLOYER).)
TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

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

1ST_STR_ADDRESS (EM88_01): [__________]
2ND_STR_ADDRESS (EM88_02): [__________]
   CITY (EM88_03): [__________]
   STATE (EM88_04): [__________]
   ZIP CODE (EM88_05): [__________]
   TELEPHONE (EM88_06): [__________]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

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

BOX_19
=====

----------------------------------------------------
| FLAG JOB SUBTYPE AS 'RETIREMENT JOB'.               |
----------------------------------------------------

----------------------------------------------------
| FLAG JOB AS 'RETIRED FROM'.                        |
----------------------------------------------------

Page 59 of 91
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 |
----------------------------------------------------

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

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

EDIT/RANGE CHECK:

ENTRIES FOR MONTH AND DAY FIELDS MUST CORRESPOND TO CALENDAR MONTHS AND DAYS. THAT IS,
- IF MONTH, ALLOWABLE VALUES = 01 - 12.
- IF DAY:
  - ALLOWABLE VALUES = 01 - 30 IF MONTH CODED ‘04’, ‘06’, ‘09’, ‘11’;
  - ALLOWABLE VALUES = 01 - 29 IF MONTH CODED ‘02’ AND YEAR IS 1996, 2000, 2004, 2008, OR 2012 (LEAP YEAR);

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

EDIT: JOB END DATE MUST BE = OR > THE PERSON’S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.
END_LP02
=======

IF ALL RETIREMENT JOBS ARE NOT YET ACCOUNTED FOR
(that is, if EM78 > 1, and the number of cycles of loop < number of retired jobs at EM78 minus the number of jobs selected at EM80), cycle to collect next job retired from.

WHEN all retirement jobs are accounted for (that is, all 'times retired' coded at EM78 are accounted for), or if EM78 is coded '1', '-7' (refused), or '-8' (don't know), end loop_02 and continue with box_19a

BOX_19A
=======

IF:
NOT ROUND 1
AND
NO job with job subtype flagged as 'current main'
(and person is still at that job, RJ01=1)
AND
AT LEAST ONE job with job subtype flagged as 'current miscellaneous job within reference period' that has not ended (i.e., RJ01 is coded '1' or RJ06 is coded '1' or EM61 is coded '0')
continue with box_19b

otherwise, go to box_20

BOX_19B
=======

IF only one job with job subtype flagged as 'current miscellaneous job within reference period' CAPI automatically codes that job at EM89a. Then go to box_20

otherwise, continue with EM89a

EM89A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
We've recorded that (PERSON) {currently works/worked} at (READ EMPLOYER NAMES BELOW) {on 12/31/2007}. Which {is/was} (PERSON)'s main job or business {on 12/31/2007}?
To turn checkmark on/off, use arrow keys, press enter.
To leave, press ESC.
{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)
<table>
<thead>
<tr>
<th>BOX_36</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOX_22</td>
</tr>
</tbody>
</table>

**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
```

```
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_31</th>
</tr>
</thead>
</table>
```

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


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  

Page 65 of 91
EM94
====

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

{Is/Was} (PERSON)’s business incorporated?

YES .................................... 1 {EM98}
NO ..................................... 2 {EM98}
REF ..................................... -7 {EM98}
DK .................................... -8 {EM98}

PRESS F1 FOR DEFINITION OF INCORPORATED.

EM95
====

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

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

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

[Code One]

PRESS F1 FOR DEFINITION OF SOLE PROPRIETORSHIP/PARTNERSHIP.

EM96
====

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

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

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

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EM97
====

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

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

YES .................................... 1 {EM99}
NO ..................................... 2 {EM99}
REF ..................................... -7 {EM99}
DK ..................................... -8 {EM99}
EM98
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....)  {JOB-ST}
{JOB-ED}
What kind of business or industry {is/was} that?
PROBE: What do they make or do?
RECORD VERBATIM.
[Enter Text] *********************
REF ******************** -7
DK ******************** -8
----------------------------------------------------
| NOTE: ALLOW MULTIPLE LINES FOR ENTRY. |
----------------------------------------------------

EM99
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....)  {JOB-ST}
{JOB-ED}
What {is/was} (PERSON)’s job called?
RECORD VERBATIM.
[Enter Text] *********************
REF ******************** -7
DK ******************** -8
----------------------------------------------------
| NOTE: ALLOW MULTIPLE LINES FOR ENTRY. |
----------------------------------------------------

EM100
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....)  {JOB-ST}
{JOB-ED}
What {(do/does)/did} (PERSON) actually do at that job?  What
{are/were} some of (PERSON)’s most important activities or
duties?
RECORD VERBATIM.
[Enter Text] *********************
REF ******************** -7
DK ******************** -8
----------------------------------------------------
| NOTE: ALLOW MULTIPLE LINES FOR ENTRY. |
----------------------------------------------------
| IF JOB SUBTYPE IS ‘CURRENT MAIN’, GO TO EM104 |
----------------------------------------------------
| IF JOB IS FLAGGED AS ‘SELF-EMPLOYED’, |
| AND IF: |
| JOB SUBTYPE IS ‘FORMER MAIN WITHIN REFERENCE |
| PERIOD’ AND IS FLAGGED AS ‘NOT RETIRED FROM’, |
| OR |
| JOB SUBTYPE IS ‘LAST JOB OUTSIDE REFERENCE PERIOD’ |
| AND IS FLAGGED AS ‘NOT RETIRED FROM’, |
| GO TO EM102 |
----------------------------------------------------
<p>| 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 IS FLAGGED AS ‘RETIRED FROM’, |</p>
<table>
<thead>
<tr>
<th>GO TO BOX_24</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH EM101</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

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’, |

Page 68 of 91
| IF: |
| JOB SUBTYPE IS 'FORMER MAIN JOB WITHIN REFERENCE PERIOD' (NOTE: JOB MUST BE FLAGGED AS 'NOT RETIRED FROM'), |
| AND |
| EM101 IS CODED '3' (ILLNESS OR INJURY) OR '4' (LAID OFF), |
| AND |
| CURRENT ROUND IS NOT ROUND 5 |
| GO TO EM103 |

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

| OTHERWISE, GO TO EM104 |

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

EM102
=====

(PERSON’S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT....) (JOB-ST) (JOB-ED)

What is the main reason that (PERSON) no longer (have/has) this business?

BUSINESS DISSOLVED OR SOLD ............. 1 {BOX_25}
RETIRED .................................. 2 {BOX_25}
ILLNESS OR INJURY ...................... 3 {BOX_25}
STOPPED/LEFT BUSINESS TO HAVE A BABY ... 4 {BOX_25}
STOPPED/LEFT BUSINESS TO GO TO SCHOOL .. 5 {BOX_25}
STOPPED/LEFT BUSINESS TO TAKE CARE OF HOME OR FAMILY ....................... 6 {BOX_25}
STOPPED/LEFT BUSINESS BECAUSE WANTED TIME OFF .................................. 7 {BOX_25}
STOPPED/LEFT BUSINESS TO TAKE OTHER JOB .......................................... 8 {BOX_25}
OTHER ...................................... 91
REF ........................................ -7 {BOX_25}
DK ......................................... -8 {BOX_25}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

EM102OV
======

ENTER OTHER:
[Enter Other Specify] .................
REF ........................................ -7
DK ......................................... -8

BOX_25
=====

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

| IF JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' (NOTE: JOB MUST BE FLAGGED AS 'NOT RETIRED FROM'), GO TO BOX_28 |

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

| IF: |
| JOB SUBTYPE IS 'FORMER MAIN JOB WITHIN REFERENCE PERIOD' (NOTE: JOB MUST BE FLAGGED AS 'NOT RETIRED FROM'), |

Page 69 of 91
<p>| 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 |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH EM103</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO EM104</td>
</tr>
</tbody>
</table>

---

**EM103**

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

{JOB-ED}

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

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

**EM104**

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

{JOB-ED}

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

Often the actual number of hours people work is different from the number of hours on which their salaries are based.

How many hours per week {(do/does)/did} (PERSON) usually work at (EMPLOYER)? Include all the hours (PERSON) usually spends/spent) working on this job, except for any unpaid travel to and from the job.

[Enter Hours Per Week] .................   {EM105C}

REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF ACTUAL HOURS WORKED PER WEEK.

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

**EM105**

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

{JOB-ED}

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

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

---

**BOX_26**

<table>
<thead>
<tr>
<th>IF JOB IS FLAGGED AS ‘SELF-EMPLOYED’, GO TO BOX_28</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH BOX_26A</td>
</tr>
</tbody>
</table>

**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

EM109

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {JOB-ST}
{JOB-ED}
On this job, {(do/does)/did} (PERSON) get paid vacation?
YES .................................... 1
NO ..................................... 2
REF ................................. -7
DK ................................. -8
EM110
=====
{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....)  {JOB-ST}
{JOB-ED}
Not including Social Security or Railroad Retirement, 
{(are/is)/(were/was)} (PERSON) covered by a pension or retirement plan or {{do/does/did} (PERSON) have a 401K plan on this job?
   YES .................................... 1 {BOX_28}
   NO ..................................... 2 {BOX_28}
   REF ................................... -7 {BOX_28}
   DK .................................... -8 {BOX_28}
PRESS F1 FOR DEFINITIONS OF PENSION/RETIREMENT PLAN.

BOX_27
=====
----------------------------------------------------
| IF JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN|
| REFERENCE PERIOD' AND JOB DOES NOT PROVIDE HEALTH |
| INSURANCE (EM52 IS CODED '2' (NO)), GO TO EM114 |
----------------------------------------------------
----------------------------------------------------
| IF JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN|
| REFERENCE PERIOD' AND JOB IS FLAGGED AS 'PROVIDES |
| HEALTH INSURANCE' (EM52 IS CODED '1'(YES)),     |
| GO TO EM115                                       |
----------------------------------------------------
----------------------------------------------------
| IF JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN|
| REFERENCE PERIOD' AND EM52 IS CODED '-7' (REFUSED)|
| OR '-8' (DON'T KNOW), GO TO EM116                 |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE (I.E., JOB SUBTYPE IS 'CURRENT           |
| MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'),      |
| CONTINUE WITH EM111                               |
----------------------------------------------------

EM111
=====
{PERSON’S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT....)  {JOB-ST}
{JOB-ED}
{Since {START DATE OF REFERENCE PERIOD}/Between {START DATE OF REFERENCE PERIOD})/ 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.
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]

(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

| 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 |
MEPS FAMES Panel 11 Round 5 Employment (EM) Section Subsection A

<table>
<thead>
<tr>
<th>'CURRENT MAIN' AND JOB IS NOT FLAGGED AS 'PROVIDES HEALTH INSURANCE' GO TO EM114</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF EM96 IS NOT CODED '5' AND JOB SUBTYPE IS NOT 'CURRENT MAIN' AND 'PROVIDES HEALTH INSURANCE'</td>
</tr>
<tr>
<td>STATUS FLAG IS '-7' (REFUSED) OR '-8' (DON'T KNOW)</td>
</tr>
<tr>
<td>GO TO EM116</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>IF EM96 IS NOT CODED '5' AND JOB SUBTYPE IS 'CURRENT MAIN', CONTINUE WITH EM113</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH INSURANCE'.</th>
</tr>
</thead>
</table>

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.

EM115

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

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

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

[Code One]
PRESS F1 FOR DEFINITION OF CHOICE OF HEALTH INSURANCE PLANS.

---

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’.

---

EM115B

{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.

HASN’T WORKED LONG ENOUGH .............. 1 {EM116}
DOESN’T WORK ENOUGH HOURS .............. 2 {EM116}
ON CALL .................................... 3 {EM116}
MEDICAL PROBLEM .......................... 4 {EM116}
SOME OTHER REASON ........................ 91
REF ......................................... -7 {EM116}
DK ............................................ -8 {EM116}

[Code One]

EM115BOV

ENTER SOME OTHER REASON:

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

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 |  
| WITH EM118                                       |  
----------------------------------------------------
EM118  
-----  

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}  
What is the name of the union providing the health insurance?  
SELECT UNION NAME BELOW AND VERIFY WITH RESPONDENT BEFORE LEAVING SCREEN.  
IF UNION IS NOT ON THE LIST, SELECT ‘NONE OF THE ABOVE’ TO ENTER A NEW UNION.  
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.  

<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>
</tbody>
</table>
3. Union Name-30

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS ALL UNIONS 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>

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

| OTHERWISE, GO TO BOX_28A |

EM118A

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_28A

<table>
<thead>
<tr>
<th>IF ‘NONE OF THE ABOVE’ IS SELECTED, OR NO ESTABLISHMENT FLAGGED AS ‘UNION’ ON RU-ESTABLISHMENTS ROSTER, GO TO EM120</th>
</tr>
</thead>
</table>

| OTHERWISE, CONTINUE WITH EM119 |

EM119

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT} Is the address of: {NAME OF UNION SELECTED IN EM118....} ...

{ESTABLISHMENT ST.ADDRESS LINE1}

{ESTABLISHMENT ST.ADDRESS LINE2}

{ESTABLISHMENT CITY ......., ST, ZIP..} {EST. TEL #}

ADDRESS AND TELEPHONE CORRECT ........... 1 {BOX_30}

ADD NEW ADDRESS FOR UNION ............... 2

ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION ........................................... 3 {EM121}

SELECTED WRONG UNION/ADDRESS ........... 4

REF ..................................... -7 {BOX_30}

DK .................................... -8 {BOX_30}

[Code One]

Page 78 of 91
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.

<table>
<thead>
<tr>
<th>WRITE CORRECTIONS TO THE RU-ESTABLISHMENTS-ROSTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO BOX_30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOX_29</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLAG ESTABLISHMENT AS ‘UNION’.</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOX_30</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF JOB FLAGGED AS ‘NOT SELF-EMPLOYED’, GO TO END_LP03</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>IF JOB FLAGGED AS ‘SELF-EMPLOYED’ AND MORE THAN 1</td>
</tr>
<tr>
<td>RU MEMBER (OTHER THAN THE PERSON BEING ASKED ABOUT) IS = OR &gt; 16 YEARS OF AGE OR IN AGE</td>
</tr>
<tr>
<td>CATEGORIES 4-9, CONTINUE WITH EM122</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO EM124</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
</tr>
</tbody>
</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 |

BOX_31

------

| IF PERSON HAS HAD NO JOBS DURING REFERENCE PERIOD, CONTINUE WITH EM125 |
| OTHERWISE, GO TO EM128 |

EM125

----

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}  
{END-DT}  
Did (PERSON) spend any time looking for work {since (START DATE)/between (START DATE) and (END DATE)}?  
YES .................................... 1  
NO ..................................... 2  
REF ................................... -7  
DK .................................... -8

PRESS F1 FOR DEFINITION OF LOOKING FOR WORK.

| NOTE: FOR ROUND 5, DISPLAY THE PERSON'S CURRENT ROUND REFERENCE PERIOD END DATE IN THE CONTEXT HEADER FOR QUESTIONS EM125-EM142. |
EM126
=====

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

What is the **main** reason (PERSON) did not work {since (START DATE)/between (START DATE) and (END DATE))?  

**COULD NOT FIND WORK** ....................... 1  {EM127}  
**RETIRED** ................................ 2  {EM127}  
**UNABLE TO WORK BECAUSE ILL/DISABLED** .... 3  {EM127}  
**ON TEMPORARY LAYOFF** ..................... 4  {EM127}  
**MATERNITY/PATERNITY LEAVE** .............. 5  {EM127}  
**GOING TO SCHOOL** .......................... 6  {EM127}  
**TAKING CARE OF HOME OR FAMILY** ........ 7  {EM127}  
**WANTED SOME TIME OFF** ................... 8  {EM127}  
**WAITING TO START NEW JOB** .............. 9  {EM127}  
**OTHER** ..................................... 91

**REF** ....................................... -7  {BOX_34}  
**DK** .......................................... -8  {BOX_34}

[Code One]

Press F1 for definitions of answer categories.

EM126OV
=====

ENTER OTHER:

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

EM127
=====

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

Were there any other reasons?  

**CODE ALL THAT APPLY.**

**NO OTHER REASONS** ....................... 0  
**COULD NOT FIND WORK** .................... 1  
**RETIRED** .................................. 2  
**UNABLE TO WORK BECAUSE ILL/DISABLED** ... 3  
**ON TEMPORARY LAYOFF** .................... 4  
**MATERNITY/PATERNITY LEAVE** ............. 5  
**GOING TO SCHOOL** .......................... 6  
**TAKING CARE OF HOME OR FAMILY** ........ 7  
**WANTED SOME TIME OFF** ................... 8  
**WAITING TO START NEW JOB** .............. 9  
**OTHER** ..................................... 91

**REF** ....................................... -7  
**DK** .......................................... -8

[Code All That Apply]

Press F1 for definitions of answer categories.

| 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 EM1270V.

Otherwise, go to box 34.

---

**EM1270V**

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.

---

**EM129**

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

{END-DT}

Did (PERSON) spend any time looking for work (since (START DATE)/between (START DATE) and (END DATE))? YES ................................. 1

NO .................................... 2

REF ................................... -7

DK .................................... -8

PRESS F1 FOR DEFINITION OF LOOKING FOR WORK.
EM130
=====

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

Did the {# WEEKS NOT WORKED} weeks since (START DATE) when
(PERSON) did not work for pay occur all at one time or was
there more than one period of time when (PERSON) did not work?

ALL AT ONE TIME ......................... 1 [LOOP_04]
MORE THAN ONE PERIOD ................. 2
REF ...................................... -7 [LOOP_04]
DK ....................................... -8 [LOOP_04]

[Code One]

EM131
=====

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

How many different periods of time was (PERSON) not working
since (START DATE)?

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

LOOP_04
=====

-------------------------------------------------------------------------------
| FOR EACH OF THE FOLLOWING: | |
| PERIOD OF TIME NOT WORKED #1 | |
| PERIOD OF TIME NOT WORKED #2 | |
| PERIOD OF TIME NOT WORKED #3 | |
| PERIOD OF TIME NOT WORKED #4 | |
| PERIOD OF TIME NOT WORKED #5 | |
| PERIOD OF TIME NOT WORKED #6 | |
| PERIOD OF TIME NOT WORKED #7 | |
| PERIOD OF TIME NOT WORKED #8 | |
| PERIOD OF TIME NOT WORKED #9 | |
| PERIOD OF TIME NOT WORKED #10 | |
| ASK EM132-END_LP04 | |
-------------------------------------------------------------------------------

-------------------------------------------------------------------------------
| LOOP DEFINITION: LOOP_04 COLLECTS INFORMATION ON PERIODS OF UNEMPLOYMENT. THE RESPONSE TO EM130 OR EM131 DETERMINES THE NUMBER OF LOOP CYCLES. IF EM130 IS CODED '1' (ALL AT ONE TIME), '-7' (REFUSED), OR '-8' (DON'T KNOW) OR IF EM131 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CYCLE ONLY ONE TIME. OTHERWISE, CYCLE THE NUMBER OF TIMES ENTERED AT EM131. |
-------------------------------------------------------------------------------

BOX_32
=====

OMITTED.
EM132
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
PERIOD OF TIME NOT WORKED {NN} OF {NN}
What was the main reason (PERSON) did not work during {that
time/the most recent period/the time before that}?

COULD NOT FIND WORK .......................... 1 {EM133}
RETIRED ........................................... 2 {EM133}
UNABLE TO WORK BECAUSE ILL/DISABLED .... 3 {EM133}
ON TEMPORARY LAYOFF ........................... 4 {EM133}
MATERNITY/PATERNITY LEAVE .................. 5 {EM133}
GOING TO SCHOOL ............................... 6 {EM133}
TAKING CARE OF HOME OR FAMILY ............ 7 {EM133}
WANTED SOME TIME OFF ........................ 8 {EM133}
WAITING TO START NEW JOB ................... 9 {EM133}
OTHER ............................................. 91

REF .............................................. -7 {END_LP04}
DK ................................................. -8 {END_LP04}

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

EM132OV
=====

ENTER OTHER:

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

REF .............................................. -7
DK ................................................. -8

EM133
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
PERIOD OF TIME NOT WORKED {NN} OF {NN}
Were there any other reasons?
CODE ALL THAT APPLY.

NO OTHER REASONS ............................. 0
COULD NOT FIND WORK .......................... 1
RETIRED ......................................... 2
UNABLE TO WORK BECAUSE ILL/DISABLED .... 3
ON TEMPORARY LAYOFF ........................... 4
MATERNITY/PATERNITY LEAVE .................. 5
GOING TO SCHOOL ............................... 6
TAKING CARE OF HOME OR FAMILY ............ 7
WANTED SOME TIME OFF ........................ 8
WAITING TO START NEW JOB ................... 9
OTHER ............................................. 91

REF .............................................. -7
DK ................................................. -8

[Code All That Apply]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
-----------------------------------------------
| 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                            |
------------------------------------------------------

EM133OV
=======
ENTER OTHER:
[Enter Other Specify] .................
REF .................................. -7
DK .................................. -8

END_LP04
======

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

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

EM134
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
{In addition to the times we have just talked about
{since/between}/{Since/Between}) (START DATE) {and (END DATE)},
was there any time when (PERSON) was on unpaid leave from {a job/
all jobs} for a period of time of one week or more?
YES ................................... 1
NO ..................................... 2 {BOX_34}
REF .................................. -7 {BOX_34}
DK .................................. -8 {BOX_34}
PRESS F1 FOR DEFINITION OF UNPAID LEAVE.

EM135
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
How many weeks was that?
NUMBER OF WEEKS IN REFERENCE PERIOD:  {NUMBER OF WEEKS}
IF UNPAID LEAVE THE WHOLE TIME, ENTER ‘96’ FOR NUMBER OF WEEKS.
[Enter Number of Weeks] .................
REF .................................. -7 {LOOP_05}
DK .................................. -8 {LOOP_05}
THE WHOLE TIME ........................ 96 {LOOP_05}

IF NUMBER OF WEEKS REPORTED IN EM135 < NUMBER OF
WEEKS IN PERSON’S REFERENCE PERIOD,
CONTINUE WITH EM136
MEPS FAMES Panel 11 Round 5 Employment (EM) Section Subsection A

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

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

**EM138**

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

PERIOD OF UNPAID LEAVE (NN) OF (NN)
What was the main reason (PERSON) had unpaid leave (that time/the most recent time/the time before that)?

- UNABLE TO WORK BECAUSE ILL/DISABLED .... 1 {EM139}
- ON TEMPORARY LAYOFF .................... 2 {EM139}
- MATERNITY/PATERNITY LEAVE ............ 3 {EM139}
- GOING TO SCHOOL ....................... 4 {EM139}
- TAKING CARE OF HOME OR FAMILY ....... 5 {EM139}
- WANTED SOME TIME OFF .................. 6 {EM139}
- OTHER .................................. 91
- REF .................................... -7 {END_LP05}
- DK ..................................... -8 {END_LP05}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

**EM138OV**

ENTER OTHER:

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

- REF .................................... -7
- DK ..................................... -8

**EM139**

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

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.
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 EM139OV

OTHERWISE, GO TO END_LP05

EM139OV

ENTER OTHER:
[Enter Other Specify] ............... -7
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.

| IF CODED ‘91’ (OTHER) ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH EM141OV |

| OTHERWISE, GO TO EM142 |

_Page 90 of 91_
ENTER OTHER:

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

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Since (PERSON) (were/was) 21 years old, what is the total number of years (PERSON) (were/was) without a job because of all the reasons you’ve just told me?

[Enter Number of Years] ...............  
REF ................................... -7
DK .................................... -8

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

IF ROUND 3, CONTINUE WITH EM143

OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_36

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

Return to Top
Emergency Room (ER) Section

ER01
=====

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

Did (PERSON) see a medical doctor during this particular visit?

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

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

ER02
=====

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

SHOW CARD ER-1.

Please look at this card and tell me which category best describes the care (PERSON) received during the visit to (PROVIDER) emergency room on (VISIT DATE).

DIAGNOSIS OR TREATMENT ................. 1
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 2
PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING ..................... 3
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 4
IMMUNIZATIONS OR SHOTS ..................... 5
MATERNITY CARE (PRE/POSTNATAL) ......... 6
OTHER ......................................... 91
REF ............................................. -7
DK ............................................... -8

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

---------------------------------------------------------------------
| IF CODED '6' (MATERNITY CARE (PRE/POSTNATAL)), CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE |
| FOLLOWING MESSAGE: 'CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.' |
---------------------------------------------------------------------

ER03
=====

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

Was this visit related to any specific health condition or were any conditions discovered during this visit?

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

ER04
=====

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

What conditions were discovered or led (PERSON) to make this visit? PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

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

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

ROSTER BEHAVIOR SPECIFICATIONS:

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

ER05
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER....} {EVN-DT}
SHOW CARD ER-2.
Looking at this card, which of these services, if any, did (PERSON) have during this visit?
CODE ‘95’ IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.
LABORATORY TESTS ......................... 1
SONOGRAM OR ULTRASOUND .................. 2
X-RAYS ..................................... 3
MAMMOGRAM ................................. 4
MRI OR CATSCAN ............................ 5
EKG OR ECG ................................. 6
EEG ......................................... 7
VACCINATION ............................... 8
ANESTHESIA ................................. 9
OTHER DIAGNOSTIC TEST .................. 10
NO SERVICES RECEIVED .................... 95
REF ........................................ -7
DK ......................................... -8
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
[Code All That Apply]

ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4 THROUGH 9).

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

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

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

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

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

---

ER06

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

Was a surgical procedure performed on (PERSON) during this visit?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.
ER07
====

OMITTED.

ER08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}
During this visit, were any medicines prescribed for (PERSON)?
Please include only prescriptions which were filled.
YES .................................... 1
NO ..................................... 2 {BOX_03}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}
PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

ER09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}
Please tell me the names of the prescriptions from this visit that were filled.
PROBE: Any other prescribed medicines from this visit that were filled?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A.  TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.
[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]
----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| PRESCRIBED-MEDICINES-ROSTER.                    |
----------------------------------------------------

ROSTER BEHAVIOR SPECIFICATIONS:

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

ER10
====

OMITTED.
ER11
====
OMITTED.

LOOP_01
=======
OMITTED.

BOX_01
======
OMITTED.

BOX_02
======
OMITTED.

ER12
====
OMITTED.

END_LP01
========
OMITTED.

BOX_03
======

<p>| IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS   |
| EMERGENCY ROOM EVENT IS NOT COMPLETED, ASK THE |</p>
<table>
<thead>
<tr>
<th>CHARGE/PAYMENT (CP) SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION</td>
</tr>
<tr>
<td>------------------------------------------------</td>
</tr>
</tbody>
</table>

Return to Top
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 |
|———————————————————————————|
{PERSON'S FIRST MIDDLE AND LAST NAME} (EV)
INTERVIEWER: SELECT GROUP TYPE OF OTHER MEDICAL EXPENSE (OM)
EVENT YOU NEED TO ADD:
NOTE: ONLY ONE OM GROUP TYPE MAY BE ADDED AT THIS SCREEN.

REGULAR (GLASSES OR CONTACTS, INSULIN, OTHER DIABETIC SUPPLIES) .............. 1 {EV03}  
ADDITIONAL (E.G., AMBULANCE SERVICES, ORTHOPEDIC ITEMS, HEARING DEVICES, MEDICAL EQUIPMENT, ETC.) .............. 2 {EV03A}

[Code One]

EV03

{PERSON'S FIRST MIDDLE AND LAST NAME} (EV) (STR-DT)
{END-DT}
IF KNOWN, SELECT CORRECT OME ITEM GROUP.
OTHERWISE, ASK: Did (PERSON) obtain glasses or contact lenses, insulin, or other diabetic equipment or supplies since (START DATE)?

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

[Code All That Apply]

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

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

----------------------------------------------------
| GO TO BOX_06 |
----------------------------------------------------

EV03A

{PERSON'S FIRST MIDDLE AND LAST NAME} (EV) JAN 01
DEC 31
SHOW CARD PP-4A OR PP-12
IF KNOWN, SELECT CORRECT ADDITIONAL OME ITEM GROUP
OTHERWISE, ASK: Looking at this card, what type of other medical expenses did (PERSON) obtain, purchase or rent during the calendar year 2007?

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

[Code All That Apply]

----------------------------------------------------
IF CODED ‘91’ (OTHER) ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH EV03AOV

OTHERWISE, GO TO BOX_06

EV03AOV

ENTER OTHER GROUPING OF OTHER MEDICAL EXPENSES:

[Enter Other Specify] ................     {BOX_06}
REF .................................. -7  {BOX_06}
DK ................................... -8  {BOX_06}

BOX_03

| IF EVENT TYPE IS HS OR IC, CONTINUE WITH EV04 |
| OTHERWISE, GO TO EV05 |

EV04

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {START-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 2008), enter 95 in month for discharge date.
Probe: Any other stays?
To add, press CTRL/A. To delete, press CTRL/D.
To leave, press ESC.

[Enter Month,Day,Year-4] [Enter Month,Day,Year-4]
[Enter Month,Day,Year-4] [Enter Month,Day,Year-4]
[Enter Month,Day,Year-4] [Enter Month,Day,Year-4]

ROSTER DEFINITION: THIS ITEM USES PERSON’S-MEDICAL-EVENTS-ROSTER TO COLLECT ALL EVENTS (DATE RANGES) THAT ARE EVENT TYPE HS OR EVENT TYPE IC, DEPENDING ON THE TYPE OF EVENT BEING ASKED ABOUT.

PERSON’S EVENT ROSTER BEHAVIOR SPECIFICATIONS:

1. THIS ROSTER WILL APPEAR BLANK WHEN DISPLAYED. INTERVIEWER CAN ADD ANY NUMBER OF EVENTS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF EVENTS).
2. INTERVIEWER CAN DELETE AN EVENT THAT WAS ENTERED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN EVENT ENTERED IN ERROR.

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

DISPLAY ‘OR RELEASED IN 2008’ 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.

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

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.
MEPS FAMES Panel 11 Round 5 Event Roster (EV) Section

<table>
<thead>
<tr>
<th>REF AND DK ARE ALLOWED IN THE DAY AND YEAR FIELDS</th>
<th>BUT ARE DISALLOWED IN THE MONTH FIELD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO BOX_06</td>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

EV06
====

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

Thinking about the health care (PERSON) received at home, was the person who provided the care a friend or neighbor, a relative, a volunteer, or some type of provider who was paid? Please do not include health care received from friends or relatives living here.

PROBE: Do you have a brochure, folder, binder of papers, telephone listing, or anything which might help?

NOTE: SELECT ONLY ONE TYPE OF PROVIDER AT THIS TIME.

- FRIEND/NEIGHBOR ............................. 1 {EV08}
- RELATIVE ...................................... 2 {EV07}
- VOLUNTEER ..................................... 3 {EV08}
- OTHER-PAID .................................... 4
- VOLUNTEERED: MEAL DELIVERY SERVICE .... 5 {BOX_06}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

{Code One}

| IF CODED '5' (VOLUNTEERED: MEAL DELIVERY SERVICE), DO NOT CREATE AN EVENT RECORD. |

EV06A
====

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

Did this person work for a home health agency, hospital, or nursing home or did they work for themselves?

PROBE: Do you have a brochure, folder, binder of papers, telephone listing, or anything which might help?

WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME ........................... 1 {BOX_04}
WORKED FOR SELF ................................. 2 {BOX_04}
REF ............................................. -7 {BOX_04}
DK ............................................... -8 {BOX_04}

{Code One}

EV07
====

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

What is the relationship of the relative who provided home care services to (PERSON)?

IF MORE THAN ONE DAUGHTER/DAUGHTER-IN-LAW/SON/SON-IN-LAW, CODE ONLY ONE AT THIS TIME AND TREAT EACH AS A SEPARATE HOME HEALTH EVENT.

INCLUDE ALL OTHER TYPES OF RELATIVES AS ONE GROUP AND CODE 'OTHER-RELATIVE' ONLY ONE TIME.

DAUGHTER ......................................... 1 {BOX_04}
DAUGHTER-IN-LAW .................................. 2 {BOX_04}
SON .................................... 3 {BOX_04}
SON-IN-LAW ............................. 4 {BOX_04}
OTHER RELATIVE ........................ 5

[Code One]

EV07OV1
======

CODE RELATIONSHIPS OF ALL DIFFERENT TYPES OF RELATIVES WHO
PROVIDED HOME CARE SERVICES SINCE (START DATE) TO (PERSON).

MOTHER ................................. 1
FATHER ................................. 2
SISTER ................................. 3
BROTHER ................................ 4
GRANDPARENT ............................ 5
GRANDCHILD ............................. 6
AUNT/UNCLE ............................. 7
NIECE/NEPHEW ............................ 8
Cousin ................................. 9
OTHER ................................. 91
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

----------------------------------------------------
| IF EV07OV1 IS CODED ‘91’ (OTHER), ALONE OR IN    |
| COMBINATION WITH ANY OTHER CODES, CONTINUE WITH    |
| EV07OV2                                           |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO EV08                             |
----------------------------------------------------

EV07OV2
======

ENTER OTHER:

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

REF ................................... -7
DK .................................... -8

EV08
====

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

How many different {friends or neighbors/volunteers/relatives,
other than daughters, daughters-in-law, sons, and sons-in-law}
provided home care services for (PERSON) since (START DATE)?

[Enter Number-2] .......................

REF ................................... -7
DK .................................... -8

[Code One]

----------------------------------------------------
| DISPLAY 'friends or neighbors' IF EV06 IS CODED   |
| '1' (FRIEND/NEIGHBOR). DISPLAY 'volunteers' IF     |
| EV06 IS CODED '3' (VOLUNTEER). DISPLAY 'relatives,'|
| other than daughters, daughters-in-law, sons, and  |
| sons-in-law' IF EV07 IS CODED '5'                 |
| (OTHER-RELATIVE).                                 |

----------------------------------------------------
IF EV06 IS CODED ‘1’ (FRIEND/NEIGHBOR):
- ADD ‘FRIEND/NEIGHBOR’ TO THE
  RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-
  PROVIDER NAME COLUMN. NO ADDRESS INFORMATION
  IS NECESSARY.
- FLAG PROVIDER AS ‘INFORMAL’.

IF EV06 IS CODED ‘3’ (VOLUNTEER):
- ADD ‘VOLUNTEER’ TO THE
  RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-
  PROVIDER NAME COLUMN. NO ADDRESS INFORMATION
  IS NECESSARY.
- FLAG PROVIDER AS ‘INFORMAL’.

IF EV07 IS CODED ‘5’ (OTHER RELATIVE):
- ADD ‘OTHER RELATIVE’ TO THE
  RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-
  PROVIDER NAME COLUMN. NO ADDRESS INFORMATION
  IS NECESSARY.
- FLAG PROVIDER AS ‘INFORMAL’.

GO TO BOX_05

ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT
AT COMPLETION OF THE PV SECTION, CONTINUE WITH BOX_05

IF EV06 IS CODED ‘1’ (FRIEND/NEIGHBOR) OR ‘3’ (VOLUNTEER) AND ROUND 1, GO TO EV12

IF EV06 IS CODED ‘1’ (FRIEND/NEIGHBOR) OR ‘3’ (VOLUNTEER) AND NOT ROUND 1, GO TO EV13

IF EV06 IS CODED ‘2’ (RELATIVE), FLAG PROVIDER JUST COLLECTED IN PV SECTION AS ‘INFORMAL’ AND THEN GO TO EV13

IF EV06A IS CODED ‘2’ (WORKED FOR SELF), ‘-7’
MEPS FAMES Panel 11 Round 5 Event Roster (EV) Section

EV09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EV} {STR-DT}
{END-DT}
How many people from (PROVIDER) provided home care services for (PERSON)?

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

[Code One]

| IF ROUND 1, GO TO EV12 |
| OTHERWISE, GO TO EV13 |

EV10
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EV} {STR-DT}
{END-DT}
Is (PROVIDER) a companion, a professional homemaker, a home health or nurse’s aide, a health professional, or something else?

PROBE: Health professionals include people like nurses, social workers, therapists of any type.

COMPANION .............................. 1
DOMESTIC WORKER/HOUSE CLEANER .... 2
HEALTH PROFESSIONAL .................. 3
HOMEMAKER .............................. 4
HOME HEALTH AIDE ...................... 5
NURSE’S AIDE ............................. 6
PERSONAL CARE ATTENDANT ............. 7
OTHER ..................................... 91
REF ..................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]

| IF EV10 CODED '3' (HEALTH PROFESSIONAL), GO TO EV11 |
| IF EV10 CODED '91' (OTHER), CONTINUE WITH EV10OV |
| IF EV10 NOT CODED '3' (HEALTH PROFESSIONAL), OR '91' (OTHER), AND ROUND 1, GO TO EV12 |
| OTHERWISE, GO TO EV13 |
EV10OV

ENTER OTHER:

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

<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

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

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]

<table>
<thead>
<tr>
<th>IF EV11 CODED ‘91’ (OTHER), CONTINUE WITH EV11OV</th>
</tr>
</thead>
</table>

<p>| IF EV11 NOT CODED ‘91’ (OTHER), AND ROUND 1, |</p>
<table>
<thead>
<tr>
<th>GO TO EV12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EV13</th>
</tr>
</thead>
</table>

EV11OV

ENTER OTHER:

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

<table>
<thead>
<tr>
<th>IF ROUND 1, CONTINUE WITH EV12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EV13</th>
</tr>
</thead>
</table>
MEPS FAMES Panel 11 Round 5 Event Roster (EV) Section

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, 2006?
  YES .................................... 1
  NO ..................................... 2
  REF ................................... -7
  DK .................................... -8

[Code One]

| DISPLAY 'someone from' IF PROVIDER IS A FACILITY. |
| OTHERWISE, USE A NULL DISPLAY.                    |

EV13
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EV} {STR-DT} {END-DT}
{Last time we recorded that (PERSON) received home care services from (PROVIDER) during some part of {PRV RD INTV MTH}.}
Did (PERSON) continue to receive home care services from (PROVIDER) during the rest of {PRV RD INTV MTH}? Did {someone from} (PROVIDER) provide home care services for (PERSON) during the month of (MONTH)?
How about in (MONTH)?

Yes   No    REF   DK

EV13_01
=======

{MONTH}                1     2     -7    -8

EV13_02
=======

{MONTH}                1     2     -7    -8

EV13_03
=======

{MONTH}                1     2     -7    -8

EV13_04
=======

{MONTH}                1     2     -7    -8

----------------------------------------------------
| EV13 SCREEN DISPLAY SPECIFICATIONS:                |
| 1. THE NUMBER AND NAMES OF THE MONTHS LISTED ARE  |
| DETERMINED BY THE NUMBER OF MONTHS BETWEEN THE    |
| MONTH OF THE START DATE AND THE MONTH OF THE END  |
| DATE FOR THIS PERSON. FOR EXAMPLE, IF THE START   |
| DATE IS JANUARY 1 AND THE END DATE IS APRIL 10    |
| FOR THIS PERSON’S REFERENCE PERIOD, ‘JANUARY’,    |
| ‘FEBRUARY’, ‘MARCH’, AND ‘APRIL’ ARE DISPLAYED.   |
| THAT IS, THE MONTHS ARE ALL THE MONTHS OF THE     |
| PERSON’S REFERENCE PERIOD.                        |
| 2. ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ARE      |
ALLOWED FOR EV13_01, EV13_02, EV13_03, AND EV13_04. HOWEVER, THEY WILL BE TREATED AS A ‘NO’ WHEN CREATING EVENTS.

NOTE: THE SCREEN LAYOUT SHOULD ACCOMMODATE AS MANY MONTHS AS POSSIBLE.

DISPLAY FIRST PARAGRAPH IF A HOME HEALTH EVENT FOR THE MONTH OF THE PREVIOUS ROUND’S INTERVIEW DATE FOR THIS PERSON-PROVIDER PAIR WAS CREATED DURING THE PREVIOUS ROUND (HOWEVER, IT WOULD NOT HAVE BEEN ASKED ABOUT). OTHERWISE, USE A NULL DISPLAY.

DISPLAY THE MONTH OF THE PREVIOUS ROUND’S INTERVIEW DATE FOR ‘{PRV RD INTV MTH}’.

DISPLAY ‘someone from’ IF PROVIDER IS A FACILITY. OTHERWISE, USE A NULL DISPLAY.

EDIT: ALL MONTHS DURING THE REFERENCE PERIOD CANNOT BE CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW). IF ALL ARE, DISPLAY THE FOLLOWING MESSAGE: ‘MUST RECEIVE HOME CARE DURING AT LEAST ONE MONTH.’

MESSAGE: IF CURRENT INTERVIEW MONTH IS CODED ‘1’ (YES), DISPLAY THE FOLLOWING MESSAGE: ‘HOME HEALTH UTILIZATION SEC FOR {INT MONTH} WILL NOT BE ASKED UNTIL NEXT ROUND.’

EACH MONTH CODED ‘1’ (YES) BECOMES A SEPARATE HOME HEALTH EVENT FOR THIS PERSON-PROVIDER PAIR. HOWEVER, IF THE CURRENT INTERVIEW MONTH IS CODED ‘1’ (YES), IT WILL NOT BE ASKED ABOUT UNTIL THE NEXT ROUND. IF THE MONTH OF THE PREVIOUS ROUND’S INTERVIEW DATE IS CODED ‘1’ (YES), IT IS ONLY ASKED ABOUT ONE TIME. THAT IS, IT IS NOT A SEPARATE EVENT FOR BOTH THE PREVIOUS ROUND AND THIS ROUND, IT IS ONLY ONE EVENT.

NOTE: A SEAM MONTH WILL BE ASKED ONLY ONE HOME HEALTH UTILIZATION SECTION WHENEVER IT RECEIVES (OR RECEIVED) A CODE OF ‘1’ (YES) IN EITHER THE CURRENT ROUND OR THE PREVIOUS ROUND.

RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN PP OR ED.
Employment Wage (EW) Section

EW01
=====

(Person's First Middle and Last Name) (Employer Being Asked About...) (Job-St)
(Job-Ed)

(For the next few questions, please think about the time between Start Date of Reference Period and End Date of Reference Period and what (Person) was making then.)

At (Employer), {(are/is)/(were/was)} (Person) salaried, paid by the hour, or paid some other way?

If salaried and receives tips, bonus, or commission, code 1.
If paid by the hour and receives tips, bonus, or commission, code 2.

Salaried ......................................... 1 {EW11}
Paid by the hour .............................. 2 {EW18}
Paid some other way .......................... 3
Ref .......................................... -7 {EW08}
Dk ........................................... -8 {EW07}

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

EW02
=====

(Person's First Middle and Last Name) (Employer Being Asked About...) (Job-St)
(Job-Ed)

How {(are/is)/(were/was)} (Person) paid?

By the day ..................................... 1 {EW03}
Piecework ..................................... 2 {EW05}
Commission ................................... 3 {EW23}
Bonus .......................................... 4 {EW23}
By the job/mile ............................... 5 {EW05}
Other .......................................... 91
Ref ............................................ -7 {EW08}
Dk ............................................ -8 {EW07}

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

EW02OV
======

Enter other:

[Enter Other Specify] ..................... {EW05}
Ref .......................................... -7 {EW05}
Dk ........................................... -8 {EW05}

EW03
=====

(Person's First Middle and Last Name) (Employer Being Asked About...) (Job-St)
(Job-Ed)

What {is/was} (Person)'s daily wage rate?

[Enter $ Per Day] .......................
Ref .......................................... -7 {EW08}
Dk ........................................... -8 {EW07}
(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (JOB-ST)

How many {(do/does)/did} (PERSON) usually work per day?

[Enter Hours]...........................  {EW23}
REF ................................... -7  {EW23}
DK .................................... -8  {EW23}

How much {(do/does)/did} (PERSON) usually make this way?

AMOUNT:
[Enter $ Amount] .......................  {EW08}
REF ................................... -7  {EW07}
DK .................................... -8  {EW07}

[Code One]

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (JOB-ST)

If (PERSON) worked an extra hour, how much would (PERSON) earn for that hour?

[Enter $ Per Hour] .....................  {EW23}
REF ................................... -7  {EW23}
DK .................................... -8  {EW23}

I would just like to get a rough idea of how much (PERSON)
{(earn/earns)/earned} at this job. Approximately how much
{(do/does)/did} (PERSON) make per hour?

[Enter $ Per Hour] .....................   {EW23}
REF ................................... -7 {EW23}
DK .................................... -8

EW08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}
{JOB-ED}
Could you just tell me if (PERSON) {(make/makes)/made} more or
less than $10 an hour at this job?

$10 OR MORE ............................ 1 {EW10}
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 $5.85 an hour?

$5.85 OR MORE .......................... 1 {EW23}
LESS THAN $5.85 ........................ 2 {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}

[Code One]

EW11
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}
{JOB-ED}
How much {is/was} (PERSON)'s salary before taxes, not
including tips, commissions, or bonuses?
AMOUNT:

[Enter $ Amount] .......................... 1 {EW10}
REF ................................... -7 {EW14}
DK .................................... -8 {EW13}

EW11OV1
======

PER PERIOD:
PER YEAR .............................. 1 {EW12}
PER MONTH .............................. 2 {EW17}
PER TWO-WEEK PERIOD ........................ 3 {EW17}
PER WEEK ............................... 4 {EW17}
OTHER ................................. 91
REF ................................... -7 {EW14}
DK .................................... -8 {EW13}

[Code One]

EW11OV2
=======

ENTER OTHER:

[Enter Other Specify] .................... {EW17}
REF ................................... -7 {EW17}
DK .................................... -8 {EW17}

BOX_01
======

OMITTED.

EW12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT.....} {JOB-ST}
{JOB-ED}
On how many weeks of work per year (is/was) this salary based?
[Enter Number of Weeks] ................ {EW17}
REF ................................... -7 {EW17}
DK .................................... -8 {EW17}

EW13
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT.....} {JOB-ST}
{JOB-ED}
I would just like to get a rough idea of how much (PERSON)
{(earn/earns)/earned} at this job. Approximately how much
{(do/does)/did} (PERSON) make per hour?
[Enter $ Per Hour] ..................... {EW17}
REF ................................... -7 {EW17}
DK .................................... -8

EW14
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT.....} {JOB-ST}
{JOB-ED}
Could you just tell me if (PERSON) {(make/makes)/made} more or
less than $10 an hour at this job?
$10 OR MORE ............................. 1
LESS THAN $10 .......................... 2 {EW16}
REF ................................... -7 {EW17}
DK .................................... -8 {EW17}

[Code One]

EW15
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED
ABOUT.....} {JOB-ST}
{JOB-ED}
More or less than $15 an hour?

$15 OR MORE ........................................ 1 {EW17}
LESS THAN $15 ........................................ 2 {EW17}
REF ................................................. -7 {EW17}
DK ..................................................... -8 {EW17}

[Code One]

EW16

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

More or less than $5.85 an hour?

$5.85 OR MORE ........................................ 1
LESS THAN $5.85 .................................... 2
REF ................................................... -7
DK .................................................. -8

[Code One]

EW17

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

Often, the number of hours people work is different from the number of hours on which their salaries are based. On how many hours per week (is/was) (PERSON)'s salary based?

[Enter Hours Per Week] ....................... {EW23}
REF ................................................. -7 {EW23}
DK .................................................. -8 {EW23}

PRESS F1 FOR DEFINITION OF HOURS WORKED PER WEEK.

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

EW18

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

What (is/was) (PERSON)'s hourly wage rate for (PERSON)'s regular work time, not including tips, commissions, or bonuses at (EMPLOYER)?

[Enter $ Per Hour] ......................... {EW20}
REF ............................................. -7 {EW20}
DK .............................................. -8 {EW20}

EW19

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

What (is/was) (PERSON)'s hourly rate for overtime?

DOES NOT WORK OVERTIME ...................... 1 {EW23}
STRAIGHT TIME .................................. 2 {EW23}
TIME AND A HALF .................................. 3 {EW23}
COMP TIME ........................................ 4 {EW23}
EXACT AMOUNT .................................... 5
OTHER ............................................. 91 {EW19OV2}
EW19OV1

ENTER EXACT AMOUNT:

[Enter $ Per Hour] ........................ (EW23)

EW19OV2

ENTER OTHER:

[Enter Other Specify] ........................ (EW23)

EW20

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED
ABOUT....)  (JOB-ST)

(COULD YOU JUST TELL ME IF (PERSON) [(make/makes)/made] MORE OR
LESS THAN $10 AN HOUR AT THIS JOB?)

$10 OR MORE ............................. 1 (EW23)
LESS THAN $10 ............................ 2 (EW22)

EW21

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED
ABOUT....)  (JOB-ST)

(MORE OR LESS THAN $15 AN HOUR?)

$15 OR MORE ............................. 1 (EW23)
LESS THAN $15 ............................ 2 (EW23)

EW22

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED
ABOUT....)  (JOB-ST)

(MORE OR LESS THAN $5.85 AN HOUR?)

$5.85 OR MORE ............................ 1
LESS THAN $5.85 ........................... 2

EW23

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED
ABOUT....)  (JOB-ST)

(COULD YOU JUST TELL ME IF (PERSON) [(make/makes)/made] MORE OR
LESS THAN $5.85 AN HOUR?)

$5.85 OR MORE ............................ 1
LESS THAN $5.85 ........................... 2

[Code One]
On this job, {(do/does)/did} (PERSON) earn ...

YES NO REF DK

EW23_01
=======
tips? 1 2 -7 -8

EW23_02
=======
bonuses? 1 2 -7 -8

EW23_03
=======
commissions? 1 2 -7 -8

PRESS F1 FOR DEFINITION OF TIPS/BONUSES/COMMISSIONS.

----------------------------------------------------
| IF EW02 IS CODED '4' (BONUS), AUTOMATICALLY CODE |
| EW23_02 AS '1' (YES) AND DO NOT DISPLAY EW23_02 |
----------------------------------------------------

----------------------------------------------------
| IF EW02 IS CODED '3' (COMMISSION), AUTOMATICALLY |
| CODE EW23_03 AS '1' (YES) AND DO NOT DISPLAY |
| EW23_03 |
----------------------------------------------------

----------------------------------------------------
| IF EW23_01 - EW23_03 ARE ALL CODED '2' (NO), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_04 |
----------------------------------------------------

----------------------------------------------------
| IF EW23_01 IS CODED '2' (NO), '-7' (REFUSED) OR |
| '-8' (DON'T KNOW), GO TO BOX_02 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH EW24A |
----------------------------------------------------

EW24A
=====

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

How much {are/were} (PERSON)'s tips on average?

TIPS:
AMOUNT:
[Enter $ Amount] .....................
REF .................................. -7 {BOX_02}
DK .................................... -8 {BOX_02}

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

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] ....................... -7 {BOX_03}
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                |
----------------------------------------------------

Page 8 of 9
EW24C

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

How much {are/were} (PERSON)'s commissions on average?

COMMISSIONS:
AMOUNT:
[Enter $ Amount] .....................
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

EW24COV1

PER PERIOD:
PER HOUR .................................. 1 {BOX_04}
PER DAY ................................... 2 {BOX_04}
PER WEEK .................................. 3 {BOX_04}
PER TWO-WEEK PERIOD .................... 4 {BOX_04}
PER MONTH ................................ 5 {BOX_04}
PER YEAR .................................. 6 {BOX_04}
OTHER ..................................... 91
REF ..................................... -7 {BOX_04}
DK ..................................... -8 {BOX_04}

EW24COV2

ENTER OTHER:
[Enter Other Specify] ..................
REF ..................................... -7
DK ..................................... -8

BOX_04

RETURN TO ORIGINAL QUESTIONNAIRE SECTION (EITHER RJ OR EM-B).
Flat Fee (FF) Section

BOX_01
======
----------------------------------------------------
| IF NO FLAT FEE GROUPS ALREADY ON PERSONS-FLAT-FEE-|
| GROUPS-ROSTER, GO TO FF02                         |
----------------------------------------------------
| OTHERWISE, CONTINUE WITH FF01                     |
----------------------------------------------------

FF01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}
Let me review the groups of health care events I have recorded for (PERSON). Please tell me if any of these groups include the charge that covered ((PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/ (PERSON)'s visit to (PROVIDER) on (VISIT DATE)/ (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.                        |
----------------------------------------------------

FF02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}
Let me review the list of health care events I have recorded for (PERSON). Please tell me which of these were included in the same charge that covered ((PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)).

REVIEW EVENTS WITH RESPONDENT.
SELECT EVENTS COVERED BY SAME CHARGE AS EVENT BEING ASKED ABOUT.

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

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL MEDICAL EVENTS ON PERSON’S-MEDICAL-EVENTS-ROSTER THAT MEET THE FOLLOWING CONDITIONS: |
| - EVENT HAS CP STATUS OF ‘PROCESSED’ OR ‘UNPROCESSED’ |
| - EVENT IS NOT ALREADY INCLUDED IN A FLAT FEE GROUP OR A REPEAT VISIT GROUP |
| - EVENT IS NOT ALREADY CODED (VERIFIED) AS A COPAYMENT |
| - EVENT TYPE IS NOT PM, IC, OM TYPE 2 (INSULIN), OR OM TYPE 3 (OTHER DIABETIC SUPPLIES OR EQUIPMENT) |
| - EVENT IS NOT AN HS EVENT WITH A DISCHARGE DATE CODED ‘95’ (STILL IN HOSPITAL) |
| - EVENT IS NOT AN MV OR OP EVENT THAT WAS A TELEPHONE CALL (OP02 OR MV01 CODED ‘2’) |
| - EVENT IS NOT A HH EVENT WITH EVENT DATE = INTERVIEW MONTH |

| DISPLAY ‘OUTSIDE REFERENCE PERIOD’ AS THE LAST ENTRY IN THE 'EVENT DATE' COLUMN. |

FF03

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.} {EV} {EVN-DT}
INTERVIEWER: RECORD 'NAME OF FLAT FEE GROUP' FOR EVENTS SELECTED IN PREVIOUS QUESTION:

[Enter Flat Fee Group]

| WRITE FLAT FEE GROUP TO PERSON’S-FLAT-FEE-GROUPS-ROSTER. |

Page 2 of 5
---

<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, 2007?

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, 2007?

[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, 2007?

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

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.

FF12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}
INTERVIEWER: IS THE VISIT THAT INCLUDES SURGERY ALREADY PART OF THE FLAT FEE GROUP?

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

[Code One]

FF13
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}
Will this be the kind of surgery for which (PERSON) has to stay in the hospital at least one night or will (PERSON) be allowed
to go home the same day of the surgery?
AT LEAST ONE NIGHT ..................... 1
SAME DAY ............................... 2
REF ................................... -7
DK .................................... -8
[Code One]

BOX_02

-------------------------------------------
| RETURN TO THE EVENT DRIVER FOR THIS EVENT-PROVIDER |
| PAIR. IF EVENT-PROVIDER PAIR BEING ASKED ABOUT WAS |
| PART OF AN EXISTING FLAT FEE GROUP (A NAME WAS |
| SELECTED AT FF01), FLAG THE CP STATUS OF THE |
| EVENT-PROVIDER PAIR AS 'PROCESSED'. IF A NEW FLAT |
| FEE GROUP WAS FORMED AT FF02, THE COMPLETE (FROM |
| THE BEGINNING) CP SECTION WILL BE ASKED FOR THIS |
| FLAT FEE GROUP. |

-------------------------------------------
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.
IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE02

HE02

{STR-DT}
{END-DT}

HELP OR SUPERVISION USING THE TELEPHONE, PAYING BILLS, TAKING MEDICATIONS, PREPARING LIGHT MEALS, DOING LAUNDRY, OR GOING SHOPPING.

Who is that?

PROBE: Does anyone else receive help or supervision doing these types of activities?

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

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

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

FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC SUPPLEMENT: IADL SECTION.

LOOP_01

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

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]

**ROSTER DEFINITION:** This item displays all persons on the RU-memories-ROSTER, excluding deceased RU members.

- **FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC SUPPLEMENT: ADL SECTION.**

**LOOP_02**

**FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE06 - END_LP02**

**LOOP DEFINITION: LOOP_02 determines if persons 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
Ref ................................... -7
DK .................................... -8

Press F1 for definition of help/supervision and impairment.

----------------------------------------------------
| If coded '1' (yes), flag person for the LTC           |
| supplement: ADL section.                            |
----------------------------------------------------

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

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

Page 5 of 25
REF ...................................  -7 {HE09}
DK ....................................  -8 {HE09}
PRESS F1 FOR EXAMPLES OF AIDS/SPECIAL EQUIPMENT.

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,      |
| AUTOMATICALLY CODE PERSON AS 'USES AIDS' AT HE08 |
| BY CAPI AND GO TO HE09                           |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
| WITH HE08                                         |
----------------------------------------------------

HE08
====

{STR-DT}
{END-DT}

USE ANY AIDS SUCH AS A WALKER, GRAB BARS IN THE BATHTUB OR ANY OTHER SPECIAL EQUIPMENT FOR PERSONAL CARE OR EVERYDAY ACTIVITIES.

Who is that?

PROBE: Does anyone else use any aids for personal care or everyday activities?

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

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

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

----------------------------------------------------
| FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: |
| AIDS/SPECIAL EQUIPMENT SECTION.                    |
----------------------------------------------------

HE09
====

{STR-DT}
{END-DT}

Does anyone in the family have difficulties walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time?

YES ......................... 1
NO ............................ 2 {HE19}
REF ............................. -7 {HE19}
DK ............................. -8 {HE19}

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,        |
| AUTOMATICALLY CODE PERSON AS 'HAVING DIFFICULTY'   |
| AT HE10 BY CAPI AND GO TO LOOP_03                 |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
| WITH HE10                                         |
----------------------------------------------------
DIFFICULTIES WALKING, CLIMBING STAIRS, GRASPING OBJECTS, REACHING OVERHEAD, LIFTING, BENDING OR STOOPING, OR STANDING FOR LONG PERIODS OF TIME.

Who is that?
PROBE: Does anyone else have difficulties doing these types of activities?

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

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

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

----------------------------------------------------
| FLAG ALL SELECTED PERSONS WHO ARE = OR > 13 YEARS OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC SUPPLEMENT: FUNCTIONAL LIMITATIONS SECTION. |
----------------------------------------------------

LOOP_03

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK | HE11 - END_LP03 |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON | THE LEVEL OF FUNCTIONAL LIMITATION WITH VARIOUS | PHYSICAL ACTIVITIES FOR PERSONS = OR > 13 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE | FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED | - PERSON HAS FUNCTIONAL LIMITATIONS (I.E., PERSON SELECTED AT HE10) | - PERSON = OR > 13 YEARS OF AGE OR IN AGE | CATEGORIES 4-9 |
----------------------------------------------------

BOX_03

OMITTED.

HE11

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

SHOW CARD HE-1.
(For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.)
Please look at this card and tell me how much difficulty (do/does) (PERSON) have lifting something as heavy as 10 pounds, such as a full bag of groceries? Would you say no
difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ....................... 2
A LOT OF DIFFICULTY ................. 3
COMPLETELY UNABLE TO DO IT ....... 4
REF ..................................... -7
DK ................................... -8

[Code One]

----------------------------------------------------
| DISPLAY ‘For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.’ IF PERSON BEING ASKED ABOUT CODED AS BEING INSTITUTIONALIZED AT END DATE. IF PERSON BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN THE RU, USE A NULL DISPLAY. |
----------------------------------------------------

HE12
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have walking up 10 steps without resting?
PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?
IF RESPONDENT VOLUNTEERS THAT PERSON IS COMPLETELY UNABLE TO WALK, CODE 5.

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ....................... 2
A LOT OF DIFFICULTY ................. 3
COMPLETELY UNABLE TO DO IT ....... 4
COMPLETELY UNABLE TO WALK ....... 5
REF ..................................... -7
DK ................................... -8

[Code One]

----------------------------------------------------
| IF CODED ‘5’ (COMPLETELY UNABLE TO WALK), AUTOMATICALLY CODE HE13, HE14, HE15, AND HE16 AS ‘4’ (COMPLETELY UNABLE TO DO IT) BY CAPI, AND GO TO HE17 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH HE13 |
----------------------------------------------------
A LOT OF DIFFICULTY .................... 3
COMPLETELY UNABLE TO DO IT ............ 4
REF ........................................ -7
DK ......................................... -8

[Code One]

| IF CODED '4' (COMPLETELY UNABLE TO DO IT), |
| AUTOMATICALLY CODE HE14 AS '4' (COMPLETELY UNABLE |
| TO DO IT) BY CAPI, AND GO TO HE15               |

| OTHERWISE, CONTINUE WITH HE14                  |

HE14
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have walking a mile? 
PROBE: Would you say no difficulty, some difficulty, a lot of 
difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ...................... 2
A LOT OF DIFFICULTY ............... 3
COMPLETELY UNABLE TO DO IT ........ 4
REF ...................................... -7
DK ...................................... -8

[Code One]

HE15
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have standing for about
20 minutes?
PROBE: Would you say no difficulty, some difficulty, a lot of
difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ...................... 2
A LOT OF DIFFICULTY ............... 3
COMPLETELY UNABLE TO DO IT ........ 4
REF ...................................... -7
DK ...................................... -8

[Code One]

HE16
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have bending down or
stooping from a standing position to pick up an object from
the floor or tie a shoe?
PROBE: Would you say no difficulty, some difficulty, a lot of
difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1
SOME DIFFICULTY ...................... 2

Page 9 of 25
A LOT OF DIFFICULTY .................... 3
COMPLETELY UNABLE TO DO IT ............. 4
REF ................................... -7
DK .................................... -8
[Code One]

HE17
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have reaching up overhead, for example to remove something from a shelf?
PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?
   NO DIFFICULTY .......................... 1
   SOME DIFFICULTY ........................ 2
   A LOT OF DIFFICULTY .................... 3
   COMPLETELY UNABLE TO DO IT ............. 4
   REF ................................... -7
   DK .................................... -8
[Code One]

HE18
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD HE-1.
How much difficulty (do/does) (PERSON) have using fingers to grasp or handle something such as picking up a glass from a table or using a pencil to write?
PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?
   NO DIFFICULTY .......................... 1
   SOME DIFFICULTY ........................ 2
   A LOT OF DIFFICULTY .................... 3
   COMPLETELY UNABLE TO DO IT ............. 4
   REF ................................... -7
   DK .................................... -8
[Code One]

HE18A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
(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 |
HE19
====
{STR-DT}
{END-DT}
Is anyone in the family limited in any way in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

YES ........................................ 1
NO ........................................ 2 {HE22}
REF ........................................ -7 {HE22}
DK ........................................ -8 {HE22}
PRESS F1 FOR DEFINITION OF LIMITED ABILITY AND IMPAIRMENT.

IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'LIMITED ABILITY' AT HE20 BY CAPI AND GO TO LOOP_04

IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE20

HE20
====
{STR-DT}
{END-DT}
LIMITED ABILITY TO WORK AT A JOB, DO HOUSEWORK OR GO TO SCHOOL BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?

PROBE: Is anyone else limited in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

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

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

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

FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC SUPPLEMENT: WORK-HOUSEWORK-SCHOOL LIMITATIONS SECTION.

LOOP_04
======
FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE20A - END_LP04
LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ON WORK/HOUSEWORK/SCHOOL LIMITATIONS BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM FOR PERSONS = OR > 5 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS LIMITED IN ABILITY TO WORK AT A JOB, DO HOUSEWORK, OR GO TO SCHOOL (I.E., PERSON SELECTED AT HE20)
- PERSON = OR > 5 YEARS OF AGE OR IN AGE CATEGORIES 3-9

OMITTED.

HE20A

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
Which activities is (PERSON) limited in doing because of an impairment or a physical or mental health problem - working at a job, doing housework, or going to school?
CODE ALL THAT APPLY.
WORKING AT A JOB ...................... 1
DOING HOUSEWORK ....................... 2
GOING TO SCHOOL ....................... 3
REF ................................... -7
DK .................................... -8
[Code All That Apply]

HE21

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{At the time (PERSON) entered the institution, was/(Are/Is)} (PERSON) completely unable to {work at a job}{,/ and} {do housework}{ and}{ go to school}?
YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

DISPLAY ‘At the time (PERSON) entered the institution, was’. IF PERSON BEING ASKED ABOUT CODED AS BEING INSTITUTIONALIZED AT END DATE. DISPLAY ‘(Are/Is)’ IF PERSON BEING ASKED ABOUT IS A CURRENT RU MEMBER LIVING IN THE RU.

DISPLAY ‘work at a job’ IF HE20A IS CODED ‘1’ (WORKING AT A JOB), EITHER ALONE OR IN COMBINATION WITH OTHER CODES OR IF HE20A IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW). IF HE20A IS NOT CODED ‘1’, ‘-7’, OR ‘-8’, USE A NULL DISPLAY.
| DISPLAY ',' IF HE20A IS CODED '1', '2', AND '3' OR |
| IF HE20A IS CODED EITHER '-7' OR '-8'. |
| DISPLAY ' and' IF HE20A IS CODED '1' AND EITHER |
| '2' OR '3'. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ' do housework' IF HE20A IS CODED '2' |
| (DOING HOUSEWORK), EITHER ALONE OR IN COMBINATION |
| WITH OTHER CODES OR IF HE20A IS CODED '-7' |
| (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT |
| CODED '2', '-7', OR '-8', USE A NULL DISPLAY. |
| DISPLAY ' and' IF ONLY CODES '2' AND '3' ARE |
| SELECTED AT HE20A OR IF CODES '1', '2', AND '3' |
| ARE ALL SELECTED AT HE20A OR IF CODED EITHER '-7' |
| OR '-8' AT HE20A. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ' go to school' IF HE20A IS CODED '3' |
| (GOING TO SCHOOL), EITHER ALONE OR IN COMBINATION |
| WITH OTHER CODES OR IF HE20A IS CODED '-7' |
| (REFUSED) OR '-8' (DON'T KNOW). IF HE20A IS NOT |
| CODED '3', '-7', OR '-8', USE A NULL DISPLAY. |

END_LP04
========

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_04 AND CONTINUE WITH HE22 |

HE22
====

{STR-DT}
{END-DT}

Besides the limitations we just talked about, is anyone in the family limited in participating in social, recreational or family activities because of an impairment or a physical or mental health problem?

YES ............................... 1
NO ................................. 2 {HE24}
REF ................................ 7 {HE24}
DK .................................. 8 {HE24}
PRESS F1 FOR DEFINITION OF LIMITED IN PARTICIPATING.

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'LIMITED IN |
| PARTICIPATION' AT HE23 BY CAPI AND GO TO HE24 |
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH HE23 |
HE23
====

{STR-DT}
{END-DT}
LIMITED IN PARTICIPATION IN SOCIAL, RECREATIONAL OR FAMILY ACTIVITIES BECAUSE OF AN IMPAIRMENT OR A PHYSICAL OR MENTAL HEALTH PROBLEM.

Who is that?
PROBE: Is anyone else limited in participation in activities because of an impairment or a physical or mental health problem?

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

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

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

-------------------------------------------------------------------------------------------------------------------
| FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC SUPPLEMENT: SOCIAL LIMITATIONS SECTION. |
-------------------------------------------------------------------------------------------------------------------

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

HE24
====

{STR-DT}
{END-DT}
Do any of the adults in the family (1= YES, 2= NO)

YES NO REF DK

HE24_01
=======
Experience confusion or memory loss such that it interferes with daily activities?

1 2 -7 -8

HE24_02
=======
Have problems making decisions to the point that it interferes with daily activities?

1 2 -7 -8

HE24_03
=======
Require supervision for their own safety?

1 2 -7 -8

-------------------------------------------------------------------------------------------------------------------
| IF HE24_01, HE24_02, OR HE24_03 IS CODED ‘1’ (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE AS ‘EXPERIENCES CONFUSION’ AT HE25 BY CAPI AND GO TO BOX_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.

OTHERWISE, CONTINUE WITH HE25

HE25

{STR-DT}

{END-DT}

{EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES}{(}HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES}{(}REQUIRE SUPERVISION FOR THEIR OWN SAFETY)

Who is that?

PROBE: Does anyone else {experience confusion or memory loss such that it interferes with daily activities} {{or }have problems making decisions to the point that it interferes with daily activities} {{or }require supervision for their own safety}?

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

TO LEAVE, PRESS ESC.

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

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS

DISPLAY 'EXPERIENCE CONFUSION OR MEMORY LOSS SUCH THAT IT INTERFERES WITH DAILY ACTIVITIES' IF HE24_01 CODED '1' (YES).

DISPLAY '{}HAVE PROBLEMS MAKING DECISIONS TO THE POINT THAT IT INTERFERES WITH DAILY ACTIVITIES' IF HE24_02 CODED '1' (YES). DISPLAY THE '{' ONLY IF HE24_01 IS ALSO CODED '1' (YES).

DISPLAY '{}REQUIRE SUPERVISION FOR THEIR OWN SAFETY' IF HE24_03 IS CODED '1' (YES). DISPLAY THE '{' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO CODED '1' (YES).

DISPLAY 'experience confusion or memory loss such that it interferes with daily activities' IF HE24_01 CODED '1' (YES).

DISPLAY '{or }have problems making decisions to the point that it interferes with daily activities' IF HE24_02 CODED '1' (YES). DISPLAY THE '{or }' ONLY IF HE24_01 IS ALSO CODED '1' (YES).
DISPLAY '{or }require supervision for their own safety' IF HE24_03 IS CODED '1' (YES). DISPLAY 'or ' ONLY IF HE24_01 AND/OR HE24_02 ARE ALSO CODED '1' (YES).

----------------------------------------------------
| FLAG ALL SELECTED PERSONS WHO ARE = OR > 18 YEARS OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC SUPPLEMENT: COGNITIVE LIMITATIONS SECTION.
----------------------------------------------------
| GO TO BOX_10.

----------------------------------------------------
BOX_05
------
OMITTED.

BOX_05A
------
OMITTED.

HE25A
-----
OMITTED.

HE25B
-----
OMITTED.

HE25C
-----
OMITTED.

HE26
====
{STR-DT}
{END-DT}
Does anyone in the family wear eyeglasses or contact lenses?
YES .............................. 1
NO .................................... 2 {HE28}
REF ................................... -7 {HE28}
DK .................................... -8 {HE28}

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AT HE27 BY CAPI AND GO |
| TO HE28 |

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
| CONTINUE WITH HE27 |

HE27
====
{STR-DT}
{END-DT}
Who is that?
PROBE: Does anyone else wear eyeglasses or contact lenses?
HE28
====

{STR-DT}
{END-DT}

Does anyone in the family have any difficulty seeing{ with glasses or contacts, if they use them}]?

YES .......................... 1
NO ........................................ 2 {HE33}
REF ........................................ -7 {HE33}
DK ........................................ -8 {HE33}

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

| DISPLAY `with glasses or contacts, if they use them]` IF HE26 IS CODED `1’ (YES). OTHERWISE, USE A NULL DISPLAY.
|----------------------------------------------------

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

IF CODED `1’ (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS ‘VISION IMPAIRED’ AT HE29 BY CAPI AND GO TO LOOP_05

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

IF CODED `1’ (YES) AND A MULTI-PERSON RU, CONTINUE WITH HE29

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

HE29
====

{STR-DT}
{END-DT}

DIFFICULTY SEEING {with glasses or contacts, if they use them]}. Who is that?

PROBE: Does anyone else have any difficulty seeing{ with glasses or contacts, if they use them]?

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

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

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

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

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

DISPLAY `with glasses or contacts, if they use them]’ IF HE26 IS CODED `1’ (YES). OTHERWISE, USE A NULL DISPLAY. Display `with glasses or contacts, if they use them]’ IF HE26 IS CODED `1’ (YES). OTHERWISE, USE A NULL DISPLAY.
LOOP_05

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,  |
| ASK HE30 - END_LP05                        |

LOOP DEFINITION: LOOP_05 COLLECTS VISION IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY SEEING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON HAS DIFFICULTY SEEING (I.E., PERSON SELECTED AT HE29)

HE30

{PERSON'S FIRST MIDDLE AND LAST NAME} (STR-DT)
{END-DT}
Can (PERSON) not see anything at all, that is, (are/is) (PERSON) blind?
YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF BLIND.

IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: VISION SECTION AND GO TO END_LP05

OTHERWISE, CONTINUE WITH HE31

HE31

{PERSON'S FIRST MIDDLE AND LAST NAME} (STR-DT)
{END-DT}
[With glasses or contacts, can/Can] (PERSON) see well enough to read ordinary newspaper print, even if (PERSON) cannot read?
YES ................................... 1 (END_LP05)
NO .................................... 2
REF ................................... -7
DK .................................... -8

DISPLAY 'With glasses or contacts, can' IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE (PERSON NOT SELECTED AT HE27), DISPLAY 'Can'.

HE32

{PERSON'S FIRST MIDDLE AND LAST NAME} (STR-DT)
{END-DT}
[With glasses or contacts, can/Can] (PERSON) see well enough to recognize familiar people if they are two or three feet away?
YES ................................... 1
NO ....................................  2
REF ................................. -7
DK ................................. -8

By default, display 'With glasses or contacts, can' if the person was selected at HE27, otherwise (person not selected at HE27), display 'Can.'

IF coded '2' (NO), flag person for the LTC supplement: VISION SECTION.

END_LP05

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

If no other persons meet the stated conditions, end loop_05 and continue with HE33.

HE33

Does anyone in the family wear a hearing aid?

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

If coded '1' (YES) and a single-person RU, automatically code person at HE34 by CAPI and go to HE35.

If coded '1' (YES) and a multi-person RU, continue with HE34.

HE34

Who is that?

Probe: Does anyone else wear a hearing aid?

To turn check mark on/off, use arrow keys, press enter.
To leave, press esc.

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

Roster definition: This item displays the RU-members-roster, excluding deceased RU members.

Flag all selected persons for the LTC supplement: HEARING SECTION.
HE35
====

{STR-DT}
{END-DT}

Does anyone in the family have any difficulty hearing\{with a hearing aid, if they use one\}?  

YES ...................................  1
NO ....................................  2 {BOX_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 |

HE36
====

{STR-DT}
{END-DT}

DIFFICULTY HEARING \{WITH A HEARING AID, IF THEY USE ONE\}.

Who is that?

PROBE: Does anyone else have any difficulty hearing\{with a hearing aid, if they use one\}?

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

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

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

| DISPLAY ‘[WITH A HEARING AID, IF THEY USE ONE]’ IF |
| HE33 IS CODED ‘1’ (YES). OTHERWISE USE A NULL |
| DISPLAY. DISPLAY ‘[with a hearing aid, if they use one]’ IF HE33 IS CODED ‘1’ (YES). OTHERWISE, |
| USE A NULL DISPLAY. |

LOOP_06
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| HE37 - END LP06 |

| LOOP DEFINITION: LOOP_06 COLLECTS HEARING |
IMPAIRMENT DETAILS FOR PERSONS HAVING DIFFICULTY HEARING. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS NOT DECEASED
- PERSON HAS DIFFICULTY HEARING (I.E., PERSON SELECTED AT HE36)

---

HE37

(Person’s first middle and last name) (STR-DT)

Can (person) not hear any speech at all, that is, (are/is) (person) deaf?

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

PRESS F1 FOR DEFINITION OF DEAF.

---

IF CODED ‘1’ (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: HEARING SECTION AND GO TO END_LP06

---

OTHERWISE, CONTINUE WITH HE38

---

HE38

(Person’s first middle and last name) (STR-DT)

(With a hearing aid, can/can) (person) hear most of the things people say?

YES ................................... 1 {END_LP06}
NO .................................... 2
REF .................................... -7
DK .................................... -8

DISPLAY ‘With a hearing aid, can’ IF PERSON BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE (PERSON NOT SELECTED AT HE34), DISPLAY ‘Can’.

---

HE39

(Person’s first middle and last name) (STR-DT)

(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’.

---
<table>
<thead>
<tr>
<th>IF CODED ‘2’ (NO), FLAG PERSON FOR THE LTC SUPPLEMENT: HEARING SECTION.</th>
</tr>
</thead>
</table>
END_LP06
========
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_06 AND GO TO BOX_10 |
BOX_06A
=======
OMITTED.
BOX_06
=======
OMITTED.
HE40
====
OMITTED.
HE41
====
OMITTED.
LOOP_07
=======
OMITTED.
HE42
====
OMITTED.
HE43
====
OMITTED.
HE44
====
OMITTED.
HE44OV
======
OMITTED.
END_LP07
========
OMITTED.
BOX_07
======
OMITTED.
LOOP_08
=======
OMITTED.
HE57
====
OMITTED.

HE57_01
======
OMITTED.

HE57_02
======
OMITTED.

END_LP10
======
OMITTED.

BOX_10
=====

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

Return to Top
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 ‘-7’ (REFUSED) OR ‘-8′ (DON’T KNOW) ENTERED IN |
| OTHER THAN FIRST FIELD, DISPLAY THE FOLLOWING    |
| MESSAGE AT THE BOTTOM OF THE SCREEN: ‘RESPONSE  |
| ALLOWED ON FIRST FIELD ONLY. PLEASE RE-ENTER.’   |
----------------------------------------------------

----------------------------------------------------
| NOTE: ‘SOME OTHER TYPE OF HEALTHCARE WORKER’ NOT |

<table>
<thead>
<tr>
<th>DISPLAYED ON SHOW CARD.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '91' (ALONE OR IN COMBINATION WITH ANY OTHER CODE), CONTINUE WITH HH02</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '-7' (REFUSED) OR '-8' (DON'T KNOW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALONE, GO TO HH03</td>
</tr>
</tbody>
</table>

| OTHERWISE, GO TO HH03 |

HH02

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

What type of health care worker was it?
CODE ALL THAT APPLY.

NONSKILLED WORKER (ANY TYPE OF WORKER WHO PROVIDES HOME CARE SERVICES WHICH GENERALLY FALL INTO COMPANION, HOMEMAKER, PERSONAL CARE CATEGORIES. THESE WORKERS MAY ALSO PERFORM MINOR HEALTH CARE ACTIVITIES SUCH AS ADMINISTERING MEDICATIONS) ............ 1

SKILLED WORKER (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]

| IF '-7' (REFUSED) OR '-8' (DON'T KNOW) ENTERED IN OTHER THAN FIRST FIELD, DISPLAY THE FOLLOWING MESSAGE AT THE BOTTOM OF THE SCREEN: 'RESPONSE ALLOWED ON FIRST FIELD ONLY. PLEASE RE-ENTER.' |

| IF CODED '1' (NONSKILLED WORKER) ALONE, OR IF CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) ALONE, GO TO HH03 |

| IF CODED '2' (SKILLED WORKER) ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HHU20V1 |

| IF NOT CODED '2' BUT CODED '91' (ALONE OR IN COMBINATION WITH ANY CODE EXCEPT '2'), GO TO HHU20V2 |
HH02OV1
=======

SPECIFY TYPE OF SKILLED WORKER:
[Enter Other Specify]..................
REF.....................................-7
DK.....................................-8

----------------------------------------------------
| IF HH02 INCLUDES CODE '91', CONTINUE WITH HH02OV2 |
----------------------------------------------------
| OTHERWISE, GO TO HH03                            |
----------------------------------------------------

HH02OV2
=======

SPECIFY OTHER TYPE OF HEALTH CARE WORKER:
[Enter Other Specify]..................
REF.....................................-7
DK.....................................-8

HH03
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.....} {EVN-MO}
Thinking about the home care services (PERSON) (have/has) received from (someone from) (PROVIDER) during (VISIT MONTH), were any of these home care services because of a hospitalization, either before or after {PERSON’S STR-DT}?  
YES ..................................... 1
NO ..................................... 2
REF .....................................-7
DK .....................................-8
PRESS F1 FOR DEFINITION OF HOSPITALIZATION.

[Code One]

----------------------------------------------------
| DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS |
| ‘AGENCY’.                                       |
----------------------------------------------------

----------------------------------------------------
| DISPLAY THE REFERENCE PERIOD START DATE FOR THE   |
| PERSON BEING ASKED ABOUT FOR ‘PERSON’S STR-DT’.   |
----------------------------------------------------

HH04
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.....} {EVN-MO}
Thinking about all of the home care services (PERSON) (have/has) received from (someone from) (PROVIDER) during (VISIT MONTH), were any of these home care services related to any specific health problem?
IF OLD AGE MENTIONED, CODE 1 FOR YES AND ENTER ‘OLD AGE’ AS CONDITION.
YES ..................................... 1
NO ..................................... 2 {BOX_02}
REF .....................................-7 {BOX_02}
DK .....................................-8 {BOX_02}
PRESS F1 FOR DEFINITION OF HEALTH PROBLEM.
What health condition led (PERSON) to receive home health care services from (someone from) (PROVIDER) during (VISIT MONTH)?

PROBE: Any other health condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?

IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.

IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

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

TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.

TO LEAVE, PRESS ESC.

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

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

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.’

THIS FLAGGING SHOULD OCCUR, AT ALL CONDITION ROSTERS THROUGHOUT THE INSTRUMENT, THE FIRST TIME THE CONDITION IS ADDED OR SELECTED DURING THE ROUND. FOR EXAMPLE, IF IT IS ROUND 1, ALL CONDITIONS ON THE ROSTER WOULD HAVE THE FLAG ‘CREATED - ROUND 1’. IF A CONDITION IS CREATED IN CE, BUT SELECTED IN MV, ALL DURING ROUND 1, IT WOULD ONLY HAVE THE FLAG ‘CREATED - ROUND 1’. THUS, FOR ANY ONE ROUND, A CONDITION CAN ONLY BE FLAGGED AS ‘CREATED’ OR ‘SELECTED’. IF IT IS ROUND 2 AND A CONDITION THAT WAS CREATED IN ROUND 1 IS SELECTED, IT SHOULD BE FLAGGED AS ‘SELECTED - ROUND 2’. THIS FLAG IS IN ADDITION TO THE ORIGINAL ‘CREATED - ROUND 1’ FLAG.

<table>
<thead>
<tr>
<th>BOX_02</th>
</tr>
</thead>
</table>

IF PROVIDER FLAGGED AS ‘INFORMAL’, GO TO HH08

| OTHERWISE, CONTINUE WITH HH06 |

HH06

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}
SHOW CARD HH-2.
Please look at the top of this card.
During (VISIT MONTH), did {someone from} (PROVIDER) help (PERSON) by providing medical treatments or any type of therapy?
PROBE: Medical treatments include things like changing bandages, wound care, giving medication, taking blood pressure, or giving shots or injections. Therapy includes physical, occupational, and speech therapy.

YES, AT LEAST ONCE ................. 1
NO .................................... 2
REF .................................. -7
DK .................................... -8

[Code One]
PRESS F1 FOR OTHER EXAMPLES OF MEDICAL TREATMENTS AND THERAPY.

| DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS |
| ‘AGENCY’. |

HH07

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO}
SHOW CARD HH-2.
Now look at the gray area in the middle of the card.
During (VISIT MONTH), did {someone from} (PROVIDER) provide or teach (PERSON) or a friend or relative how to use any medical equipment or assistive device, such as the items listed on this card?
PROBE: For example, an oxygen tank, a wheelchair, a walker, a
hospital bed, a tub seat, or a special railing or commode.

YES, AT LEAST ONCE ..................... 1
NO ......................................... 2
REF ......................................... -7
DK ............................................ -8

[Code One]

----------------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |

HH08

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}
{SHOW CARD HH-2. NOW look at the bottom of this card./SHOW CARD HH-3.}
During (VISIT MONTH), did {someone from} (PROVIDER) help (PERSON) with daily activities or personal care tasks, such as those listed on this card?

PROBE: For example, using the telephone, paying bills, shopping, driving, doing housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking or eating.

YES, AT LEAST ONCE ..................... 1
NO ......................................... 2
REF ......................................... -7
DK ............................................ -8

[Code One]

----------------------------------------------------
| DISPLAY 'SHOW CARD HH-2.' AND 'Now look at the |
| bottom of this card.' IF PROVIDER IS FLAGGED AS |
| 'AGENCY' OR 'PAID INDEPENDENT'. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'SHOW CARD HH-3.' IF PROVIDER IS FLAGGED |
| AS 'INFORMAL'. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |
----------------------------------------------------

HH09

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}
During (VISIT MONTH), did {someone from} (PROVIDER) provide companionship or company for (PERSON)?

PROBE: For example, reading, watching T.V., playing games, going for a walk or to a restaurant, or just being together.

YES, AT LEAST ONCE ..................... 1
NO ......................................... 2
REF ......................................... -7
DK ............................................ -8

[Code One]

----------------------------------------------------
| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS |
| 'AGENCY'. |
----------------------------------------------------
HH10
====

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

Did {someone from} (PROVIDER) provide (PERSON) with any other home care services we have not yet talked about?

YES, AT LEAST ONCE ..................... 1
NO ..................................... 2 {HH11}
REF .................................... -7 {HH11}
DK .................................... -8 {HH11}

[Code One]

---------------------------------------------------------------------
| DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS ‘AGENCY’.        |
---------------------------------------------------------------------

HH10OV
======

What other services?

{IF MEDICAL TREATMENT OR THERAPY MENTIONED, CTRL/B TO HH06 TO BE SURE CODE 1 IS ENTERED.}
{IF MEDICAL EQUIPMENT OR ASSISTIVE DEVICE MENTIONED, CTRL/B TO HH07 TO BE SURE CODE 1 IS ENTERED.}
{IF DAILY ACTIVITIES OR PERSONAL CARE TASKS MENTIONED, CTRL/B TO HH08 TO BE SURE CODE 1 IS ENTERED.}
{IF COMPANIONSHIP MENTIONED, CTRL/B TO HH09 TO BE SURE CODE 1 IS ENTERED.}

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

REF .................................... -7
DK .................................... -8

---------------------------------------------------------------------
| DISPLAY ‘IF MEDICAL TREATMENT OR THERAPY MENTIONED, CTRL/B...’ IF PROVIDER IS FLAGGED AS ‘AGENCY’ OR ‘PAID INDEPENDENT’. |
---------------------------------------------------------------------

HH11
====

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

Generally speaking, during (VISIT MONTH), did {someone from} (PROVIDER) come to the home to help (PERSON) every week or only during some weeks?

EVERY WEEK ............................. 1
SOME WEEKS ............................. 2 {HH13}
ONLY CAME ONCE ........................ 3 {HH16}

REF .................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

[Code One]

---------------------------------------------------------------------
| DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS ‘AGENCY’.        |
---------------------------------------------------------------------
MEPS FAMES Panel 11 Round 5 Home Health (HH) Section

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)
----------------------------------------------------
|  DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS |
|  ‘AGENCY’.                                         |
HH15
=====

(Person's First Middle and Last Name) {Name of Medical Care Provider.....} {Evn-Mo}

During (Visit Month), how many times per day did (someone from) (Provider) come to the home to help (Person)?

Probe: We just need to know in general.

[Enter Number of Times Per Day] ........

Ref ........................................ -7 {Box_03}

Dk .......................................... -8 {Box_03}

Range check: 2-6 for number of times.

---

HH16
=====

(Person's First Middle and Last Name) {Name of Medical Care Provider.....} {Evn-Mo}

How long did (each visit usually/the visit) last?

Probe: We just need to know in general.

If response is less than one hour, enter '0' for hours.

HH16_01
=======

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

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,
MEPS FAMES Panel 11 Round 5 Home Health (HH) Section

| FOR THIS PROVIDER FOR THIS PERSON HAVE NOT | COMPLETED THE HOME HEALTH (HH) UTILIZATION SECTION | AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, | CONTINUE WITH HH17 |

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

| OTHERWISE, GO TO BOX_04 |

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

HH17

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-MO}
I have recorded that (PERSON) received services from (PROVIDER) during other months. Were the services received from (PROVIDER) during the other months similar to the services received during (VISIT MONTH). That is, in the other months, did (PROVIDER) visit {the same number of times/(READ FREQUENCY BELOW)} and provide {the same services/(READ SERVICES BELOW)}?

FREQUENCY

SERVICES

{FREQUENCY OF SERVICES...} {DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}  {DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}  {DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}  {DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}  {DESCRIPTION OF HOME HEALTH SERVICES RECEIVED}

YES .................................... 1
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

[Code One]

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

| DISPLAY ‘the same number of times’ IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW). OTHERWISE, DISPLAY ‘(READ FREQUENCY BELOW)’.
| IF HH06 – HH10 ARE ALL CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY ‘the same services’. OTHERWISE, DISPLAY ‘(READ SERVICES BELOW)’.

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

FREQUENCY =

| DISPLAY NUMBER AND ‘DAYS PER WEEK’ IF A RESPONSE WAS RECORDED AT HH12.
| DISPLAY NUMBER AND ‘DAYS PER MONTH’ IF A RESPONSE WAS RECORDED AT HH13.
| DISPLAY ‘THE SAME NUMBER OF TIMES’ IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW).

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

SERVICES =

| FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08, HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE ABBREVIATIONS FOR ‘DESCRIPTION OF SERVICE’:
| IF HH06 = 1, DISPLAY ‘MEDICAL TREATMENT OR THERAPY’
| IF HH07 = 1, DISPLAY 'MEDICAL EQUIPMENT OR ASSISTIVE DEVICE INSTRUCTION.' |
| IF HH08 = 1, DISPLAY 'HELP WITH DAILY ACTIVITIES OR PERSONAL CARE' |
| IF HH09 = 1, DISPLAY 'COMPANIONSHIP' |
| IF HH10 = 1, DISPLAY TEXT ENTERED AT HH10OV |
| IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY 'THE SAME SERVICES'. |

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

HH18

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-MO} During which of the following months did (PROVIDER) visit {the same number of times/(READ FREQUENCY BELOW)} and provide {the same services/(READ SERVICES BELOW)}? PROBE: Any other months with the same number of visits and the same services?

<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]

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

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EVENTS (MONTHS) IN PERSON’S-MEDICAL-EVENTS-ROSTER THAT WERE CREATED THIS ROUND, EXCLUDING INTERVIEW MONTH, HAVE NOT YET BEEN PROCESSED THROUGH UTILIZATION, HAVE EVENT TYPE 'HH', AND ARE ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT BEING ASKED ABOUT DURING THIS ROUND. |

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

DISPLAY 'the same number of times' IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). OTHERWISE, DISPLAY '(READ FREQUENCY BELOW)'.

IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY 'the same services'. OTHERWISE, DISPLAY '(READ SERVICES BELOW)'.

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

| FREQUENCY = |
| DISPLAY NUMBER AND 'DAYS PER WEEK' IF A RESPONSE WAS RECORDED AT HH12. |
| DISPLAY NUMBER AND 'DAYS PER MONTH' IF A RESPONSE WAS RECORDED AT HH13. |
| DISPLAY 'THE SAME NUMBER OF TIMES' IF HH12 AND HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED) OR '-8' (DON'T KNOW). OTHERWISE, DISPLAY '(READ FREQUENCY BELOW)'. |

----------------------------------------------------
HH13 WERE NOT ASKED OR WERE CODED '-7' (REFUSED) OR '-8' (DON'T KNOW).

SERVICES =

FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08, HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE ABBREVIATIONS FOR 'DESCRIPTION OF SERVICE':

IF HH06 = 1, DISPLAY 'MEDICAL TREATMENT OR THERAPY'
IF HH07 = 1, DISPLAY 'MEDICAL EQUIPMENT OR ASSISTIVE DEVICE INSTRUCTION.'
IF HH08 = 1, DISPLAY 'HELP WITH DAILY ACTIVITIES OR PERSONAL CARE'
IF HH09 = 1, DISPLAY 'COMPANIONSHIP'
IF HH10 = 1, DISPLAY TEXT ENTERED AT HH10OV
IF HH06 - HH10 ARE ALL CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY 'THE SAME SERVICES'.

FLAG EACH MONTH SELECTED AT HH18 AS A REPEAT VISIT RELATED TO THE EVENT BEING ASKED ABOUT.
FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT VISIT AS 'PROCESSED.'

LINK FREQUENCY AND SERVICE(S) ASSOCIATED WITH THE EVENT BEING ASKED ABOUT WITH EACH REPEAT VISIT.
FLAG EVENT AS PROCESSED SO THAT THE EVENT DRIVER WILL NOT SERVE THESE REPEAT VISITS FOR THE HH SECTION.

HH19

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}
INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR MONTHS SELECTED IN PREVIOUS QUESTION.
[Enter Repeat Month Group]

BOX_04

IF THE CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED FOR THIS HOME HEALTH EVENT, ASK THE CHARGE/PAYMENT (CP) SECTION

OTHERWISE, CONTINUE WITH BOX_05

BOX_05

GO TO THE EVENT DRIVER (ED) SECTION
Private Health Insurance Detail (HP) Section

--------
NOTE: THROUGHOUT THIS SECTION FOR 'CATEGORY NAME FROM HX03 OR HX23', DISPLAY THE FOLLOWING:

- 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03
- 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03
- 'UNION' IF CODED '3' AT HX03
- 'HEALTH INSURANCE PURCHASING ALLIANCE' IF CODED '4' AT HX03
- 'INSURANCE AGENT' IF CODED '5' AT HX03
- 'INSURANCE COMPANY' IF CODED '6' AT HX03
- 'HMO' IF CODED '7' AT HX03
- 'PREVIOUS EMPLOYER' IF CODED '8' AT HX03
- 'PREVIOUS EMPLOYER (COBRA)' IF CODED '9' AT HX03
- THE TEXT ENTERED AT HX03OV IF CODED '91' AT HX03
- 'SOURCE THE INSURANCE WAS PURCHASED FROM FOR THAT BUSINESS' IF CODED '-7' OR '-8' AT HX03

- 'GROUP OR ASSOCIATION' IF CODED '1' AT HX23
- 'HEALTH INSURANCE PURCHASING ALLIANCE' IF CODED '2' AT HX23
- 'SCHOOL' IF CODED '3' AT HX23
- 'INSURANCE AGENT' IF CODED '4' AT HX23
- 'INSURANCE COMPANY' IF CODED '5' AT HX23
- 'HMO' IF CODED '6' AT HX23
- 'UNION' IF CODED '7' AT HX23
- 'ANYONE’S PREVIOUS EMPLOYER (COBRA)' IF CODED '8' AT HX23
- 'ANYONE’S PREVIOUS EMPLOYER (NOT COBRA)' IF CODED '9' AT HX23
- 'SPOUSE’S/DECEASED SPOUSE’S PREVIOUS EMPLOYER' IF CODED '10' AT HX23
- 'SOME OTHER EMPLOYER' IF CODED '11' AT HX23
- 'PLAN OF SOMEONE NOT LIVING HERE' IF CODED '12' AT HX23
- THE TEXT ENTERED AT HX23OV IF CODED '91' AT HX23
- 'SOURCE THAT PROVIDED THE DIRECTLY PURCHASED INSURANCE' IF CODED '-7' OR '-8'

--------

--------
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
MEPS FAMES Panel 11 Round 5 Private Health Insurance Detail (HP) Section

----------------------------------------------------
| IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL)   |
| AT HX23, CONTINUE WITH HP01                        |
----------------------------------------------------

HP01
====

INSURANCE SOURCE: {CATEGORY NAME FROM HX23}
Does this insurance cover only injuries caused by accidents, or does it have general health coverage?

GENERAL HEALTH COVERAGE ................. 1
ONLY INJURIES CAUSED BY ACCIDENTS ...... 2 {BOX_11}
REF ..................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]

HP02
====

INSURANCE SOURCE: {CATEGORY NAME FROM HX23}
Would this insurance cover health services outside of a school clinic?

YES .................................... 1
NO ..................................... 2 {BOX_11}
REF ..................................... -7
DK .................................... -8

HP03
====

INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}
I'd like to talk about the insurance which is from (a/an) (INSURANCE SOURCE).
CODE '1' UNLESS RESPONDENT VOLUNTEERS REPORTED IN ERROR.

HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS NOT ALREADY BEEN DISCUSSED ......................... 1
HEALTH INSURANCE THROUGH (INSURANCE SOURCE) HAS ALREADY BEEN DISCUSSED .... 2 {BOX_11}

[Code One]

----------------------------------------------------
| IF CODED '2' (INSURANCE ALREADY DISCUSSED), FLAG |
| ITEM FOR SOURCE CLEAN-UP.                        |
----------------------------------------------------

LOOP_01
=======

----------------------------------------------------
| FOR EACH OF THE FOLLOWING:                        |
|                                                   |
| ESTABLISHMENT 1                                  |
| ESTABLISHMENT 2                                  |
| ESTABLISHMENT 3                                  |
| ESTABLISHMENT 4                                  |
|                                                   |
| ASK BOX_01A-END_LP01                             |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP-01 COLLECTS DETAILED       |
| INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN   |
|                                                   |
EMPLOYER OR THE ESTABLISHMENT NAMES OF THE INSURANCE SOURCE COLLECTED IN EITHER HX03 OR HX23. IF LOOPING ON INSURANCE PROVIDED FROM AN EMPLOYER ONLY ONE LOOP CYCLE IS COMPLETED. IF LOOPING ON INSURANCE PROVIDED THROUGH AN INSURANCE SOURCE COLLECTED IN HX03 OR HX23, THE FIRST LOOP CYCLE COLLECTS THE MAIN ESTABLISHMENT NAME OF THE INSURANCE SOURCE. SUBSEQUENT CYCLES, IF ANY, ARE DETERMINED BY THE RESPONSE TO HP18. IF HP18 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT ESTABLISHMENT NAME. IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.

----------------------------------------------------
BOX_01A
=======
----------------------------------------------------
IF LOOPING ON ANY ESTABLISHMENT FLAGGED IN EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO TO HP09
----------------------------------------------------
----------------------------------------------------
Otherwise, continue with HP04
----------------------------------------------------

HP04
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}
INSURANCE SOURCE: {CATEGORY NAME FROM HX03 OR HX23}
Please give me the name of one of the {{INSURANCE SOURCE}} {from which anyone in the family purchased this insurance/which covers anyone in the family/insurance companies for the insurance purchased from an agent}. INTERVIEWER: VERIFY WITH RESPONDENT AND SELECT (ESTABLISHMENT) BELOW: TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<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.


OTHERWISE, GO TO BOX_01B

Page 4 of 17
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 LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23 AND IF 'NONE OF THE ABOVE' IS SELECTED, GO TO HP07</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>IF 'NONE OF THE ABOVE' IS SELECTED AND IF NOT LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23, GO TO HP06</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH HP05</th>
</tr>
</thead>
</table>

---

[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.]

---

[PERSON'S FIRST MIDDLE AND LAST NAME] (NAME OF ESTABLISHMENT........) (STR-DT)

[END-DT]

INSURANCE SOURCE:  [CATEGORY NAME FROM HX03 OR HX23]

What is the {new} address of (ESTABLISHMENT)?

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

Current Info: [ESTABLISHMENT]
[STREET ADDRESS1]
[STREET ADDRESS2]
[CITY]
[STATE]
[ZIP CODE]
[TELEPHONE]

ESTABLISHMENT (HP06_01): [_____________
STREET ADDRESS1 (HP06_02): [_____________
STREET ADDRESS2 (HP06_03): [_____________
CITY (HP06_04): [_____________
STATE (HP06_05): [_____________
ZIP CODE (HP06_06): [_____________
TELEPHONE (HP06_07): [_____________

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| DISPLAY 'new' IF HP05 IS CODED '2' (ADD NEW
| ADDRESS FOR ESTABLISHMENT). OTHERWISE, USE A
| NULL DISPLAY.

NOTE: SINCE TYPE OF COVERAGE INFORMATION IS NOT
COLLECTED UNTIL AFTER WE COLLECT ADDRESS
INFORMATION, WE WILL BE COLLECTING ADDRESS
INFORMATION FOR SOME ESTABLISHMENTS THAT WILL NOT
BE PART OF THE HIPS SAMPLE.

WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-
ROSTER.

GO TO BOX_02

NOTE: WE NOW PLAN TO COLLECT FULL ADDRESS
INFORMATION FOR SOURCES OF HEALTH INSURANCE IN
ROUND 2 AND BEYOND. THIS ALLOWS US TO CONTINUE TO
UNIQUE ESTABLISHMENTS AND ALLOWS FOR MAXIMUM
FLEXIBILITY (E.G., IF WE WANT TO HIPS AGAIN).

HP07
====

{STR-DT}
{END-DT}

INSURANCE SOURCE:  {CATEGORY NAME FROM HX03 OR HX23}
You mentioned that someone in the family receives health
insurance from the plan of someone not living here. How
does that policyholder get this insurance?
INTERVIEWER: RECORD ESTABLISHMENT NAME BELOW.
ADDRESS INFORMATION IS NOT NECESSARY.
[Enter Establishment Name]

NOTE: ONLY CATEGORY '12' (UNDER PLAN OF SOMEONE
NOT LIVING HERE) OF HX23 IS ASKED HP07.
WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER. DISPLAY ADDRESS AS 'NOT NECESSARY'.

GO TO BOX_02

HP08
====

(Person's First Middle and Last Name) (Name of Establishment........) (STR-DT)

(End-DT)

Insurance Source: (Category Name from HX03 or HX23)

Correct Address or Telephone for: (Establishment)

Press enter to confirm entry of individual field. Re-type entire line for incorrect field.

Current Info: [Establishment]

[Street Address1]

[Street Address2]

[City]

[State]

[Zip Code]

[Telephone]

Establishment (HP08_01): [__________]

Street Address1 (HP08_02): [__________]

Street Address2 (HP08_03): [__________]

City (HP08_04): [__________]

State (HP08_05): [__________]

Zip Code (HP08_06): [__________]

Telephone (HP08_07): [__________]

Press F1 for list of State Abbreviations.

BOX_02
=====

IF HX03 IS CODED '1' OR '2' FLAG ESTABLISHMENT AS 'GROUP'.

IF HX03 IS CODED '3', FLAG ESTABLISHMENT AS 'UNION'.

IF HX03 IS CODED '4', FLAG ESTABLISHMENT AS 'HEALTH ALLIANCE'.

IF HX03 IS CODED '5', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY-FROM AN AGENT'.

IF HX03 IS CODED '6', FLAG ESTABLISHMENT AS 'INSURANCE COMPANY'.

IF HX03 IS CODED '7', FLAG ESTABLISHMENT AS 'HMO'.

IF HX03 IS CODED '8', FLAG ESTABLISHMENT AS 'PREVIOUS EMPLOYER, NOT COBRA'.

IF HX03 IS CODED '9', FLAG ESTABLISHMENT AS 'COBRA'.

IF HX03 IS CODED '91', FLAG ESTABLISHMENT AS 'UNKNOWN TYPE-COLLECTED AT OTHER'.

IF HX23 IS CODED '1', FLAG ESTABLISHMENT AS 'GROUP'.

IF HX23 IS CODED '2', FLAG ESTABLISHMENT AS 'HEALTH ALLIANCE'.

IF HX23 IS CODED '3', FLAG ESTABLISHMENT AS
| 'SCHOOL'. |
| IF HX23 IS CODED '4', FLAG ESTABLISHMENT AS |
| 'INSURANCE COMPANY-FROM AN AGENT'. |
| IF HX23 IS CODED '5', FLAG ESTABLISHMENT AS |
| 'INSURANCE COMPANY'. |
| IF HX23 IS CODED '6', FLAG ESTABLISHMENT AS |
| 'HMO'. |
| IF HX23 IS CODED '7', FLAG ESTABLISHMENT AS |
| 'UNION'. |
| IF HX23 IS CODED '8', FLAG ESTABLISHMENT AS |
| 'COBRA'. |
| IF HX23 IS CODED '9', FLAG ESTABLISHMENT AS |
| 'PREVIOUS EMPLOYER, NOT COBRA'. |
| IF HX23 IS CODED '10', FLAG ESTABLISHMENT AS |
| 'SPOUSE PREVIOUS EMPLOYER'. |
| IF HX23 IS CODED '11', FLAG ESTABLISHMENT AS |
| 'EMPLOYER'. |
| IF HX23 IS CODED '12', FLAG ESTABLISHMENT AS |
| 'UNKNOWN TYPE-OUTSIDE RU'. |
| IF HX23 IS CODED '91', FLAG ESTABLISHMENT AS |
| 'UNKNOWN TYPE - COLLECTED AT OTHER'. |

----------------------------------------------------
BOX_03
======
----------------------------------------------------
| IF LOOPING ON AN HX23 CATEGORY, GO TO HP11 |
----------------------------------------------------

IF OTHERWise, CONTINUE WITH HP09


HP09
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF |
ESTABLISHMENT...........} {STR-DT} |
{END-DT}
{(Are/Is)/As of (END DATE), was} (PERSON) the primary insured |
person or policyholder of this health coverage through |
(ESTABLISHMENT)?
YES .................................... 1 {LOOP_02} |
NO ..................................... 2 |
REF ........................................... -7 |
DK .................................................. -8 |
PRESS F1 FOR DEFINITION OF POLICYHOLDER. |
----------------------------------------------------
| DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY 'As of |
| (END DATE), was' IF ROUND 5. |
----------------------------------------------------

NOTE: PERSON REFERS TO JOBHOLDER. |
----------------------------------------------------

| IF CODED '1' (YES), FLAG JOBHOLDER AS |
| 'POLICYHOLDER'. |
HP10
====

(NAME OF ESTABLISHMENT........)  {STR-DT}
{END-DT}
Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?
TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.
{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]

----------------------------------------------------
| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF    |
| ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5.     |
| OTHERWISE, USE NULL DISPLAY.                    |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PAIRS   |
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT |
| MEET BOTH OF THE FOLLOWING CONDITIONS:           |
|                                                  |
| - ESTABLISHMENT IS FLAGGED AS AN 'EMPLOYER' THAT |
|   IS ALSO FLAGGED AS 'PROVIDES HEALTH INSURANCE' |
| AND                                               |
| - PERSON IS A JOBHOLDER AT THE JOB PROVIDED BY   |
|   ESTABLISHMENT                                   |
----------------------------------------------------

----------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |
| KNOW), FLAG FOR EVENT CLEANUP.                    |
----------------------------------------------------

HP11
====

(NAME OF ESTABLISHMENT........)  {STR-DT}
{END-DT}
Who {is/was} the primary insured person or policyholder of this
health coverage through (ESTABLISHMENT) {on (END DATE)}?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
[1. First Name,[Middle Name],Last Name-35] ..
[2. First Name,[Middle Name],Last Name-35] ..
[3. First Name,[Middle Name],Last Name-35] ..
PRESS F1 FOR DEFINITION OF POLICYHOLDER.
[Code All that Apply]

----------------------------------------------------
| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF    |
| ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5.     |
| OTHERWISE, USE NULL DISPLAY.                    |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE DU-MEMBERS-ROSTER.                        |
|                                                  |
| DISPLAY 'POLICYHOLDER NOT LISTED IN DU' AND |
| 'POLICYHOLDER DECEASED' AS LAST TWO ENTRIES ON |
| THIS ROSTER. |

| IF BOTH 'POLICYHOLDER NOT LISTED IN DU' AND |
| 'POLICYHOLDER DECEASED' ARE NOT SELECTED, GO TO |
| LOOP_02 |

| IF 'POLICYHOLDER DECEASED' SELECTED, ALONE OR IN |
| COMBINATION WITH OTHER NAMES, EXCEPT 'POLICYHOLDER|
| NOT LISTED IN DU', GO TO HP11B |

| IF 'POLICYHOLDER NOT LISTED IN DU' SELECTED, ALONE|
| OR IN COMBINATION WITH OTHER NAMES AND/OR |
| 'POLICYHOLDER DECEASED', CONTINUE WITH HP11A |

**HP11A**

{NAME OF ESTABLISHMENT........}   {STR-DT}

END-DT

INTERVIEWER: ENTER NAME OR DESCRIPTION OF POLICYHOLDER WHO IS NOT IN THE DU:
[Enter Specify-15] ....................

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

| NOTE: WHENEVER THIS POLICYHOLDER IS BEING ASKED |
| ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE |
| POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE |
| DISPLAYED AS 'PLCYHLDR NOT IN DU-' FOLLOWED BY |
| THE 15 CHARACTER ENTRY AT HP11A. |

| IF 'POLICYHOLDER DECEASED' SELECTED AT HP11, |
| CONTINUE WITH HP11B |

| OTHERWISE, GO TO LOOP_02 |

**HP11B**

{NAME OF ESTABLISHMENT........}   {STR-DT}

END-DT

INTERVIEWER: ENTER NAME OF DECEASED POLICYHOLDER:
[Enter Specify-40] .................

PRESS F1 FOR DEFINITION OF POLICYHOLDER.

| FLAG POLICYHOLDER AS 'DECEASED'. |

| NOTE: WHENEVER THE POLICYHOLDER IS BEING ASKED |
| ABOUT IN THE REMAINDER OF HP, HQ, HX, AND OE, THE |
| POLICYHOLDER NAME IN THE CONTEXT HEADER WILL BE |
| DISPLAYED AS ‘PLCYHLDR DECEASED‐' FOLLOWED BY THE | FIRST 15 CHARACTERS OF THE ENTRY AT HP11B. --------

LOOP_02
-------

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- | PAIRS-ROSTER, ASK BOX_04-END_LP02

LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION ABOUT THE POLICYHOLDER AND DEPENDENTS FOR EACH ESTABLISHMENT-PERSON. THIS LOOP CYCLES ON EACH ESTABLISHMENT-PERSON-PAIR CREATED AT HP09 AND HP11 DURING THE CURRENT ROUND FOR THE ESTABLISHMENT BEING CYCLED ON IN LOOP_01.

BOX_04
------

| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN EMPLOYMENT AS ‘PROVIDES HEALTH INSURANCE’, GO TO BOX_07

| OTHERWISE, CONTINUE WITH BOX_05

BOX_05
------

| IF HX23 IS CODED ‘8’ (PREVIOUS EMPLOYER-COBRA), ‘9’ (PREVIOUS EMPLOYER-NOT COBRA), ‘10’ (SPOUSE PREVIOUS EMPLOYER), OR ‘11’ (OTHER EMPLOYER) CONTINUE WITH BOX_06

| OTHERWISE, GO TO BOX_07

BOX_06
------

| IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED', CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI AND GO TO HP13

| IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO BOX_07

| OTHERWISE, CONTINUE WITH HP12
MEPS FAMES Panel 11 Round 5 Private Health Insurance Detail (HP) Section

HP12
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT........}  {STR-DT}
{END-DT}
{Are/Is} (POLICYHOLDER) currently employed at this job,
retired from this job, previously employed at this job, or is
it some other situation?
CURRENTLY EMPLOYED .......................... 1 {HP13}
RETIRED .................................. 2 {HP13}
PREVIOUSLY EMPLOYED .......................... 3 {HP13}
DECEASED .................................. 4 {HP13}
OTHER .................................. 91
REF ................................... -7 {HP13}
DK .................................... -8 {HP13}
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
[Code One]
----------------------------------------------------
|  EDIT: CODE '4' (DECEASED) CANNOT BE SELECTED FOR |
|  A POLICYHOLDER WHO IS A CURRENT RU MEMBER.       |
----------------------------------------------------
----------------------------------------------------
|  IF CODED '4' (DECEASED), FLAG POLICYHOLDER AS    |
|  'DECEASED'.                                       |
----------------------------------------------------

HP12OV
======

ENTER OTHER:
[Enter Other Specify] ..................
REF .................................. -7
DK .................................. -8

HP13
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT........}  {STR-DT}
{END-DT}
{(Are/Is)/(Were/Was)} (POLICYHOLDER) a federal government
employee at this job?
YES ..................................... 1
NO ..................................... 2
REF .................................. -7
DK .................................. -8
PRESS F1 FOR DEFINITION OF FEDERAL GOVERNMENT.
----------------------------------------------------
|  DISPLAY '(Are/Is)' IF HP12 IS CODED '1' (CURRENTLY|
|  EMPLOYED).  OTHERWISE, DISPLAY '(Were/Was)'.        |
----------------------------------------------------

BOX_07
======

----------------------------------------------------
|  IF ESTABLISHMENT THAT PROVIDES INSURANCE IS     |
|  FLAGGED AS:                                      |
|                                                  |
|  'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN',|
|  'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE      |
|  PERIOD', 'RETIREMENT JOB', OR UNION              |
----------------------------------------------------

Page 12 of 17
OR 'EMPLOYER' AND JOB SUBTYPE IS 'FORMER MAIN', 'FORMER MISCELLANEOUS' OR 'LAST JOB OUTSIDE REFERENCE PERIOD' AND JOB IS ALSO FLAGGED AS 'NOT RETIRED FROM'
OR 'PREVIOUS EMPLOYER, NOT COBRA' (I.E., HX03-CODE '8'; HX23-CODE '9')
OR 'EMPLOYER' (I.E., HX23-CODE '11') AND HP12 IS NOT CODED '1' (CURRENTLY EMPLOYED)
OR 'SPOUSE PREVIOUS EMPLOYER' (I.E., HX23-CODE '10')
OR 'UNKNOWN TYPE-OUTSIDE RU' (I.E., HX23-CODE '12')
OR 'UNKNOWN TYPE-COLLECTED AT OTHER' (I.E., HX23-CODE '91'),

CONTINUE WITH HP14

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

| OTHERWISE, GO TO HP15
----------------------------------------------------

| NOTE: FROM THE TAPES AND OBSERVATIONS, IT BECAME OBVIOUS THAT MANY SOURCES OF INSURANCE WERE BEING SENT THROUGH HP14 WHEN IT WAS INAPPROPRIATE. THEREFORE, BOX 07 HAS BEEN REVISED TO SEND ONLY SOURCES OF INSURANCE IDENTIFIED AS EMPLOYER (BUT NOT CURRENT OR COBRA) OR UNKNOWN THROUGH HP14.

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

HP14
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}

Some employer insurance can be continued after leaving the company by continuing to pay the premium. This is sometimes referred to as a COBRA plan.

{Is/Was} (POLICYHOLDER)’s (ESTABLISHMENT) insurance like that {on (END DATE)}?

YES ........................................ 1
NO ......................................... 2
REF ........................................ -7
DK ........................................ -8
PRESS F1 FOR DEFINITION OF COBRA.

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

| DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF ROUND 5. | OTHERWISE, USE NULL DISPLAY.
----------------------------------------------------

HP15
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}
Was anyone {living here} covered as a dependent under (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) at any time {since (START DATE)/between (START DATE) and (END DATE)}?

YES .................................... 1
NO ..................................... 2 {HP17}
REF ................................... -7 {HP17}
DK .................................... -8 {HP17}

PRESS F1 FOR DEFINITION OF DEPENDENT.

| DISPLAY 'living here' IF LOOPING ON CODE '12'
| (OUTSIDE RU) AT HX23.
| DISPLAY 'since (START DATE)' IF NOT ROUND 5.
| DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

HP16
====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT........}  {STR-DT}
(END-DT)

Who is that?

PROBE: Was anyone else covered as a dependent {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

[Code All That Apply]

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER, EXCLUDING THE NAME OF THE POLICYHOLDER (I.E., PERSON IN THIS ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT) FOR THIS INSURANCE.

DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON THIS ROSTER.

IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU'.

GO TO BOX_08
(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF
ESTABLISHMENT............) (STR-DT)
(END-DT)
{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s
health coverage through (ESTABLISHMENT) cover as dependents any
persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF DEPENDENT.

DISPLAY ‘Does’ IF NOT ROUND 5. DISPLAY ‘Between (START DATE) and (END DATE), did’ IF ROUND 5.

IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU' IN HP16.

IF THERE ARE NO POLICYHOLDERS OR DEPENDENTS WHO ARE CURRENT RU MEMBERS, THAT IS, POLICYHOLDER IS A DU MEMBER BUT NOT A CURRENT RU MEMBER, OR IS FLAGGED AS 'NOT LISTED IN DU' OR 'POLICYHOLDER DECEASED' AND INSURANCE ALSO FLAGGED ONLY AS 'COVERING PERSON NOT IN RU', GO TO END_LP02

OTHERWISE, CONTINUE WITH LOOP_03

LOOP 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.

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION.

AT COMPLETION OF TIME PERIOD COVERED DETAIL (HQ)
SECTION, CONTINUE WITH END_LP03

END_LP003

END_LP02

BOX_10

HP18

END_LP01
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

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}

(Were/Was) (PERSON) covered the whole time from (START DATE) until {today/(END DATE)}, or only part of the time?

WHOLE TIME ............................. 1 {BOX_01}
PART OF THE TIME .......................... 2
REF ...................................... -7 {BOX_01}
DK ...................................... -8 {BOX_01}

[Code One]

| DISPLAY 'today' IF NOT ROUND 5. DISPLAY |
| '{END DATE)' IF ROUND 5. |

| IF ROUND 5 AND CODED '2' (PART OF THE TIME), GO TO |
| HQ05 |

| IF NOT ROUND 5 AND CODED '2' (PART OF THE TIME), |
| CONTINUE WITH HQ02 |

| NOTE: FOR ROUND 5, THE END DATE IS DISPLAYED IN |
| THE CONTEXT HEADER FOR QUESTIONS HQ01 AND HQ05. |

HQ02
====

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

(Are/Is) (PERSON) covered now?

YES .................................... 1 {HQ04}
NO ..................................... 2 {HQ04}
REF ..................................... -7 {HQ04}
DK ..................................... -8 {HQ04}

HQ03
====

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

(Have/Has) (PERSON) been covered continuously, since the first of {INTERVIEW MONTH} through today?

YES .................................... 1 {HQ05}
NO ..................................... 2 {HQ05}
REF ..................................... -7 {HQ05}
DK ..................................... -8 {HQ05}

| DISPLAY NAME OF MONTH IN WHICH INTERVIEW IS BEING |
| CONDUCTED (I.E., MONTH IN WHICH INTERVIEW FIRST |
| STARTED) FOR 'INTERVIEW MONTH'. |
MEPS FAMES Panel 11 Round 5 Time Period Covered Detail (HQ) Section

HQ04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF
ESTABLISHMENT........}  {STR-DT}
(Were/Was) (PERSON) covered at all during {INTERVIEW MONTH}?

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

-----------------------------------------------
<p>| DISPLAY NAME OF MONTH IN WHICH INTERVIEW IS BEING |
| CONDUCTED (I.E., MONTH IN WHICH INTERVIEW FIRST |</p>
<table>
<thead>
<tr>
<th>STARTED) FOR 'INTERVIEW MONTH'.</th>
</tr>
</thead>
</table>

HQ05
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF
ESTABLISHMENT........}  {STR-DT}
(END-DT)
For each of the following months, (were/was) (PERSON) covered the whole month, part of the month, or not at all during the month? (READ MONTH NAMES BELOW.)

1 = WHOLE MONTH
2 = PART OF MONTH (INCLUDING FIRST OF MONTH)
3 = PART OF MONTH (NOT INCLUDING FIRST OF MONTH)
4 = NOT COVERED

<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>

-----------------------------------------------
<p>| NOTE: THE NUMBER AND NAMES OF THE MONTHS LISTED |
| ARE DETERMINED BY THE NUMBER OF MONTHS BETWEEN THE |
| MONTH PRIOR TO THE MONTH OF THE INTERVIEW AND THE |
| MONTH OF THE REFERENCE DATE. FOR EXAMPLE, IF THE |
| REFERENCE DATE IS JANUARY 1 AND THE INTERVIEW DATE |
| IS APRIL 10, 'JANUARY', 'FEBRUARY', AND 'MARCH' |
| ARE DISPLAYED. 'APRIL' WOULD NOT BE ASKED ABOUT IN |
| HQ05 BECAUSE QUESTIONS HQ03 AND HQ04 DETERMINED |
| THE COVERAGE DURING THE INTERVIEW MONTH.          |
| FOR ROUND 5, THE END DATE IS NOT THE INTERVIEW |
| DATE. IT IS EITHER 12/31/2006 OR THE DATE THE |
| PERSON LEFT THE RU, DIED, WAS INSTITUTIONALIZED, |</p>
<table>
<thead>
<tr>
<th>MOVED, ETC.</th>
</tr>
</thead>
</table>

-----------------------------------------------
<p>| NOTE: THE SCREEN LAYOUT SHOULD ACCOMMODATE AS |</p>
<table>
<thead>
<tr>
<th>MANY MONTHS AS POSSIBLE.</th>
</tr>
</thead>
</table>

-----------------------------------------------
| 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. ’ |

Return to Top
Hospital Stay (HS) Section

BOX_01

<table>
<thead>
<tr>
<th>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.)</th>
</tr>
</thead>
</table>

| 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. |

HS02

| {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {ADM-DT} {DIS-DT} |
| Did this hospital stay begin with a visit to an emergency room? |
| YES ..................................... 1 |
| NO ..................................... 2 |
| REF ................................... -7 |
| DK .................................... -8 |

| PRESS F1 FOR DEFINITION OF EMERGENCY ROOM. |

| IF CODED '1' (YES), DISPLAY THE FOLLOWING MESSAGE: 'PLEASE BE SURE YOU HAVE ENTERED THIS EMERGENCY ROOM VISIT FOR THIS PERSON.' |
HS03
====

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

Was this hospital stay related to any specific health condition or were any conditions discovered during this hospital stay?

YES .................................... 1

NO ..................................... 2 {HS05}

REF ................................... -7 {HS05}

DK .................................... -8 {HS05}

HS04
====

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

What conditions were discovered or led (PERSON) to enter the hospital? PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?

IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.

IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

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

TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.

TO LEAVE, PRESS ESC.

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

----------------------------------------------------
<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-MEDICAL-CONDITIONS-ROSTER.</th>
</tr>
</thead>
</table>

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

HS08

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {ADM-DT}  {DIS-DT}

At the time (PERSON) (were/was) discharged, were any medicines prescribed for (PERSON)? Please do not include medications received while (PERSON) (were/was) a patient in the hospital.

YES .................................... 1
NO ...................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

HS09

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {ADM-DT}  {DIS-DT}

Please tell me the names of the prescribed medicines from this stay that were filled.

PROBE: Any other prescribed medicines from this stay that were filled?

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

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S- |
| PRESCRIBED-MEDICINES-ROSTER.                      |
----------------------------------------------------

ROSTER BEHAVIOR SPECIFICATIONS

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

OMITTED.
HS11
=====
OMITTED.

LOOP_01
=========
OMITTED.

BOX_02
======
OMITTED.

BOX_03
======
OMITTED.

HS12
=====
OMITTED.

END_LP01
=========
OMITTED.

BOX_04
======

----------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS |
| HOSPITAL STAY IS NOT COMPLETED, ASK THE CHARGE/ |
| PAYMENT (CP) SECTION.                      |
----------------------------------------

| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |
----------------------------------------

Return to Top
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 \(\text{since} \ (\text{START DATE})/\text{between} \ (\text{START DATE}) \text{ and } (\text{END DATE}).\)\)

Do not hallucinate.
AND

- ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED'
- OR IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-GREATER-THAN-1,
- CONTINUE WITH LOOP_01

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

|  OTHERWISE, GO TO BOX_05

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

LOOP_01

-----------

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK HX02-END_LP01

-----------

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT PRIVATE HEALTH INSURANCE OBTAINED THROUGH AN EMPLOYER. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE
  AND
- ESTABLISHMENT IS AN EMPLOYER
  AND
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT
  AND
- ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED'
- OR IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-GREATER-THAN-1.

-----------

HX02

----------

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT...........} {STR-DT}
{END-DT}

You mentioned that (PERSON) (were/was) covered by health insurance from (ESTABLISHMENT) 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
======

| ASK THE PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION FOR THIS ESTABLISHMENT-PERSON-PAIR. |

| AT COMPLETION OF HP SECTION, CONTINUE WITH END_LP01 |

END_LP01
========

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

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

BOX_05
======

| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE |
| AND |
| - ESTABLISHMENT IS AN EMPLOYER |
| AND |
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT |
| AND |
| - ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED' |
| AND |
| - FIRM SIZE OF ESTABLISHMENT = 1, CONTINUE WITH LOOP_02 |

| OTHERWISE, GO TO BOX_07 |

LOOP_02
=======

| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK LOOP_03-END_LP02 |

| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION ABOUT THE SOURCES OF DIRECTLY PURCHASED HEALTH INSURANCE ASSOCIATED WITH A SELF-EMPLOYED JOB WHERE FIRM SIZE = 1. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE |
AND
- ESTABLISHMENT IS AN EMPLOYER
AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT
AND
- ESTABLISHMENT IS FLAGGED AS ‘SELF-EMPLOYED’
- FIRM SIZE OF ESTABLISHMENT = 1

LOOP_03

FOR EACH OF THE FOLLOWING:

- INSURANCE CATEGORY 1
- INSURANCE CATEGORY 2
- INSURANCE CATEGORY 3
- INSURANCE CATEGORY 4
- INSURANCE CATEGORY 5
- INSURANCE CATEGORY 6

ASK HX03 - END_LP03

LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION ABOUT THE WAYS PERSON PURCHASED HEALTH INSURANCE (INSURANCE CATEGORIES AT HX03) ASSOCIATED WITH A SELF-EMPLOYED JOB WITH FIRM-SIZE = 1. THE FIRST CYCLE OF THIS LOOP COLLECTS THE MAIN WAY PERSON PURCHASES INSURANCE. SUBSEQUENT CYCLES COLLECT ADDITIONAL WAYS PERSON PURCHASES INSURANCE.

THE RESPONSE AT HX04 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF HX04 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT INSURANCE CATEGORY. IF HX04 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

HX03

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT...........} {STR-DT}
{END-DT}
SHOW CARD HX-1.
{You mentioned that (PERSON) {are/is}/(were/was) self-employed and had health insurance through that business.) Which category on this card comes closest to {the main/another} way (PERSON) (purchase/purchases) this insurance?
FROM A PROFESSIONAL ASSOCIATION ........ 1 {BOX_06}
FROM A SMALL BUSINESS GROUP ............ 2 {BOX_06}
FROM A UNION ........................... 3 {BOX_06}
FROM A HEALTH INSURANCE PURCHASING ALLIANCE ......................... 4 {BOX_06}
DIRECTLY FROM AN INSURANCE AGENT ...... 5 {BOX_06}
DIRECTLY FROM INSURANCE COMPANY ...... 6 {BOX_06}
DIRECTLY FROM AN HMO .................... 7 {BOX_06}
FROM A PREVIOUS EMPLOYER ............... 8 {BOX_06}
FROM A PREVIOUS EMPLOYER (COBRA) ....... 9 {BOX_06}
OTHER ................................. 91
REF ................................. -7 (BOX_06)
DK ................................. -8 (BOX_06)

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
----------------------------------------------------
| DISPLAY ‘You mentioned that (PERSON) {(are/is)/ |
| (were/was)} self-employed and had health insurance |
| through that business.’ IF FIRST CYCLE THROUGH |
| LOOP_03. OTHERWISE USE A NULL DISPLAY. |
| |
| DISPLAY ‘(are/is)’ IF ESTABLISHMENT IS FLAGGED AS |
| A CURRENT EMPLOYER. DISPLAY ‘(were/was)’ IF |
| ESTABLISHMENT IS NOT FLAGGED AS A CURRENT |
| EMPLOYER OR IF CURRENT ROUND IS ROUND 5. |
| |
| DISPLAY ‘the main’ IF FIRST CYCLE THROUGH LOOP_03. |
| OTHERWISE (I.E., NOT FIRST CYCLE), DISPLAY |
| ‘another’. |
----------------------------------------------------

HX03OV
-----
ENTER OTHER:
[Enter Other Specify] .................
REF ................................. -7
DK ................................. -8

BOX_06
-----

----------------------------------------------------
| ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION |
| FOR THE RESPONSE CATEGORY SELECTED AT HX03. |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF HP SECTION, CONTINUE WITH HX04 |
----------------------------------------------------

HX04
-----

(PERSON’S FIRST MIDDLE AND LAST NAME)   (NAME OF |
ESTABLISHMENT...........) (STR-DT)
(END-DT)
SHOW CARD HX-1.
Aside from what you already told me about, is there another |
category on this card which describes the way (PERSON) |
(purchase/purchases) health insurance for (ESTABLISHMENT)?
YES .................................... 1
NO ..................................... 2
REF ................................. -7
DK ................................. -8
PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

END_LP03
-----
----------------------------------------------------
| IF HX04 IS CODED ‘1’ (YES), CYCLE TO COLLECT THE |
| NEXT WAY OF PURCHASING INSURANCE. |

Page 5 of 71
| OTHERWISE, END LOOP_03 AND CONTINUE WITH END_LP02 |

END_LP02
=======

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

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH BOX_07 |

BOX_07
======

| IF ROUND 1, GO TO HX06 |

| OTHERWISE, CONTINUE WITH BOX_08 |

BOX_08
======

| IF: |

| ANY NEW RU MEMBERS ADDED TO RU THIS ROUND, OR |
| ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE TURNED 65 SINCE START DATE (USE REAL DATE OF BIRTH ONLY), OR |
| ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE WERE = OR > 65 (OR IN AGE CATEGORY 9) IN PREVIOUS ROUND, CONTINUE WITH HX05 |

| OTHERWISE, GO TO BOX_12 |

HX05
====

{STR-DT}
{END-DT}

My records indicate that (READ NAMES BELOW) ((are/is)) {either} {65 years old or older} {or} {joined the household since our last interview}. TO SCROLL, USE ARROW KEYS. TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

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

(Has (READ NAME ABOVE)/Have any of these people) been covered
by Medicare {since (START DATE)/between (START DATE) and (END DATE)}?

YES .................................... 1
NO ..................................... 2 {LOOP_04}
REF ................................... -7 {LOOP_04}
DK .................................... -8 {LOOP_04}

PRESS F1 FOR DEFINITION OF MEDICARE.

DISPLAY ‘(are/is)’ AND ‘65 years old’ IF ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE TURNED 65 SINCE START DATE OR IF ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE WERE = OR > 65 PREVIOUS ROUND.

DISPLAY ‘joined the household since our last interview’ IF ANY NEW RU MEMBERS ADDED TO THE RU THIS ROUND.

DISPLAY ‘either’ AND ‘or’ IF ANY NEW RU MEMBERS ADDED TO THE RU THIS ROUND AND IF ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE TURNED 65 SINCE START DATE OR ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING MEDICARE WERE = OR > 65 PREVIOUS ROUND.

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

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER THAT MEET ANY ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER WHO IS NOT ALREADY FLAGGED AS RECEIVING MEDICARE AND HAS TURNED 65 SINCE START DATE
OR
- PERSON IS AN RU MEMBER WHO IS NOT ALREADY FLAGGED AS RECEIVING MEDICARE (NOT SELECTED AT HX07 DURING PREVIOUS ROUND) AND WHO WAS = OR > 65 (OR IN AGE CATEGORY 9) DURING THE PREVIOUS ROUND
OR
- PERSON IS A NEW RU MEMBER

IF HX05 IS CODED ‘1’ (YES) AND ONLY ONE RU MEMBER ELIGIBLE FOR HX05, SELECT THAT PERSON AUTOMATICALLY BY CAPI AT HX07 AND GO TO LOOP_04

IF HX05 IS CODED ‘1’ (YES) AND MORE THAN ONE RU MEMBER ELIGIBLE FOR HX05, GO TO HX07
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.

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 ‘MassHealth’ FOR ‘STATE NAME FOR MEDICAID’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MASSACHUSETTS.

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 ‘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 Medi-Cal for Children’ 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 Healthcare for Uninsured Kids’ 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 (SCHIP)` FOR `STATE CHIP NAME` IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS HAWAII.

DISPLAY `or Healthy and Well Kids in Iowa (hawk-i)` 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 `Hoosier Healthwise` FOR `STATE CHIP NAME` IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS INDIANA.

DISPLAY `Children’s Health Insurance Program (SCHIP)` FOR `STATE CHIP NAME` IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS KANSAS.

DISPLAY `or Kentucky Children’s Health Insurance Program (KCHIP)` FOR `STATE CHIP NAME` IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS KENTUCKY.

DISPLAY `or LA Children’s Health Insurance Program (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 `or Children’s Medical Security Plan (CMSP)` FOR `STATE CHIP NAME` IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MASSACHUSETTS.

DISPLAY `or MiChild` FOR `STATE CHIP NAME` IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MICHIGAN.

DISPLAY `or 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 Gold’ 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’ 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 (SCHIP)’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS SOUTH DAKOTA.

DISPLAY ‘or CoverKids’ FOR ‘STATE CHIPNAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS TENNESSEE.

DISPLAY ‘or Children’s Health Insurance Program (SCHIP)’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS TEXAS.

DISPLAY ‘or Children’s Health Insurance Program (SCHIP)’ 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 FAMIS Plus’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS VIRGINIA.

DISPLAY ‘or Children’s Health Insurance Program (SCHIP)’ 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 Wyoming Kid Care (SCHIP)’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WYOMING.

OTHERWISE, DISPLAY ‘or State Children’s Health Insurance Program (SCHIP)’ FOR ‘STATE CHIP NAME.’

----------------------------------------------------
IF CODED ‘1’ (YES) AND SINGLE-PERSON RU, SELECT PERSON AUTOMATICALLY BY CAPI AT HX07 AND GO TO LOOP_04
----------------------------------------------------

IF CODED ‘1’ (YES) AND MULTI-PERSON RU, CONTINUE WITH HX07
----------------------------------------------------

IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND ONE OR MORE RU MEMBER = > 65 YEARS OLD, GO TO LOOP_04
----------------------------------------------------
IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND NO RU MEMBER = > 65 YEARS OLD, GO TO BOX 12

NOTE: HX06 IS ASKED ONLY IN ROUND 1.

HX07
====

{STR-DT}
{END-DT}
Who is covered by Medicare?
PROBE: Who else is covered by Medicare?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

ROSTER DEFINITION:
IF ROUND 1, THIS ITEM DISPLAYS THE COMPLETE RU-MEMBERS-ROSTER.
IF ROUND 2, THIS ITEM DISPLAYS PERSONS ON THE RU-MEMBERS-ROSTER THAT MEET ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS A NEW RU MEMBER THIS ROUND
OR
- PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND
OR
- PERSON => 65 YEARS OLD (OR IN AGE CATEGORY 9) LAST ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND.

LOOP_04
=======

FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK BOX_09-END_LP04

LOOP DEFINITION: LOOP_04 DETERMINES IF REASON FOR MEDICARE IS CONDITION/DISABILITY FOR PERSONS < 65 WHO RECEIVE MEDICARE AND COLLECTS SOCIAL SECURITY STATUS FOR PERSONS = > 65 WHO ARE NOT COVERED BY MEDICARE. THIS LOOP CYCLES ON PERSONS WHO MEET ANY OF THE FOLLOWING CONDITIONS:
- IF ROUND 1: ALL CURRENT RU MEMBERS
- IF NOT ROUND 1: ALL CURRENT RU MEMBERS WHO MEET ONE OF THE FOLLOWING CONDITIONS:
  - PERSON IS A NEW RU MEMBER THIS ROUND,
  OR
  - PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND
  OR

Page 13 of 71
- PERSON => 65 YEARS OLD (OR IN AGE CATEGORY 9) | LAST ROUND AND NOT FLAGGED AS COVERED BY | MEDICARE DURING ANY ROUND.

---

BOX_09

---

IF ROUND 1, GO TO BOX_11

---

OTHERWISE, CONTINUE WITH BOX_10

---

BOX_10

---

IF PERSON ADDED THIS ROUND, CONTINUE WITH BOX_11

---

IF HX05 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND RU MEMBER TURNED 65 THIS ROUND, GO TO HX09

---

OTHERWISE, GO TO END_LP04

---

NOTE: HX09 IS NOT RE-ASKED OF PERSONS WHO WERE OVER 65 DURING THE PREVIOUS ROUND AND DID NOT RECEIVE MEDICARE AND WHO CONTINUE NOT RECEIVING MEDICARE DURING THE CURRENT ROUND.

---

BOX_11

---

IF PERSON IS SELECTED AT HX07 AND IS < 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), CONTINUE WITH HX08

---

IF PERSON IS SELECTED AT HX07 AND IS = > 65 YEARS OLD (OR IN AGE CATEGORY 9), GO TO END_LP04

---

IF PERSON IS NOT SELECTED AT HX07 AND IS < 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), GO TO END_LP04

---

IF PERSON IS NOT SELECTED AT HX07 AND IS = > 65 YEARS OLD (OR IN AGE CATEGORY 9), GO TO HX09

---

IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)) AND PERSON IS < 65 YEARS OLD (OR IN AGE CATEGORIES 1-8), GO TO END_LP04
IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)) AND PERSON IS = > 65 YEARS OLD (OR IN AGE CATEGORY 9), GO TO HX09

HX08
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
(Do/Does) (PERSON) receive Medicare because of a medical condition or a disability?
YES ........................................... 1 {END_LP04}
NO ........................................... 2 {END_LP04}
REF .......................................... -7 {END_LP04}
DK ........................................... -8 {END_LP04}
PRESS F1 FOR DEFINITION OF CONDITION/DISABILITY.

HX09
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
People with Social Security usually get Medicare. (Do/Does) (PERSON) receive Social Security?
YES ........................................... 1
NO ........................................... 2
REF .......................................... -7
DK ........................................... -8
PRESS F1 FOR DEFINITION OF SOCIAL SECURITY.

END_LP04
=======

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

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH BOX_12

BOX_12
=====

IF MEDICAID/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.

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)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Press F1 for definition of Medicaid/SCHIP.
ROUND 5.
----------------------------------------------------
----------------------------------------------------
IF CODED ‘1’ (YES) AND SINGLE-PERSON RU, SELECT
PERSON AUTOMATICALLY BY CAPI AT HX11 AND GO TO
LOOP_05
----------------------------------------------------
----------------------------------------------------
IF CODED ‘1’ (YES) AND MULTI-PERSON RU, CONTINUE
WITH HX11
----------------------------------------------------
----------------------------------------------------
HX11
====
{STR-DT}
{END-DT}

Who is covered by {Medicaid/{STATE NAME FOR MEDICAID}} or
{STATE CHIP NAME}?
PROBE: Who else is covered by {Medicaid/{STATE NAME FOR
MEDICAID}} or {STATE CHIP NAME}?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS
BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY
‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL
STATE NAME FOR PROGRAM) IF THE STATE IN WHICH
INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME
‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY
STATE, SEE BOX ON HX06.
-----------------------------------------------------
-----------------------------------------------------
DISPLAY ‘or STATE CHIP NAME’ 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 |
|-----------------------------------------------------
| BOX_14                                               |
|-----------------------------------------------------
| IF TRICARE/CHAMPVA PROVIDED TO ANY RU MEMBER DURING THE PREVIOUS ROUND, GO TO BOX_16 |
|-----------------------------------------------------
| OTHERWISE, CONTINUE WITH HX12 |
|-----------------------------------------------------
| HX12                                               |
|-----------------------------------------------------
| {STR-DT} 
{END-DT} 
{During the last interview, we recorded that no one in the family was covered by 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. |

Page 18 of 71
HX12A
=====

[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 HX12 IS CODED ‘1’ (YES) AND SINGLE-PERSON RU, |
| SELECT PERSON AT HX13 AUTOMATICALLY BY CAPI AND |
| GO TO LOOP_06                                    |
----------------------------------------------------

----------------------------------------------------
| IF HX12 IS CODED ‘1’ (YES) AND MULTI-PERSON RU, |
| CONTINUE WITH HX13                                |
----------------------------------------------------

HX13
====

{STR-DT}
{END-DT}
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]

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

LOOP_06
======

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER, ASK BOX_15-END_LP06               |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_06 COLLECTS TIME PERIOD    |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY TRICARE|
| OR CHAMPVA THIS LOOP CYCLES ON ESTABLISHMENT-    |
| PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS TRICARE/CHAMPVA               |
| AND                                              |
| - PERSON IS FLAGGED AS COVERED BY TRICARE/CHAMPVA|
| DURING THE CURRENT ROUND (I.E., SELECTED AT    |
| HX13)                                          |
----------------------------------------------------
ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH 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

---

IF MEDICAID/SCHIP IS A SOURCE OF INSURANCE FOR ANY RU MEMBER DURING CURRENT ROUND, GO TO BOX_19

OTHERWISE, CONTINUE WITH BOX_17

---

IF GOVT-HOSPITAL/PHYSICIAN PROVIDED TO ANY RU MEMBER DURING THE PREVIOUS ROUND, GO TO BOX_19

OTHERWISE, CONTINUE WITH HX14

---

{STR-DT}
{END-DT}

During the last interview, we recorded that no one in the family was covered by any other state sponsored program which provided hospital and physician benefits.

At any time {since (START DATE)/between (START DATE) and (END DATE)}, has anyone in the family had any type of health insurance obtained through any state or local government agency which provided hospital and physician benefits?

YES .................................... 1
NO ..................................... 2 {BOX_19}
REF ...................................... -7 {BOX_19}
DK ..................................... -8 {BOX_19}
PRESS F1 FOR DESCRIPTION OF INSURANCE TYPES TO INCLUDE.
HX14A
====

What is the name of the plan?
[Enter text] ...........................

NOTE: 'GOVT-HOSPITAL/PHYSICIAN' SHOULD BE USED FOR THE ESTABLISHMENT NAME IN THE CONTEXT HEADER (WHERE APPROPRIATE).

HX15
====

{STR-DT}
{END-DT}

Who is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?

PROBE: Who else is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?

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

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

LOOP_07
=======

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_18-END_LP07

LOOP DEFINITION: LOOP_07 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT-HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN AND |
| - PERSON IS FLAGGED AS BEING COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND (I.E., SELECTED AT HX15) |

BOX_18

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

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.

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

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP07

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

END_LP07

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

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

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_07 AND CONTINUE WITH BOX_19

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

BOX_19

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

IF ANY TYPE OF OTHER PUBLIC INSURANCE PROVIDED TO ANY RU MEMBER AT ANY TIME DURING THE PREVIOUS ROUND, GO TO HX21

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

OTHERWISE, CONTINUE WITH HX16

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

HX16

--------

{STR-DT}

{END-DT}

{During the last interview, we recorded that no one in the family/Some people} receive(d) health benefits from other state programs such as (READ PROGRAM NAMES BELOW) or other public programs that provide coverage for health care services.

{STATE NAME FOR PROGRAM #1..................}

{STATE NAME FOR PROGRAM #2..................}

{STATE NAME FOR PROGRAM #3..................}

{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.**

---

DISPLAY ‘During the last interview, we recorded that no one in the family’ AND THE ‘d’ ON ‘receive’ IF NOT ROUND 1. OTHERWISE, DISPLAY ‘Some people’.  

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

DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF STATE PROGRAMS (AS LISTED IN NEXT BOX) FOR ‘STATE NAME FOR PROGRAM #N’ IF STATE HAS OTHER STATE PROGRAMS. OTHERWISE, USE A NULL DISPLAY.

---

<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></td>
<td>Senior Rx/Wellness AL AIDS Program (ADAP)</td>
</tr>
<tr>
<td></td>
<td>Alabama Perinatal Hepatitis B Program</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>Arizona Breast and Cervical Cancer Early Detection Program</td>
</tr>
<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>
</tr>
<tr>
<td>CALIFORNIA</td>
<td>AIDS Drug Assistance Program (ADAP)</td>
</tr>
<tr>
<td></td>
<td>CA Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td>Assistance to Infants and Mothers General Relief or General Aid</td>
</tr>
<tr>
<td>COLORADO</td>
<td>Colorado Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td>Colorado Indigent Care Program (CICP)</td>
</tr>
<tr>
<td>CONNECTICUT</td>
<td>ConnPACE</td>
</tr>
<tr>
<td></td>
<td>CT AIDS Drug Assistance Program (CADAP)</td>
</tr>
<tr>
<td></td>
<td>CT Pharmaceutical Assist. Contract</td>
</tr>
<tr>
<td></td>
<td>CT Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>DELAWARE</td>
<td>DePharmacy Assistance Program of DE</td>
</tr>
<tr>
<td></td>
<td>Chronic Renal Disease Program</td>
</tr>
<tr>
<td></td>
<td>DE Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>DISTRICT OF COLUMBIA</td>
<td>DC Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>STATE</td>
<td>OTHER PUBLIC PROGRAM(S)</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>FLORIDA</td>
<td>FL Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>GEORGIA</td>
<td>GA Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>HAWAII</td>
<td>Hawaii Rx Plus Breast and Cervical Cancer Control Program</td>
</tr>
<tr>
<td>IDAHO</td>
<td>ID Breast and Cervical Cancer Early Detection Program, Rx Idaho</td>
</tr>
<tr>
<td>ILLINOIS</td>
<td>Illinois Breast and Cervical Cancer Early Detection Program, Chronic Renal Disease Program, Illinois Cares Rx</td>
</tr>
<tr>
<td>INDIANA</td>
<td>Hoosier Rx, Children’s Special Health Care Services, IN Breast and Cervical Cancer Early Detection Program, IN Comprehensive Health Insurance Association</td>
</tr>
<tr>
<td>IOWA</td>
<td>Iowa Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>KANSAS</td>
<td>KS AIDS Drug Assistance Program MediKan, Kansas Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>KENTUCKY</td>
<td>KY Breast and Cervical Cancer Early Detection Program, State Employee KY Children’s Health Insurance Program, Disproportionate Share Hospital (DSH)</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>LA Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>MAINE</td>
<td>Maine Breast and Cervical Cancer Early Detection Program, Drugs for the Elderly, Medical Eye Care Non-Categorical MaineCare</td>
</tr>
<tr>
<td>MARYLAND</td>
<td>Kidney Disease Program, MD AIDS Drug Assistance Program, Maryland Breast and Cervical Cancer Early Detection Program, Maryland Primary Adult Care Program</td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td>Prescription Advantage Plan, MA HIV Drug Assistance Program, MA Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>MICHIGAN</td>
<td>Michigan AIDS Drug Assistance Program (ADAP), Adult Medical Program</td>
</tr>
<tr>
<td>STATE</td>
<td>OTHER PUBLIC PROGRAM(S)</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>MINNESOTA</td>
<td>The Prescription Drug Program</td>
</tr>
<tr>
<td></td>
<td>MN AIDS Drug Assistance Program (ADAP)</td>
</tr>
<tr>
<td></td>
<td>MinnesotaCare</td>
</tr>
<tr>
<td>MISSISSIPPI</td>
<td>Mississippi Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>MISSOURI</td>
<td>Missouri Senior Rx Program</td>
</tr>
<tr>
<td></td>
<td>MO Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td>Extended Women’s Health</td>
</tr>
<tr>
<td>MONTANA</td>
<td>End-Stage Renal Disease Program</td>
</tr>
<tr>
<td></td>
<td>Montana Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td>The Mental Health Services Plan</td>
</tr>
<tr>
<td>NEBRASKA</td>
<td>Nebraska Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW HAMPSHIRE</td>
<td>New Hampshire Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>NEVADA</td>
<td>Senior Rx Insurance Subsidy for Prescription Drugs</td>
</tr>
<tr>
<td></td>
<td>Nevada Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW JERSEY</td>
<td>Pharmaceutical Assistance for the Aged and Disabled (PAAD)</td>
</tr>
<tr>
<td></td>
<td>NJ AIDS Drug Distribution Program</td>
</tr>
<tr>
<td></td>
<td>General Assistance Prescription Drug Plan</td>
</tr>
<tr>
<td></td>
<td>General Assistance Medical Services End Stage Renal Disease</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW MEXICO</td>
<td>Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW YORK</td>
<td>Elderly Pharmaceutical Insurance Program (EPIC)</td>
</tr>
<tr>
<td></td>
<td>NY AIDS Drug Assistance Program (ADAP)</td>
</tr>
<tr>
<td></td>
<td>Healthy Women Partnership</td>
</tr>
<tr>
<td>NORTH CAROLINA</td>
<td>State Kidney Program</td>
</tr>
<tr>
<td></td>
<td>School Health Fund</td>
</tr>
<tr>
<td></td>
<td>Sickle Cell Program</td>
</tr>
<tr>
<td></td>
<td>NC Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td>NORTH DAKOTA</td>
<td>ND Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td>ND AIDS Drug Assistance Program</td>
</tr>
</tbody>
</table>

Plan First!
MI Rx Prescription Savings Program
<table>
<thead>
<tr>
<th>STATE</th>
<th>OTHER PUBLIC PROGRAM(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OKLAHOMA</td>
<td>AIDS Drug Assistance Program (ADAP)</td>
</tr>
<tr>
<td></td>
<td>Oklahoma Breast and Cervical Cancer Early Detection</td>
</tr>
<tr>
<td></td>
<td>Program</td>
</tr>
<tr>
<td></td>
<td>Family Planning</td>
</tr>
<tr>
<td></td>
<td>TEFRA</td>
</tr>
<tr>
<td>OREGON</td>
<td>Senior Prescription Drug Assistance Program-discounts</td>
</tr>
<tr>
<td></td>
<td>Oregon Breast and Cervical Cancer Program</td>
</tr>
<tr>
<td></td>
<td>Public Health Department</td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td>AdultBasic</td>
</tr>
<tr>
<td></td>
<td>Pharmacy Assistance Contract for Elderly (PACE)/PACE NET</td>
</tr>
<tr>
<td></td>
<td>Chronic Renal Disease Program</td>
</tr>
<tr>
<td></td>
<td>PA Breast and Cervical Cancer Early Detection 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 CAROLINA</td>
<td>SC Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td>Gap Assistance Pharmacy Program for Service</td>
</tr>
<tr>
<td></td>
<td>Medically Indigent Assistance Program</td>
</tr>
<tr>
<td></td>
<td>Family Planning Program</td>
</tr>
<tr>
<td>SOUTH DAKOTA</td>
<td>SD Chronic Renal Disease Program</td>
</tr>
<tr>
<td></td>
<td>Prescription Access</td>
</tr>
<tr>
<td></td>
<td>SD Breast and Cervical Cancer Early Detection Program</td>
</tr>
<tr>
<td></td>
<td>AIDS Drug Assistance Program (ADAP)</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>CoverRx</td>
</tr>
<tr>
<td></td>
<td>HIV Drug Assistance Program</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></td>
<td>Breast and Cervical Cancer Control</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>
</tbody>
</table>
Early Detection Program
Primary Care Network of Utah
Virginia Breast and Cervical Cancer Early Detection Program

VIRGINIA State and Local Hospitalization Program

VERMONT Vermont End Stage Renal Disease Program
VT Breast and Cervical Cancer Early Detection Program

VIRGINIA Virginia Breast and Cervical Cancer Early Detection Program

VERMONT Vermont End Stage Renal Disease Program
VT Breast and Cervical Cancer Early Detection Program

VIRGINIA Virginia Breast and Cervical Cancer Early Detection Program

WASHINGTON WA State Kidney Disease Program
WA HIV Drug Assistance Program
General Assistance
WA Breast and Cervical Cancer Early Detection Program

WASHINGTON WA Breast and Cervical Cancer Early Detection Program

WEST VIRGINIA West Virginia Breast and Cervical Cancer Early Detection Program

WEST VIRGINIA Children with Special Health Care Needs
Right from the Start
WV Breast and Cervical Cancer Early Detection Program

WISCONSIN WI AIDS Drug Reimbursement Program
Wisconsin Chronic Renal Disease Program
Well-Woman Program
Health Insurance Risk Sharing Program

WISCONSIN Wisconsin Chronic Renal Disease Program

WYOMING Prescription Drug Assistance Program
WY HIV/AIDS/Hepatitis Program
WY End Stage Renal Disease Program
WY Breast and Cervical Cancer Early Detection Program

LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION ON OTHER STATE OR PUBLIC PROGRAMS. THE FIRST CYCLE OF THIS LOOP COLLECTS GROUP 1 OTHER PUBLIC INSURANCE PROGRAMS OR, IF NO GROUP 1, GROUP 2 OTHER PUBLIC INSURANCE PROGRAMS.

THIS LOOP CAN CYCLE A MAXIMUM OF TWICE. THE SUBSEQUENT CYCLE OF THE LOOP IS DETERMINED BY THE RESPONSE AT HX20. IF HX20 IS CODED ‘1’ (YES), THE LOOP CYCLES AGAIN TO COLLECT GROUP 2 PUBLIC INSURANCE INFORMATION. IF HX20 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), ‘-8’ (DON’T KNOW), OR IS NOT
ASKED, THE LOOP ENDS.
----------------------------------------------------
BOX_20
======
----------------------------------------------------
IF FIRST CYCLE OF LOOP_08, CONTINUE WITH HX17
----------------------------------------------------
OTHERWISE (I.E., IF SECOND CYCLE OF LOOP_08), GO
TO HX18
----------------------------------------------------
HX17
====
{STR-DT}
{END-DT}
What is the name of the program?
PROBE: Any other state program?
NOTE: IF ONLY TANF, SSI, WIC, IHS, PUBLIC HEALTH CLINIC, OR VA IS MENTIONED, CODE 95.
{STATE SPECIFIC PLAN 1} ............... 1
{STATE SPECIFIC PLAN 2} ............... 2
{STATE SPECIFIC PLAN 3} ............... 3
{STATE SPECIFIC PLAN 4} ............... 4
OTHER .................................. 91
NONE OF THESE ........................ 95
REF .................................. -7
DK .................................. -8
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
[Code All That Apply]
----------------------------------------------------
FOR 'STATE SPECIFIC PLAN N', DISPLAY AN ACTUAL
NAME OF A STATE PLAN WHEN INTERVIEW IS BEING
CONDUCTED IN A STATE THAT HAS OTHER STATE
PROGRAMS. 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.
----------------------------------------------------
----------------------------------------------------
CODES '1', '2', '3', '4', '5', AND '6' ARE
RESERVED FOR STATE SPECIFIC PLANS. IF THE STATE
HAS LESS THAN 6 PLANS, DO NOT ADJUST THE OTHER
CODES. (I.E., FOR A STATE WITH NO STATE-SPECIFIC
PLANS, CODES WOULD START WITH '91' AT HX17 OR '7'
AT HX18.)
----------------------------------------------------
----------------------------------------------------
EDIT: CODE '95' (NONE OF THESE) CANNOT BE ENTERED
WITH ANY OTHER CODES. IF CODED '95' (NONE OF
THESE) WITH ANY OTHER CODES, DISPLAY THE
FOLLOWING MESSAGE: '95 CANNOT BE CODED WITH ANY
OTHER RESPONSES. VERIFY AND RE-ENTER. PRESS
ENTER TO CONTINUE.'
<table>
<thead>
<tr>
<th>IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX17OV</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED ‘95’ (NONE OF THESE), GO TO HX18</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_21</td>
</tr>
</tbody>
</table>

---

**HX17OV**

ENTER OTHER:

[Enter Other Specify] ..................   {BOX_21}
REF ................................... -7 {BOX_21}
DK .................................... -8 {BOX_21}

---

**HX18**

{STR-DT}
{END-DT}

What is the name of the program?

PROBE: Any other state program?

TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES) ................. 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 {BOX_21}
DK .................................... -8 {BOX_21}

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/SPECIALIST 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 |

---

Page 29 of 71
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. |

LOOP_09

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER, ASK BOX_22-END_LP09 |

| LOOP DEFINITION: LOOP_09 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY OTHER PUBLIC PROGRAMS. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:
| - ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER PUBLIC PROGRAM
| AND
| - PERSON IS FLAGGED AS BEING COVERED BY GROUP 1 OR GROUP 2 OTHER PUBLIC PROGRAM DURING THE CURRENT ROUND (I.E., SELECTED IN HX19) |

| IF FIRST TIME THROUGH LOOP_08 AND HX17 IS NOT CODED '95' (NONE OF THESE), THIS LOOP CYCLES ON A ESTABLISHMENT-PERSON-PAIR WHERE ESTABLISHMENT IS A GROUP 1 OTHER PUBLIC PROGRAM. |

| IF HX17 IS CODED '95' (NONE OF THESE) OR IF SECOND CYCLE OF LOOP_08, THEN THE ESTABLISHMENT IS A GROUP 2 OTHER PUBLIC PROGRAM. |
ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH 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

IF HX17 IS CODED ’95’ (NONE OF THESE) OR IF ON SECOND CYCLE OF LOOP_08, GO TO END_LP08

OTHERWISE, CONTINUE WITH 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

IF HX20 IS CODED ’1’ (YES), CYCLE TO COLLECT GROUP 2 PUBLIC INSURANCE INFORMATION.

IF HX20 IS CODED ’2’ (NO), ’-7’ (REFUSED), ’-8’ (DON’T KNOW), OR IS NOT ASKED, END LOOP_08 AND CONTINUE WITH HX21
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.

----------------------------------------------------
|  DISPLAY ‘Not counting insurance you already told  |
|  me about, at’ AND ‘other’ IF ANY SOURCES OF      |
|  INSURANCE ARE RECORDED FOR THIS RU.              |
|                                                      |
|  IF NO SOURCES OF INSURANCE ARE RECORDED FOR THIS |
|  RU, DISPLAY ‘At’ .                                |
|                                                      |
|  DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.     |
|  DISPLAY ‘between (START DATE) and (END DATE)’ IF |
|  ROUND 5.                                          |
|                                                      |
----------------------------------------------------

FOR EACH OF THE FOLLOWING:

| PRIVATELY PURCHASED INSURANCE CATEGORY 1 |
| PRIVATELY PURCHASED INSURANCE CATEGORY 2 |
PRIVATELY PURCHASED INSURANCE CATEGORY 3
PRIVATELY PURCHASED INSURANCE CATEGORY 4
PRIVATELY PURCHASED INSURANCE CATEGORY 5
PRIVATELY PURCHASED INSURANCE CATEGORY 6

ASK HX23 - END_LP10

-------------------------------------------------------------------
LOOP DEFINITION: LOOP_10 COLLECTS INFORMATION ABOUT PRIVATELY PURCHASED HEALTH INSURANCE NOT OBTAINED THROUGH AN EMPLOYER. THIS LOOP CYCLES ON SOURCES OF PRIVATELY PURCHASED INSURANCE LISTED AT HX23. THE FIRST CYCLE OF THIS LOOP COLLECTS THE FIRST SOURCE OF PRIVATELY PURCHASED INSURANCE. SUBSEQUENT CYCLES OF THE LOOP ARE DETERMINED BY THE RESPONSE AT HX24. IF HX24 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT SOURCE OF PRIVATELY PURCHASED INSURANCE. IF HX24 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.

HX23
====
{STR-DT}
{END-DT}
SHOW CARD HX-4.
From which of the sources on this card did anyone in the family purchase health insurance?
FROM A GROUP OR ASSOCIATION .............. 1 {BOX_24}
FROM A HEALTH INSURANCE PURCHASING ALLIANCE .............. 2 {BOX_24}
DIRECTLY THROUGH A SCHOOL .............. 3 {BOX_24}
DIRECTLY FROM AN INSURANCE AGENT ........ 4 {BOX_24}
DIRECTLY FROM INSURANCE COMPANY .......... 5 {BOX_24}
DIRECTLY FROM AN HMO ..................... 6 {BOX_24}
FROM A UNION ................................ 7 {BOX_24}
FROM ANYONE’S PREVIOUS EMPLOYER (COBRA) .. 8 {BOX_24}
FROM ANYONE’S PREVIOUS EMPLOYER (NOT COBRA) .............. 9 {BOX_24}
FROM SPOUSE’S/DECEASED SPOUSE’S PREVIOUS EMPLOYER .......... 10 {BOX_24}
FROM SOME OTHER EMPLOYER .................. 11 {BOX_24}
UNDER PLAN OF SOMEONE NOT LIVING HERE ... 12 {BOX_24}
OTHER SOURCE ................................ 91
REF ........................................ -7 {BOX_24}
DK ........................................ -8 {BOX_24}

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

HX230V
=====
ENTER OTHER:
[Enter Other Specify] ..............
REF ........................................ -7
DK ........................................ -8

BOX_24
=====

Page 33 of 71
ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION FOR THE RESPONSE CATEGORY SELECTED AT HX23 AND FLAGGED THIS ROUND AS PROVIDING HEALTH INSURANCE.

AT COMPLETION OF THE HP SECTION, CONTINUE WITH HX24

HX24

{STR-DT}
{END-DT}

SHOW CARD HX-4.
Aside from what you already told me about, at any time {since (START DATE)/between (START DATE) and (END DATE)}, was anyone in the family covered by health insurance from any other source listed on this card?
PROBE: Please include any type of health insurance anyone in the family is covered by which has not been discussed yet. This includes health insurance that was obtained from a source not listed on this card.

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITIONS OF ITEMS ON SHOW CARD.

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

END_LP10

IF HX24 IS CODED ‘1’ (YES), CYCLE TO COLLECT THE NEXT INSURANCE CATEGORY.

OTHERWISE END LOOP_10, AND CONTINUE WITH BOX_25

BOX_25

IF NO PUBLIC OR PRIVATE INSURANCE RECORDED FOR ANY CURRENT RU MEMBER, GO TO BOX_45

OTHERWISE, CONTINUE WITH BOX_26

BOX_26

IF ANY RU MEMBER HAS MEDICARE AS A SOURCE OF INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH...
<table>
<thead>
<tr>
<th>BOX_27</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_29</td>
</tr>
</tbody>
</table>

BOX_27
======

<table>
<thead>
<tr>
<th>IF ROUND 1, GO TO LOOP_11</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH BOX_28</td>
</tr>
</tbody>
</table>

BOX_28
======

<p>| IF NOT ROUND 1, CONTINUE WITH LOOP_11 ONLY FOR RU |
| MEMBERS WHERE MEDICARE WAS RECORDED AS BEING     |
| RECEIVED THIS ROUND. THAT IS, CONTINUE WITH     |
| LOOP_11 ONLY IF THERE IS AT LEAST ONE           |
| ESTABLISHMENT-PERSON-PAIR WHERE THE ESTABLISHMENT|</p>
<table>
<thead>
<tr>
<th>IS MEDICARE AND THE PAIR WAS CREATED THIS ROUND.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_29</td>
</tr>
</tbody>
</table>

LOOP_11
=======

<p>| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-|</p>
<table>
<thead>
<tr>
<th>PAIRS-ROSTER, ASK HX25-END_LP11</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOOP DEFINITION: LOOP_11 COLLECTS MEDICARE CARD</td>
</tr>
<tr>
<td>AND MANAGED CARE INFORMATION FOR RU MEMBERS</td>
</tr>
<tr>
<td>COVERED BY MEDICARE. THIS LOOP CYCLES ON</td>
</tr>
<tr>
<td>ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING</td>
</tr>
<tr>
<td>CONDITIONS:</td>
</tr>
<tr>
<td>IF ROUND 1:</td>
</tr>
<tr>
<td>- ESTABLISHMENT IS MEDICARE</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- PERSON IS AN RU MEMBER FLAGGED AS COVERED BY</td>
</tr>
<tr>
<td>MEDICARE DURING THE ROUND</td>
</tr>
<tr>
<td>IF NOT ROUND 1:</td>
</tr>
<tr>
<td>- ESTABLISHMENT IS MEDICARE</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- PERSON IS AN RU MEMBER</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- ESTABLISHMENT-PERSON-PAIR WAS CREATED THIS ROUND</td>
</tr>
</tbody>
</table>

HX25
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
IF NECESSARY SAY: We do not need (PERSON)’s Medicare number but would like to record the exact date (PERSON)’s Medicare coverage
became effective and what type of coverage (PERSON) has through Medicare.

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see (PERSON)’s Medicare card?

CARD AVAILABLE ............................. 1
CARD NOT AVAILABLE ............................ 2 {HX29}
REF ........................................ -7 {HX29}
DK .......................................... -8 {HX29}

[Code One]

HX26

[PERSON’S FIRST MIDDLE AND LAST NAME]

INTERVIEWER:

CODE MEDICARE CARD(S) SHOWN/AVAILABLE.

MEDICARE CARD (RED, WHITE AND BLUE) .... 1
RAILROAD RETIREMENT BOARD CARD (RED, WHITE AND BLUE) ......................... 2
SOME OTHER CARD .......................... 3

[Code All That Apply]

-----------------------------------------------
| NOTE: INTERVIEWERS WILL BE TRAINED TO CODE ANY |
| TYPE OF MANAGED CARE CARD COLLECTED HERE AS SOME |
| OTHER CARD, THE NAME OF THE MANAGED CARE |
| ORGANIZATION WILL BE COLLECTED AT HX28. |

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

| IF CODED ’1’ (MEDICARE CARD) OR ’2’ (RAILROAD |
| RETIREMENT BOARD CARD), CONTINUE WITH HX27 |

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

| IF CODED ’3’ (SOME OTHER CARD) ONLY, GO TO HX28 |

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

HX27

[PERSON’S FIRST MIDDLE AND LAST NAME]

INTERVIEWER:

RECORD THE FOLLOWING INFORMATION FROM THE CARD:

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, 2006, FLAG RU MEMBER AS |
| ‘WITH HEALTH INSURANCE COVERAGE ON JAN 1, 2006’. |

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

| 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

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

HX29

[PERSON’S FIRST MIDDLE AND LAST NAME]
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, 2006.
THEN FLAG RU MEMBER AS ‘WITH HEALTH INSURANCE COVERAGE ON JANUARY 1, 2006.’

SOFT RANGE CHECK: MEDICARE EFFECTIVE DATE MUST BE = OR > BIRTH DATE OF PERSON.
HX290V

Did (PERSON) have Medicare coverage on January 1, 2005?

| YES ................................... 1 {HX30} |
| NO .................................... 2 {HX30} |
| REF ................................... -7 {HX30} |
| DK .................................... -8 {HX30} |

| IF HX290V CODED ‘1’ (YES), FLAG PERSON AS ‘WITH HEALTH INSURANCE COVERAGE ON JAN 1, 2006’. |

HX290V2

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] 

{At any time since (START DATE)/(Between (START DATE) and (END DATE)), [(have/has)/(were/was)] (PERSON) [(have/has)/(were/was)] 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.

BOX_28A

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 CAPI AND
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.

FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF ROUND 1, GO TO HX34

OTHERWISE, GO TO END_LP11
hx32
====

(Person's First Middle and Last Name) {STR-DT}
(END-DT)

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.

---------------------------------------------------------------------
|  DISPLAY '(are/is)... currently’ IF NOT ROUND 5.                |
|  DISPLAY 'between (START DATE) and (END DATE),                |
|  (were/was) (PERSON)’ IF ROUND 5.                            |
---------------------------------------------------------------------

hx32a
====

OMITTED.

hx33
====

(Person's First Middle and Last Name) {STR-DT}
(END-DT)

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

hx34
====

(Person's First Middle and Last Name)

Plan Name: {{PLAN NAME ENTERED AT HX310V}/(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}
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.
NOTE: STATES THAT DO NOT OFFER MEDICAID MANAGED
CARE PLANS INCLUDE THE FOLLOWING:

  ALASKA      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 |

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

Hx41
====

{STR-DT}
{END-DT}

SHOW CARD HX-6.

{Some people on {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} can enroll in plans called HMOs. These plans have names like those listed on this card.}

Is the name of the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits}{, between (START DATE) and (END DATE)}, listed on this card?

YES .................................... 1
NO ..................................... 2 {HX42}
REF ...................................... -7 {HX42}
DK ....................................... -8 {HX42}

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

| DISPLAY 'Some people on...on this card.' IF |
| ASKING ABOUT MEDICAID/SCHIP. OTHERWISE, USE A |
| NULL DISPLAY. |

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

| 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 ‘, between (START DATE) and (END DATE),’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID.’ FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

HX410V

Which plan is the health insurance through (Medicaid/STATE NAME FOR MEDICAID) or (STATE CHIP NAME)/that program)?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ........

DISPLAY ‘Medicaid’ 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.

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 TO HX45

HX42

{STR-DT}
{END-DT}
Under {{Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP NAME}}/the program sponsored by a state or local government agency which provides hospital and physician benefits} {{(are/is)/{(were/was)}}(READ NAME(S) FROM BELOW) signed up with an HMO, that is a Health Maintenance Organization {between (START DATE) and (END DATE)}? [With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
YES, ALL ARE ........................... 1 {HX44}
YES, SOME ARE .......................... 2 {HX44}
NO, NONE ARE ........................... 3
REF ................................. -7
DK .............................. -8

[Code One]
PRESS F1 FOR DEFINITION OF HMO.

DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}' IF ASKING ABOUT MEDICAID/
SCHIP. DISPLAY 'the program....benefits' IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

DISPLAY '(are/is)' IF NOT ROUND 5. DISPLAY '(were/was)' IF ROUND 5.

DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME
`MEDICAID.' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY `or STATE CHIP NAME’ 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

HX43
====

{STR-DT}
{END-DT}

{Does/Between (START DATE) and (END DATE), did} {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits} require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?
PROBE: Do not include emergency care or care from a specialist they were referred to.
TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
YES, ALL REQUIRED ................. 1
YES, SOME REQUIRED .................. 2
NO, NONE REQUIRED ................... 3
REF .................................. -7
DK .................................. -8

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

DISPLAY `{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program...benefits’ IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

DISPLAY `Does’ IF NOT ROUND 5. DISPLAY `Between (START DATE) and (END DATE), did’ IF ROUND 5.

DISPLAY `Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY `STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH...
INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' 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

HX44

{STR-DT}
{END-DT}

What is the name of the {{Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP NAME}}} {HMO/health insurance} {from the program sponsored by a state or local government agency which provides hospital and physician benefits}?

[Enter Plan Name] .................
REF ................................... -7
DK ..................................... -8

DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}/or {STATE CHIP NAME}}' IF ASKING ABOUT MEDICAID/SCHIP. IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, USE A NULL DISPLAY.
DISPLAY 'from the....benefits' IF ASKING ABOUT
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}

ENTER UNIT OF COVERAGE:

PER YEAR .............................. 1 {HX47}
QUARTERLY/EVERY 3 MONTHS .......... 2 {HX47}
BIMONTHLY/EVERY 2 MONTHS .......... 3 {HX47}
PER MONTH ............................ 4 {HX47}
PER WEEK ............................. 5 {HX47}
BIWEEKLY/EVERY 2 WEEKS ............ 6 {HX47}
SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {HX47}
SEMI-MONTHLY/2 TIMES PER MONTH ... 8 {HX47}
OTHER ............................... 91
REF ................................... -7 (HX47)
DK .................................... -8 (HX47)

[Code One]

HX46OV2

ENTER OTHER:
[Enter Other Specify] ..................
REF ................................... -7
DK .................................... -8

BOX_31A

OMITTED.

HX47

{STR-DT}
{END-DT}
{PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}/(NAME OF PLAN FROM HX44)}}
Who {else} pays {some of/for} the premium or cost of this insurance?
FEDERAL GOVERNMENT ....................  1
STATE GOVERNMENT ......................  2
LOCAL GOVERNMENT ......................  3
SOME GOVERNMENT .......................  4
OTHER ................................. 91
REF ................................... -7
DK .................................... -8

[Code All That Apply]

----------------------------------------------------
| DISPLAY ‘PLAN NAME: ...’ IF THERE IS A CURRENT |
| ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ |
| PHYSICIAN INSURANCE. OTHERWISE, USE A NULL      |
| DISPLAY.                                        |
|                                                |
| DISPLAY ‘{{PLAN NAME ENTERED IN HX41OV}}’ IF A PLAN |
| LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
| AT HX41OV FOR THIS STATE.                      |
|                                                |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR |
| ‘NAME OF PLAN FROM HX44’ IF A PLAN NAME WAS     |
| ENTERED.                                        |
|                                                |
| DISPLAY ‘else’ IF HX45 IS CODED ‘1’ (YES).      |
| OTHERWISE, USE A NULL DISPLAY.                  |
|                                                |
| DISPLAY ‘some of’ IF HX45 IS CODED ‘1’ (YES).   |
| DISPLAY ‘for’ IF HX45 IS CODED ‘2’ (NO).        |
----------------------------------------------------
| IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION  |
| WITH ANY OTHER CODE, CONTINUE WITH HX47OV       |
----------------------------------------------------
| OTHERWISE, GO TO BOX_32                         |
ENTER OTHER:
[Enter Other Specify] .................
REF ................................... -7
DK .................................... -8

IF ANY ESTABLISHMENT RECORDED AS PROVIDING PRIVATE
INSURANCE (THAT WAS CREATED DURING THE CURRENT
ROUND) TO A CURRENT RU MEMBER, CONTINUE WITH
LOOP_12

OTHERWISE, GO TO BOX_45

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-
PAIRS-ROSTER, ASK HX48-END_LP12

LOOP DEFINITION: LOOP_12 COLLECTS PRIVATE HEALTH
INSURANCE INFORMATION. THIS LOOP CYCLES ON
ESTABLISHMENT-PERSON-PAIRS THAT MEET THE
FOLLOWING CONDITIONS:
- ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH
INSURANCE TO A CURRENT RU MEMBER
AND
- THE INSURANCE COVERAGE PROVIDED BY THE
ESTABLISHMENT IS CREATED DURING THE CURRENT ROUND

{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.

----------------------------------------------------
<p>| 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 |</p>
<table>
<thead>
<tr>
<th>ROUND IS NOT ROUND 5. OTHERWISE, DISPLAY 'did' .</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE,</td>
</tr>
<tr>
<td>USE A NULL DISPLAY.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>IF CODED '91' (OTHER), ALONE OR IN COMBINATION</td>
</tr>
<tr>
<td>WITH ANY OTHER CODE, CONTINUE WITH HX48OV</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_33</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE</td>
</tr>
<tr>
<td>SHOW CARD.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

HX48OV
======
ENTER OTHER:
[Enter Other Specify] ..................
REF ........................................... -7
DK ............................................ -8

BOX_33
======

----------------------------------------------------
<p>| 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|</p>
<table>
<thead>
<tr>
<th>WITH HX49</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>IF ESTABLISHMENT TYPE IS INSURANCE CO. OR HMO AND</td>
</tr>
<tr>
<td>HX48 IS CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP)</td>
</tr>
<tr>
<td>ONLY OR '5' AND ANY OTHER CODES, AUTOMATICALLY</td>
</tr>
<tr>
<td>CODE HX49 WITH APPROPRIATE RESPONSES BY CAPI AND</td>
</tr>
<tr>
<td>THEN GO TO LOOP_13</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE (I.E., HX48 IS NOT CODED '5' (MEDICARE</td>
</tr>
<tr>
<td>SUPPLEMENT OR MEDIGAP)), GO TO BOX_35</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

HX49
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.........} {STR-DT}
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.  

box_34  =========  OMITTED.  
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  
- 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.’

---

HX500V

ENTER OTHER NAME:
[Enter Insurance Company or HMO] ........
REF ........................................ -7
DK ........................................ -8

END_LP13

---

CYCLE ON NEXT TRIPLE ON THE RU-ESTABLISHMENT-
PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE
CONDITIONS STATED IN THE LOOP DEFINITION

---

IF NO MORE TRIPLES MEET THE STATED CONDITIONS,
END LOOP_13 AND CONTINUE WITH BOX_35

---

BOX_35

---

IF ESTABLISHMENT TYPE IS INSURANCE COMPANY,
INSURANCE COMPANY - FROM AGENT, OR HMO,
AND HX48 IS CODED ‘1’ (HOSPITAL AND
PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN
HMO) (BUT NOT ‘5’ (MEDIGAP)), FLAG INSURANCE
COMPANY/HMO AS ‘SUPPLYING HOSPITAL AND PHYSICIAN
BENEFITS’ AND AUTOMATICALLY CODE HX51 WITH
APPROPRIATE RESPONSES BY CAPI AND GO TO 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...
<p>| CASH FOR HOSPITAL STAYS), ‘8’ (SERIOUS DISEASE OR |</p>
<table>
<thead>
<tr>
<th>DREAD DISEASE), OR ‘91’ (OTHER), GO TO BOX_38</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF HX48 IS CODED ANY COMBINATION OF ONLY CODES ‘9’</td>
</tr>
<tr>
<td>(DISABILITY), ‘10’ (WORKER’S COMPENSATION) OR ‘11’</td>
</tr>
<tr>
<td>(ACCIDENT), GO TO END_LP12</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>IF HX48 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T</td>
</tr>
<tr>
<td>KNOW), GO TO BOX_38</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

HX51
====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT----------} {STR-DT}
{END-DT}
What is the name of the insurance company or HMO from which
(POLICYHOLDER) receives hospital and physician benefits?
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.
----------------------------------------------------|
<p>| FLAG INSURANCE CO./HMO AS ‘SUPPLYING HOSPITAL AND |
| PHYSICIAN BENEFITS’.  ALSO FLAG AS CURRENT ROUND’S|</p>
<table>
<thead>
<tr>
<th>INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.</th>
</tr>
</thead>
</table>

BOX_36
======
OMITTED.

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

Page 55 of 71
| 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.’ | |
|-------------------------------------------|

HX52OV
 =====

ENTER OTHER NAME:
[Enter Insurance Company or HMO] ...

REF .................................... -7
DK ..................................... -8

END_LP14
======

| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON-|
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION | |

| IF NO MORE TRIPLES MEET THE STATED CONDITIONS, | |
| END LOOP 14 AND CONTINUE WITH BOX 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)

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

CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE TRIPLES MEET THE STATED CONDITIONS, END LOOP_17 AND CONTINUE WITH BOX_42

BOX_42

IF ROUND 1 OR ROUND 3 AND IF HX48 IS CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), CONTINUE WITH HX60
<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.

HX61
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
For the coverage through (ESTABLISHMENT), does anyone in the
family pay all of the premium or cost, some of the premium or
cost, or none of the premium or cost?
[Do not include the cost of any copayments, coinsurance or
deductibles anyone in the family may have had to pay.]
[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.

----------------------------------------------------
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE     |
| DISPLAYED HERE FOR THE INSURANCE FROM A           |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM     |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF|
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR      |
| DIRECTLY PURCHASED CATEGORY.                     |
----------------------------------------------------
HX62
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.........} {STR-DT}

How much {(do/does)/did} (POLICYHOLDER) pay for the (ESTABLISHMENT) coverage?

PROBE: {Is/Was} that per year, per month, per week, or what?

[Enter Amount in Dollars] ..............

REF ..................................... -7 {BOX_44A}
DK ..................................... -8 {BOX_44A}

----------------------------------------------------
| DISPLAY '(do/does)' AND 'Is' IF INSURANCE BEING ASKED ABOUT IS CURRENT (I.E., HQ02 IS CODED '1') (YES, COVERED NOW)) FOR THE POLICYHOLDER. |
| OTHERWISE, DISPLAY 'did' AND 'Was'. |
| |
----------------------------------------------------

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

[Code One]

HX62OV2
=======

ENTER OTHER:

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

REF ..................................... -7 {BOX_44A}
DK ..................................... -8 {BOX_44A}

BOX_44A
=======

-----------------------------------------------------
| IF HX61 IS CODED ‘1’ (YES, PAY ALL OF PREMIUM/ COST), GO TO END_LP12 |
| |
-----------------------------------------------------
| OTHERWISE, CONTINUE WITH HX63 |
| |

Page 61 of 71
HX63
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF
ESTABLISHMENT...........) (STR-DT)
Who {else} pays {some of/for} the premium or cost
of this insurance?
FEDERAL GOVERNMENT .......... 1
STATE GOVERNMENT ............ 2
LOCAL GOVERNMENT ............ 3
SOME GOVERNMENT .............. 4
EMPLOYER ...................... 5
UNION .......................... 6
OTHER .......................... 91
REF ............................ -7
DK ............................. -8

[Code All That Apply]
----------------------------------------------------
| DISPLAY 'else' IF HX61 IS CODED '2' (YES, PAY SOME|
| OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW IF |
| PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, USE |
| A NULL DISPLAY |
| |
| DISPLAY 'some of' IF HX61 IS CODED '2' (YES, PAY |
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |
| IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for' |
| IF HX61 IS CODED '4' (NO, DO NOT PAY). |
----------------------------------------------------
----------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
| WITH ANY OTHER CODE, CONTINUE WITH HX63OV |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, GO TO END_LP12 |

HX63OV
======

ENTER OTHER:
[Enter Other Specify] ............
REF ............................ -7
DK ............................. -8

END_LP12
=======

------------------------------------------------------
| CYCLE ON NEXT PAIR IN RU-ESTABLISHMENT-PERSON-
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
| THE LOOP DEFINITION. |
------------------------------------------------------
------------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |
| END LOOP_12 AND CONTINUE WITH BOX_45 |
------------------------------------------------------

BOX_45
======

------------------------------------------------------
| IF ROUND 1, CONTINUE WITH BOX_46 |
------------------------------------------------------
| OTHERWISE, GO TO BOX_50 |

---

BOX_46

---

IF ALL PERSONS IN RU HAVE HEALTH INSURANCE (I.E., FLAGGED AS HAVING MEDICARE, MEDICAID, GOVT-HOSPITAL/PHYSICIAN, 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_18

---

FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK HX64-END_LP18

---

LOOP DEFINITION: LOOP_18 COLLECTS INFORMATION ABOUT RU MEMBERS WITH NO HEALTH INSURANCE ON JANUARY 1, 2006. 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 1/1/2006) WITH A BIRTH DATE PRIOR TO DECEMBER 31, 2005 (OR AGE CATEGORY > 1)

AND

- PERIOD OF COVERAGE INCLUDES JANUARY 1, 2006

---

HX64

---

{PERSON’S FIRST MIDDLE AND LAST NAME} (STR-DT)
I have recorded that (PERSON) (were/was) without insurance on January 1, 2006. (Were/Was) (PERSON) covered by a health insurance plan or program at any time in the years 2004 or 2005?

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 2004 or 2005?

[Enter Month, Year-4] ...................

REF ................................... -7
DK .................................... -8

----------------------------------------------------
\`-7` (REFUSED) AND ``-8` (DON`T KNOW) ARE ALLOWED ON THE MONTH AND YEAR FIELDS.
----------------------------------------------------

HX66

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

Was (PERSON)’s health insurance that ended in {MONTH AND YEAR FROM HX65/in 2004 or 2005} 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.

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

IF HX65 IS NOT CODED ``-7` (REFUSED) OR `-8` (DON`T KNOW), DISPLAY THE DATE ENTERED AT HX65 FOR ‘MONTH AND YEAR FROM HX65’. DISPLAY ‘2004 or 2005’ IF HX65 IS CODED ‘-7’ (REFUSED) OR `-8` (DON`T KNOW).

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

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
HX660V
=====
**ENTER OTHER:**
[Enter Other Specify] ...............  
REF ................................... -7  
DK .................................... -8  

HX67
====
OMITTED.

HX68
====
OMITTED.

HX680V
=====
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, 2005 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, 2005 HAVE ANY PRIVATE INSURANCE THAT   |
| INCLUDED HOSPITAL AND PHYSICIAN BENEFITS OR         |
| MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON 1/1/2006,   |
| 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,
2006 TO DETERMINE PERIODS OF COVERAGE IN 2005 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 1/1/2006
AND
- PERSON’S DATE OF BIRTH IS BEFORE 12/31/2005 OR
  IN AGE CATEGORIES 2-9
AND
- PERSON HAD COMPREHENSIVE HEALTH INSURANCE
  COVERAGE ON 1/1/2006. COMPREHENSIVE HEALTH
  INSURANCE REFERS TO THE PERSON BEING A COVERED
  PERSON ON AT LEAST ONE OF THE FOLLOWING
  ESTABLISHMENT-POLICYHOLDER-COVERED PERSON-
  TRIPLES ON 1/1/2006:
  - 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, 2006. (Were/Was) (PERSON) ever without health
insurance coverage at any time in 2005?
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 2005?
[Enter Small Number] .................
REF ............................................ -7 {END_LP19}
DK ............................................. -8 {END_LP19}
HX71O

ENTER UNIT:

WEEKS .................................. 1
MONTHS ................................. 2
REF ................................... -7
DK .................................... -8

[Code One]

HX72

OMITTED.

HX73

OMITTED.

HX73O

OMITTED.

HX74

OMITTED.

HX75

OMITTED.

HX75O

OMITTED.

END_LP19

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

------------------------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS,                |
| END LOOP_19 AND CONTINUE WITH BOX_49                         |
------------------------------------------------------------------

BOX_49

------------------------------------------------------------------
| IF ALL CURRENT RU MEMBERS WHO WERE BORN BEFORE                |
| DECEMBER 31, 2005 HAVE ONLY PRIVATE INSURANCE                 |
| THAT INCLUDES HOSPITAL AND PHYSICIAN BENEFITS                  |
| AND/OR                                                        |
| ALL CURRENT RU MEMBERS HAVE ONLY COMPREHENSIVE                |
| PUBLIC INSURANCE ON JANUARY 1, 2006,                          |
| GO TO BOX_50                                                   |
------------------------------------------------------------------

------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_20                              |
------------------------------------------------------------------
<table>
<thead>
<tr>
<th>LOOP_20</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR EACH ELEMENT IN RU-MEMBERS-ROSTER,</td>
</tr>
</tbody>
</table>

---

**LOOP DEFINITION:** LOOP_20 COLLECTS INFORMATION FOR EACH RU MEMBER WHOSE DATE OF BIRTH IS PRIOR TO 12/31/2005 (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, 2006. THIS LOOP DETERMINES IF THESE PERSONS WERE EVER COVERED BY A MORE COMPREHENSIVE PLAN THAT PROVIDED HOSPITAL/PHYSICIAN COVERAGE DURING 2004 OR 2005. THE LOOP CYCLES ON PERSONS THAT MEET THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT RU MEMBER AND
- PERSON WAS PART OF RU ON 1/1/2006 AND
- PERSON’S DATE OF BIRTH IS BEFORE 12/31/2005 OR IN AGE CATEGORIES 2-9 AND
- PERSON Did NOT HAVE COMPREHENSIVE HEALTH INSURANCE COVERAGE ON 1/1/2006. 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 1/1/2006:
  - 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) AND
    - 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, 2006. (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 2004 or 2005?

{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}
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 2004 or 2005?

[Enter Month,Year-4] ....................... 
REF ................................... -7 
DK .................................... -8 
----------------------------------------------------
| ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ARE ALLOWED |
| ON THE MONTH AND YEAR FIELDS. 
----------------------------------------------------

HX78
====

(PERSON’S FIRST MIDDLE AND LAST NAME)
Was (PERSON)’s health insurance that ended in (DATE FROM HX77/2004 or 2005) 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 | -7 |
| DK | -8 |

[Code All That Apply]

Press F1 for definition of answer categories.

---

If HX77 is not coded ‘-7’ (Refused) or ‘-8’ (Don’t Know), display the date entered at HX77 for ‘Month’ and year from HX77. Display ‘2004 or 2005’ 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 HX780V.

---

Otherwise, go to END_LP20.

---

HX780V

ENTER OTHER:

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

REF ................................... -7

DK .................................... -8

HX79

====

OMITTED.

HX80

====

OMITTED.

HX80OV

====

OMITTED.
END_LP20
---------

<table>
<thead>
<tr>
<th>CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_20 AND CONTINUE WITH BOX_50</th>
</tr>
</thead>
</table>

BOX_50
------

<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH LOOP_21</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO NEXT QUESTIONNAIRE SECTION.</td>
</tr>
</tbody>
</table>

LOOP_21
-------

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK HX81_END_LP21</th>
</tr>
</thead>
</table>

LOOP DEFINITION: LOOP_21 COLLECTS INFORMATION FOR EACH RU MEMBER TO DETERMINE IF THESE PERSONS HAD ANY COMPREHENSIVE COVERAGE ON DECEMBER 31, 2006.

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, 2006?

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

END_LP21
---------

<table>
<thead>
<tr>
<th>CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_21 AND CONTINUE WITH BOX_51</th>
</tr>
</thead>
</table>

BOX_51
------

<table>
<thead>
<tr>
<th>GO TO NEXT QUESTIONNAIRE SECTION</th>
</tr>
</thead>
</table>

Return to Top
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 2007 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 2007 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 2007 Federal income tax return?
YES .................................... 1
NO ..................................... 2 {END_LP01}
IN04
====

(Person's First Middle and Last Name)
What {was/will be} (Person)'s filing status ...

single; ................................ 1 {IN06}
married filing joint return; ........... 2
married filing separately; ............. 3 {IN06}
head of household with qualifying
person; or ................................ 4 {IN06}
qualifying widow(er) with dependent
children? ............................. 5 {IN06}

REF ................................... -7 {IN06}
DK .................................... -8 {IN06}

[Code One]
PRESS F1 FOR DEFINITION OF RESPONSE CATEGORIES.
----------------------------------------------------
| DISPLAY 'was' IF IN02 IS CODED '1' (YES). DISPLAY |
| 'will be' IF IN03 IS CODED '1' (YES).             |
----------------------------------------------------

| FLAG PERSON BEING LOOPED ON AS 'PRIMARY FILER ON |
| FEDERAL TAX RETURN'.                              |
----------------------------------------------------

IN05
====

(Person's First Middle and Last Name)
Who is the other taxpayer that (Person) is filing jointly with?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

[Code One]
PRESS F1 FOR DEFINITION OF 'FILING JOINTLY'.
----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE |
| RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET |
| THE FOLLOWING CONDITIONS:            |
|                                      |
| - PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES |
| DECEASED AND INSTITUTIONALIZED RU MEMBERS)         |
| - PERSON IS NOT ALREADY FLAGGED AS A 'PRIMARY |
| FILER ON FEDERAL TAX RETURN'                  |
| - PERSON IS NOT ALREADY FLAGGED AS A 'SECONDARY |
| FILER ON JOINT FEDERAL TAX RETURN'             |
----------------------------------------------------

| DISPLAY 'PERSON NOT IN RU' AS THE LAST ENTRY |
| ON THE ROSTER.                                |
----------------------------------------------------

| FLAG PERSON SELECTED AT IN05 AS 'SECONDARY FILER |
| ON JOINT FEDERAL TAX RETURN'.                    |
IN06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
(Did/Will) (PERSON) claim any dependents on (PERSON)’s Federal tax return?

YES ............................................. 1
NO ............................................. 2 {IN09}
REF ........................................... -7 {IN09}
DK ............................................. -8 {IN09}
PRESS F1 FOR DEFINITION OF DEPENDENTS.

DISPLAY ‘Did’ IF IN02 IS CODED ‘1’ (YES). DISPLAY
‘Will’ IF IN03 IS CODED ‘1’ (YES).

IN07
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
Who {is/will be} listed as (PERSON)’s dependents?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]
[Code All That Apply]

DISPLAY ‘PERSON(S) NOT IN RU’ AS THE LAST ENTRY ON THE ROSTER.

DISPLAY ‘is’ IF IN02 IS CODED ‘1’ (YES). DISPLAY
‘will be’ IF IN03 IS CODED ‘1’ (YES).

BOX_IN07
=======

IF 'PERSON(S) NOT IN RU' SELECTED AT IN07,
CONTINUE WITH IN08

OTHERWISE, GO TO IN09

IN08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
How many of the dependents that are being claimed on (PERSON)’s Federal income tax return live outside of this household?
[Enter Number of Dependents] ............
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF HOUSEHOLD.

| SOFT RANGE CHECK: 1-10 |
IN14
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
About how much {was/will be} the total of all the itemized deduction expenses?
IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, SCHEDULE A, LINE 28 FOR AMOUNT.
[Enter $ Amount] ....................
REF .................................... -7
DK ..................................... -8
----------------------------------------------------
| SOFT RANGE CHECK: 0-200,000 |
---------------------------------------------------------------------
----------------------------------------------------
| DISPLAY 'was' IF IN02 IS CODED '1' (YES). DISPLAY| | 'will be' IF IN03 IS CODED '1' (YES). |
----------------------------------------------------

IN15
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
{Did/Will} (PERSON) claim a deduction for health insurance premiums?
IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 29
YES .................................... 1
NO ..................................... 2
NOT APPLICABLE ......................... 3
REF .................................... -7
DK ..................................... -8
[Code One]
PRESS F1 FOR DEFINITION OF HEALTH INSURANCE DEDUCTION.
---------------------------------------------------------------------
| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY| | 'Will' IF IN03 IS CODED '1' (YES). |
---------------------------------------------------------------------

IN16
====

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 66A
FORM 1040A, LINE 40A
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
=======

<p>| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO |</p>
<table>
<thead>
<tr>
<th>MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF NO OTHER PERSONS MEET THE STATED CONDITIONS,</td>
</tr>
<tr>
<td>END LOOP_01 AND CONTINUE WITH LOOP_02</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>

BOX_01
=====

OMITTED.

LOOP_02
=======

<p>| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,       |</p>
<table>
<thead>
<tr>
<th>ASK BOX_01A - END_LP02</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION</td>
</tr>
<tr>
<td>ON TAXABLE INCOME FOR EACH RU MEMBER WHO IS 16</td>
</tr>
<tr>
<td>YEARS OF AGE OR OLDER OR HAS OR WILL FILE A 2007</td>
</tr>
<tr>
<td>FEDERAL TAX RETURN. THIS LOOP CYCLES ON EACH</td>
</tr>
<tr>
<td>PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE</td>
</tr>
<tr>
<td>FOLLOWING CONDITION:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>- PERSON IS A CURRENT ROUND 5 RU MEMBER (INCLUDES</td>
</tr>
<tr>
<td>DECEASED AND INSTITUTIONALIZED RU MEMBERS)</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>

IN17A
=====

OMITTED.

BOX_01A
======

<p>| IF PERSON BEING LOOPED ON IS FLAGGED AS A ‘PRIMARY|</p>
<table>
<thead>
<tr>
<th>FILER ON FEDERAL TAX RETURN’, GO TO IN18</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>IF PERSON BEING LOOPED ON IS FLAGGED AS A</td>
</tr>
<tr>
<td>‘SECONDARY FILER ON A JOINT FEDERAL TAX RETURN’,</td>
</tr>
<tr>
<td>GO TO END_LP02</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE (I.E., PERSON IS NOT FLAGGED AS EITHER</td>
</tr>
<tr>
<td>‘PRIMARY FILER ON FEDERAL TAX RETURN’ OR A</td>
</tr>
<tr>
<td>‘SECONDARY FILER ON A JOINT FEDERAL TAX RETURN’,</td>
</tr>
<tr>
<td>THAT IS, IN03 IS CODED ‘2’ (NO), ‘-7’ (REFUSED)</td>
</tr>
<tr>
<td>OR ‘-8’ (DON’T KNOW)), CONTINUE WITH BOX_01B</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>
BOX_01B
=======

<table>
<thead>
<tr>
<th>IF PERSON BEING LOOPED ON IS 16 YEARS OF AGE OR OLDER (OR IN AGE CATEGORIES 4-9), CONTINUE WITH IN18</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

**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.

---

**IN18**

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}
{People get money from many different sources, such as wages and salaries, social security, and interest on savings. The next few questions ask about different sources of income that (READ NAME(S) ABove) received in 2007. It would be useful to have out any tax materials that you may have.}
{Now let’s talk about (READ NAME(S) ABOVE).}

During 2007, how much money did (READ NAME(S) ABOVE) receive from wages or salary, tips, commissions, or bonuses?
IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 7
FORM 1040A, LINE 7
FORM 1040EZ, LINE 1
[Enter $ Amount] ........................ 
REF ............................... -7 {IN19} 
DK .............................. -8 {IN18A} 
PRESS F1 FOR DESCRIPTION OF AMOUNTS TO INCLUDE. 
----------------------------------------------------
| DISPLAY ’People get money from many different      |
| sources, such as wages and salaries, social        |
| security, and interest on savings. The next few    |
| questions ask about different sources of income    |
| that (READ NAME(S) ABOVE) received in 2007. It     |
| would be useful to have out any tax materials that |
| you may have.’ IF FIRST CYCLE THROUGH LOOP_02.    |
| OTHERWISE, USE NULL DISPLAY.                       |
----------------------------------------------------
----------------------------------------------------
| DISPLAY ’Now let’s talk about (READ NAME(S)       |
| ABOVE): IF NOT FIRST CYCLE THROUGH LOOP_02. IF    |
| FIRST CYCLE THROUGH LOOP_02, 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                        |

BOX_IN18
--------

| IF AMOUNT OTHER THAN ZERO ENTERED AT IN18 AND IN04|
| IS CODED ‘2’ (MARRIED FILING JOINT RETURN),       |
| CONTINUE WITH IN18OV                              |

----------------------------------------------------
| OTHERWISE, GO TO IN19                            |

IN18OV
------

What percentage of this amount was received by (PRIMARY FILER)? 
[Enter Percent] ........................ {IN19} 
REF ............................... -7 {IN19} 
DK .............................. -8 {IN19} 
RANGE CHECK: 0-100

IN18A
-----

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF SECONDARY FILER} 
SHOW CARD IN-1. 
Looking at this card, which range best estimates how much money 
was received [from wages or salary, tips, commissions, or 
bonuses in 2007]? 
1 - 2,500 ............................. 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ......................... 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ......................... 8
75,001 - 100,000 ....................... 9
100,001 OR MORE ........................ 10
REF .................................... -7
DK ..................................... -8
[Code One]
----------------------------------------------------
| FOR 'NAME OF SECONDARY FILER', DISPLAY THE     |
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR|
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF|
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE|
| A NULL DISPLAY.                                 |
----------------------------------------------------

IN19
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}
During 2007, 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 {IN19A}
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.                                         |
----------------------------------------------------

Box_IN19
====

OMITTED.
IN19A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}
SHOW CARD IN-1.
Looking at this card, which range best estimates how much money was received [in interest from savings accounts, bonds, NOW accounts, money market accounts, or similar types of investments in 2007]?

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. |

IN20
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}
During 2007, 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 9A
FORM 1040A, LINE 9A

[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

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

IN20A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER} SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from dividends in 2007]?

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]

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

IF IN09 IS CODED ‘2’ (SHORT FORM 1040A), OR ‘3’ (SHORT FORM 1040EZ) GO TO IN25

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

Otherwise, continue with IN21

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

IN21
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER} During 2007, 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

---

IN21A

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}
SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from refunds of state or local taxes in 2007]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 .......................... 4
20,001 - 30,000 .......................... 5
30,001 - 40,000 .......................... 6
40,001 - 50,000 .......................... 7
50,001 - 75,000 .......................... 8
75,001 - 100,000 .......................... 9
100,001 OR MORE .......................... 10
REF .................................... -7
DK ..................................... -8

[Code One]

---

FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

---

IN22

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}
During 2007, how much money did (READ NAME(S) ABOVE) receive from alimony?
IF TAX FORM IS AVAILABLE, HAVE RESPONDENT REFER TO FORM 1040, LINE 11
[Enter $ Amount] ....................... {IN23}
REF .................................... -7 {IN23}
DK ................................. -8
PRESS F1 FOR DEFINITION OF ALIMONY.
----------------------------------------------------
| FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE |
| PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF|
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE|
| A NULL DISPLAY.                                  |
----------------------------------------------------

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 2007]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ...................... 9
100,001 OR MORE ...................... 10
REF .................................... -7
DK ..................................... -8
[Code One]

----------------------------------------------------
| FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE |
| PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF|
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE|
| A NULL DISPLAY.                                  |
----------------------------------------------------

IN23
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF SECONDARY FILER}
During 2007, 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.

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

IF AMOUNT OTHER THAN ZERO ENTERED AT IN23,
CONTINUE WITH IN23OV1

OTHERWISE, GO TO IN24

INTERVIEWER: WAS THE AMOUNT ENTERED EARNINGS OR LOSS?
EARNINGS ......................... 1
LOSS ............................... 2
[Code One]

IF IN04 IS CODED ’2’ (MARRIED FILING JOINT
RETURN), CONTINUE WITH IN23OV2

OTHERWISE, GO TO IN24

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 farm or non-farm business or practice in 2007]?

1 - 2,500 ....................................... 1
2,501 - 5,000 ................................. 2
5,001 - 10,000 ............................... 3
10,001 - 20,000 ............................. 4
20,001 - 30,000 ............................. 5
30,001 - 40,000 ............................. 6
40,001 - 50,000 ............................. 7
50,001 - 75,000 ............................. 8
75,001 - 100,000 ........................... 9
100,001 OR MORE ........................... 10

REF .................................... -7 {IN24}
DK ..................................... -8 {IN24}

[Code One]

| FOR 'NAME OF SECONDARY FILER', DISPLAY THE |
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |
| A NULL DISPLAY. |

IN23AOV
=======

INTERVIEWER: DOES THE RANGE SELECTED REPRESENT EARNINGS OR LOSS?

EARNINGS .................................... 1
LOSS ......................................... 2

[Code One]

IN24
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF SECONDARY FILER}

During 2007, 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.

| 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. |

Page 15 of 39
For 'name of secondary filer', display the person's name selected at IN05 during LOOP_01 for the primary filer currently being asked about. If IN05 was not asked in LOOP_01 for this person, use a null display.

Soft range check: 0-300,000

Box IN24

If amount other than zero entered at IN24, continue with IN24OV. Otherwise, go to IN25.

IN24OV

Interviewer: Was the amount entered a net gain or a net loss?
Net gain ......................... 1 (IN25)
Net loss ......................... 2 (IN25)

[Code One]

IN24A

{person's first middle and last name} {name of secondary filer}

Show card IN-1.

Looking at this card, which range best estimates how much money was earned or lost [from the sale of property or other assets, including the sale of (his/her/their) home, if it was taxable, in 2007]?

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 2007, 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 |

OMITTED.

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}
SHOW CARD IN-1.
Looking at this card, which range best estimates how much money
was received [from payments from IRA, Keogh, and 401K accounts
in 2007]?
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
IN26
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

During 2007, 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.

IN27
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from private pensions, military retirement, other Federal government employee pensions, state or local government employee pensions, or annuities in 2007]?

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

[Code One]
FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE
PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR
THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF
IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE
A NULL DISPLAY.

BOX_02B

IF IN09 IS CODED ‘2’ (SHORT FORM 1040A) OR ‘3’
SHORT FORM 1040EZ, GO TO IN30

OTHERWISE, CONTINUE WITH IN28

IN28

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}
During 2007, 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

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 2007]?
1 - 2,500 ............................... 1
2,501 - 5,000 ............................ 2
5,001 - 10,000 ........................... 3
10,001 - 20,000 .......................... 4
20,001 - 30,000 .......................... 5
30,001 - 40,000 .......................... 6
40,001 - 50,000 .......................... 7
50,001 - 75,000 .......................... 8
75,001 - 100,000 ........................ 9
100,001 OR MORE ........................ 10
REF .................................... -7 {IN30}
DK ..................................... -8 {IN30}
[Code One]
----------------------------------------------------
| FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE |
| PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |
| A NULL DISPLAY.                                  |
----------------------------------------------------

IN28AOV1
=======

INTERVIEWER: DOES THE RANGE SELECTED REPRESENT NET GAIN OR NET LOSS?
NET GAIN ............................... 1
NET LOSS ............................... 2
[Code One]

IN29
=====

OMITTED.

BOX_IN29
=======

OMITTED.

IN29OV1
=======

OMITTED.

BOX_IN29OV1
==========

OMITTED.
During 2007, 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>SOFT RANGE CHECK:  0-100,000</th>
</tr>
</thead>
</table>

Looking at this card, which range best estimates how much money was received [from unemployment compensation in 2007]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 .......................... 4
20,001 - 30,000 .......................... 5
30,001 - 40,000 .......................... 6
40,001 - 50,000 .......................... 7
50,001 - 75,000 .......................... 8
75,001 - 100,000 ........................ 9
100,001 OR MORE ........................ 10
REF ..................................... -7
DK ..................................... -8

[Code One]

---

FOR 'NAME OF SECONDARY FILER’, DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

---

BOX_03

OMITTED.

IN31

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

During 2007, 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.

---

FOR 'NAME OF SECONDARY FILER’, DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

---

SOFT RANGE CHECK: 0-100,000

---

BOX_IN31

OMITTED.

IN31OV

OMITTED.

IN32

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from Social Security and equivalent tier 1 Railroad Retirement benefits in 2007]?

1 - 2,500 ................................ 1
2,501 - 5,000 .............................. 2
5,001 - 10,000 ............................. 3
10,001 - 20,000 ........................... 4
20,001 - 30,000 ......................... 5
30,001 - 40,000 ......................... 6
40,001 - 50,000 ......................... 7
50,001 - 75,000 ......................... 8
75,001 - 100,000 ......................... 9
100,001 OR MORE ........................ 10
REF ................................. -7
DK .................................... -8

[Code One]

| FOR 'NAME OF SECONDARY FILER', DISPLAY THE |
| PERSON'S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |
| A NULL DISPLAY. |

IN33
====
OMITTED.

BOX_IN33
=======
OMITTED.

IN33OV
======
OMITTED.

END_LP02
=======

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH IN34 |

IN34
====

During 2007, did anyone in the family receive Worker’s Compensation?
YES ................................. 1
NO ................................. 2 (IN37)
REF ................................. -7 (IN37)
DK ................................. -8 (IN37)
PRESS F1 FOR DEFINITION OF WORKER’S COMPENSATION.

| IF CODED '1' (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS ‘RECEIVED WORKER’S |
| COMPENSATION’ AT IN35 AND GO TO LOOP_03 |

IN35
====

Who received Worker’s Compensation in 2006?
PROBE: Anyone else receive Worker’s Compensation in 2007? 
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 
| 2007. 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 2007? 
[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 2007]? 
1 - 2,500 ......................... 1 
2,501 - 5,000 ....................... 2 
5,001 - 10,000 ..................... 3 
10,001 - 20,000 ................... 4 
20,001 - 30,000 ................... 5
30,001 - 40,000 ......................... 6
40,001 - 50,000 ......................... 7
50,001 - 75,000 ......................... 8
75,001 - 100,000 ........................ 9
100,001 OR MORE ........................ 10
REF .................................... -7
DK ..................................... -8
[Code One]

END_LP03

========
----------------------------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER    |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP      |
| DEFINITION.                                       |
----------------------------------------------------
----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_03 AND CONTINUE WITH IN37               |
----------------------------------------------------

IN37

During 2007, did anyone in the family receive Supplemental Security Income, also known as S.S.I.?
YES .................................... 1
NO ..................................... 2 {IN41}
REF .................................... -7 {IN41}
DK ..................................... -8 {IN41}
PRESS F1 FOR DEFINITION OF S.S.I.

----------------------------------------------------
| IF CODED ’1’ (YES) AND A SINGLE PERSON RU,         |
| AUTOMATICALLY CODE PERSON AS ‘RECEIVED S.S.I.’ AT  |
| IN38 AND GO TO LOOP_04                            |
----------------------------------------------------

IN38

Who received Supplemental Security Income in 2007?
PROBE: Anyone else receive S.S.I. in 2007?
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 2007. 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 2007 (SELECTED AT IN38)

BOX_03A

IF PERSON IS LESS THAN 65 YEARS OLD OR IN AGE CATEGORIES 1-8, CONTINUE WITH IN39

OTHERWISE, GO TO IN40A

IN39

PERSON'S FIRST MIDDLE AND LAST NAME
Did (PERSON) receive money from Supplemental Security Income because of (PERSON)’s own disability or for some other reason?

DISABLED ............................. 1
SOME OTHER REASON ...................... 2
REF ........................................ -7
DK ........................................... -8

[Code One]

IN40A

PERSON'S FIRST MIDDLE AND LAST NAME
For how many months in 2007 did (PERSON) receive money from Supplemental Security Income?

[Enter Number of Months] ..............
REF ........................................ -7
DK ........................................... -8

RANGE CHECK: 1-12

IN40B

PERSON'S FIRST MIDDLE AND LAST NAME
On average, how much money did (PERSON) get per month [from Supplemental Security Income in 2007]?

[Enter $ Amount] ....................... {END_LP04}
Looking at this card, which range best estimates how much money was received per month [from Supplemental Security Income in 2007]?

1 - 250 .................................... 1
251 - 500 .................................. 2
501 - 750 .................................. 3
751 - 1,000 ................................. 4
1,001 OR MORE ............................. 5

END_LP04

--------

IF CODED '1' (YES) AND A SINGLE PERSON RU,
AUTOMATICALLY CODE PERSON AS 'RECEIVED PUBLIC
ASSISTANCE' AT IN42 AND GO TO LOOP_05
IN42
====

Whose name was on the checks?
PROBE: Does anyone else receive a check from public assistance in their name?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]
[Code All That Apply]

ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITION:
- PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)

LOOP_05
=======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
ASK IN43 - END_LP05

LOOP DEFINITION: LOOP_05 DETERMINES WHO WAS COVERED BY PUBLIC ASSISTANCE, WHETHER ANY OF THE CHECKS INCLUDED MONEY FROM TANF AND HOW MUCH WAS RECEIVED PER MONTH. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON’S NAME WAS ON THE PUBLIC ASSISTANCE CHECKS (SELECTED AT IN42)

IN43
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
Sometimes checks from public assistance cover more than one person in the family, even though only one person’s name is on the check.
Who is covered by (PERSON)’s checks from public assistance?
PROBE: Did (PERSON)’s checks cover anyone else?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]
[Code All That Apply]

ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES
DECEASED AND INSTITUTIONALIZED RU MEMBERS)  
- PERSON IS NOT SELECTED AS RECEIVING HIS OWN 
PUBLIC ASSISTANCE CHECKS, THAT IS PERSON WAS NOT 
SELECTED AT IN42

DISPLAY ‘PERSON NOT IN RU’ AS THE 2ND TO LAST 
ENTRY ON THE ROSTER.

DISPLAY ‘CHECK ONLY COVERS (PERSON) IN HEADER’ 
AS THE LAST ENTRY ON THE ROSTER.

IN44
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}
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 2007 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 2007]?
[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 2007]?

1 - 250 ...................................... 1
251 - 500 ................................... 2
501 - 750 ................................... 3
751 - 1,000 .................................. 4
1,001 OR MORE ............................... 5

REF .................................... -7
DK ..................................... -8

[Code One]

END_LP05
======

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,  |
| END LOOP_05 AND CONTINUE WITH IN46              |
----------------------------------------------------

IN46
=====

During 2007, did anyone in the family receive any money from child support?

YES .................................... 1
NO ..................................... 2 {IN49}

REF ................................... -7 {IN49}
DK .................................... -8 {IN49}

PRESS F1 FOR DEFINITION OF CHILD SUPPORT.

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE PERSON RU,       |
| AUTOMATICALLY CODE PERSON AS 'RECEIVED CHILD      |
| SUPPORT' AT IN47 AND GO TO LOOP_06               |
----------------------------------------------------

IN47
=====

Who received child support in 2007?

Probe: Anyone else receive child support in 2007?

To turn check mark on/off, use arrow keys, press enter.
To leave, press ESC.

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

[Code All That Apply]

PRESS F1 FOR DESCRIPTION OF WHO TO INCLUDE.
ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITION:

- PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)

LOOP_06

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK IN48A - END_LP06

LOOP DEFINITION: LOOP_06 DETERMINES HOW MUCH MONEY WAS RECEIVED FROM CHILD SUPPORT FOR RU MEMBERS WHO RECEIVED CHILD SUPPORT IN 2007. 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 2007 (SELECTED AT IN47)

IN48A

[PERSON'S FIRST MIDDLE AND LAST NAME]
For how many months in 2007 did (PERSON) receive money from child support?

[Enter Number of Months] ............... 
REF .................................... -7
DK ..................................... -8

| RANGE CHECK: 1-12 |

IN48B

[PERSON'S FIRST MIDDLE AND LAST NAME]
On average, how much money did (PERSON) get per month [from child support in 2007]?

[Enter $ Amount] ...................... {END_LP06}
REF .................................... -7 {END_LP06}
DK ..................................... -8

| SOFT RANGE CHECK: 0-100,000 |

IN48C

[PERSON'S FIRST MIDDLE AND LAST NAME]
SHOW CARD IN-2.
Looking at this card, which range best estimates how much money was received per month [from child support in 2007]?

1 - 250 .................................. 1
Not counting military retirement, during 2007, 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

Who received veteran’s payments such as education or disability benefits [in 2007]?
PROBE: Anyone else receive veteran’s payments in 2007?
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_07
========

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
| ASK IN51 - END_LP07                          |

LOOP DEFINITION: LOOP_07 DETERMINES HOW MUCH
| MONEY WAS RECEIVED FROM VETERAN’S PAYMENTS FOR RU |
| MEMBERS WHO RECEIVED VETERAN’S PAYMENTS IN 2007. |
| 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 VETERAN’S PAYMENTS IN 2007      |
| (SELECTED AT IN50)                                 |

IN51
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
How much money did (PERSON) receive from veterans payments such as education or disability benefits in 2007? [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 2007]?
1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6
40,001 - 50,000 ........................ 7
50,001 - 75,000 ........................ 8
75,001 - 100,000 ....................... 9
100,001 OR MORE ....................... 10
REF .................................... -7
DK ..................................... -8
[Code One]

END_LP07
========

| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION.                                    |
Besides what we have already talked about, during 2007, 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 2007]?

PROBE: Anyone else receive regular cash contributions, in 2007, from people who do not live here?

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

[1. First Name, [Middle Name], Last name-65]
[2. First Name, [Middle Name], Last name-65]
[3. First Name, [Middle Name], Last name-65]
[Code All That Apply]

ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITION:

- PERSON IS A CURRENT ROUND 3 RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
ASK IN54A - END_LP08

LOOP DEFINITION: LOOP_08 DETERMINES HOW MUCH MONEY WAS RECEIVED FROM REGULAR CASH CONTRIBUTIONS FROM OUTSIDE THE HOUSEHOLD FOR RU MEMBERS WHO RECEIVED THESE TYPES OF CONTRIBUTIONS IN 2007. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:
MEPS FAMES Panel 11 Round 5 Income (IN) Section

IN54A

{PERSON'S FIRST MIDDLE AND LAST NAME}
For how many months in 2007 did (PERSON) receive money from regular cash contributions from people who do not live in this household?

[Enter Number of Months] .................
REF ..................................... -7
DK ..................................... -8

-----------------------------------------------
| RANGE CHECK: 1-12                          |
-----------------------------------------------

IN54B

{PERSON'S FIRST MIDDLE AND LAST NAME}
On average, how much money did (PERSON) get per month [from regular cash contributions from people who do not live in this household, in 2007]?

[Enter $ Amount] ........................ {END_LP08}
REF ..................................... -7 {END_LP08}
DK ..................................... -8

-----------------------------------------------
| SOFT RANGE CHECK: 0-100,000                |
-----------------------------------------------

IN54C

{PERSON'S FIRST MIDDLE AND LAST NAME}
SHOW CARD IN-2.
Looking at this card, which range best estimates how much money was received per month [from regular cash contributions from people who do not live in this household, in 2007]?

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            |
-----------------------------------------------
MEPS FAMES Panel 11 Round 5 Income (IN) Section

**IN55**

During 2007, 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 2007 were these food stamps received?

[Enter Months] .........................

REF ........................................... -7
DK ............................................. -8

<table>
<thead>
<tr>
<th>RANGE CHECK: 1-12</th>
</tr>
</thead>
</table>

**IN57**

OMITTED.

**IN58**

What was the approximate *monthly* value of the stamps?

[Enter $ Amount] ....................... 

REF ........................................... -7
DK ............................................. -8

<table>
<thead>
<tr>
<th>SOFT RANGE CHECK: 0-1,000</th>
</tr>
</thead>
</table>

**IN59**

SHOW CARD IN-3.
This card lists some sources of income. Has anyone in the family received any income, other than income we have already talked about, such as income from sources listed on this card?

YES ........................................ 1
NO .......................................... 2 {BOX_04}
REF .......................................... -7 {BOX_04}
DK ............................................. -8 {BOX_04}

PRESS F1 FOR DEFINITIONS OF SHOW CARD CATEGORIES.

**LOOP_09**

FOR EACH OF THE FOLLOWING:

| OTHER INCOME SOURCE CATEGORY 1 |
| OTHER INCOME SOURCE CATEGORY 2 |
| OTHER INCOME SOURCE CATEGORY 3 |
| OTHER INCOME SOURCE CATEGORY 4 |
| OTHER INCOME SOURCE CATEGORY 5 |
| ASK IN60 - END_LP09 |

------------------------------
MEPS FAMES Panel 11 Round 5 Income (IN) Section

---

| 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. |
---

IN60
====

SHOW CARD IN-3.

From which of the sources on this card did anyone in the family receive income [that we have not yet talked about]?

WAGES AND SALARY ...................... 1 {BOX_03B}
FARM INCOME (OR LOSS) ................. 2 {BOX_03B}
BUSINESS INCOME (OR LOSS) ............. 3 {BOX_03B}
SOCIAL SECURITY/RAILROAD RETIREMENT ... 4 {BOX_03B}
PRIVATE, MILITARY, OR GOVERNMENT PENSIONS ............................ 5 {BOX_03B}
INTEREST .............................. 6 {BOX_03B}
DIVIDENDS ............................. 7 {BOX_03B}
RENTAL INCOME (OR LOSS) ............... 8 {BOX_03B}
OTHER SOURCE .......................... 91
REF .................................... -7 {BOX_03B}
DK ..................................... -8 {BOX_03B}

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

IN60OV
======

ENTER OTHER:

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

BOX_03B
======

---

IF SINGLE PERSON RU, AUTOMATICALLY CODE PERSON AS ‘RECEIVED INCOME FROM IN60 SOURCE’ AT IN61 AND GO TO IN62 OTHERWISE CONTINUE WITH IN61
---

IN61
====

INCOME SOURCE: {DISPLAY CATEGORY SELECTED AT IN60.}

Who received income from (INCOME SOURCE) in 2007?

PROBE: Anyone else receive income from (INCOME SOURCE) in 2007?

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]
MEPS FAMES Panel 11 Round 5 Income (IN) Section

| 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) |

| FOR 'DISPLAY CATEGORY SELECTED AT IN60.....', |
| DISPLAY THE RESPONSE CATEGORY NAME SELECTED AT |
| IN60 DURING THE CURRENT LOOP. |

---

**IN62**

**INCOME SOURCE:** {DISPLAY CATEGORY SELECTED AT IN60........}

What is the total amount received from (INCOME SOURCE), in 2007, 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**

---

**IN62OV**

---

**INTERVIEWER:** WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN ............................... 1 {IN63}
NET LOSS ............................... 2 {IN63}

[Code One]

**IN62A**

---

**INCOME SOURCE:** {DISPLAY CATEGORY SELECTED AT IN60........}

SHOW CARD IN-1.

Looking at this card, which range best estimates how much money was received [from (INCOME SOURCE) in 2007]?

1 - 2,500 ............................... 1
2,501 - 5,000 ........................... 2
5,001 - 10,000 .......................... 3
10,001 - 20,000 ........................ 4
20,001 - 30,000 ........................ 5
30,001 - 40,000 ........................ 6  
40,001 - 50,000 ........................ 7  
50,001 - 75,000 ........................ 8  
75,001 - 100,000 ....................... 9  
100,001 OR MORE ...................... 10  
REF .................................... -7  
DK .................................... -8  

[Code One]

BOX_IN62A

----------

| IF '7' (REFUSED) OR '-8' (DON'T KNOW) IS NOT CODED AT IN62A AND IN60 IS CODED '2' (FARM INCOME OR LOSS), '3' (BUSINESS INCOME OR LOSS), '8' (RENTAL INCOME OR LOSS), OR '91' (OTHER SOURCE), CONTINUE WITH IN62AOV |
| OTHERWISE, GO TO IN63 |

IN62AOV

----------

INTERVIEWER: DOES THE RANGE SELECTED REPRESENT NET GAIN OR NET LOSS?  
NET GAIN ............................... 1  
NET LOSS ............................... 2  

[Code One]

IN63

====

SHOW CARD IN-3.  
Aside from what you already told me about, has anyone in the family received any other income, such as income from another source listed on this card?  
YES .................................... 1  
NO ..................................... 2  
REF ................................... -7  
DK .................................... -8  
PRESS F1 FOR DEFINITIONS OF SHOW CARD CATEGORIES.

END_LP09

----------

| IF IN63 IS CODED '1' (YES), CYCLE TO COLLECT THE NEXT OTHER INCOME CATEGORY. |
| OTHERWISE END LOOP_09, AND CONTINUE WITH BOX_04 |

BOX_04

----------

| GO TO NEXT QUESTIONNAIRE SECTION |

IN64

====

OMITTED.
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.

(Do/Does)/As of (END DATE), did (POLICYHOLDER) require their insurance plan to sign up with a certain primary care doctor, group of doctors, or a certain clinic which (POLICYHOLDER) must go to for all of (POLICYHOLDER)'s routine care?

PROBE: Do not include emergency care or care from a specialist you were referred to.

YES .................................... 1 (MC04)
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

DISPLAY `(Do/Does)/As of (END DATE), did` IF NOT ROUND 5. DISPLAY `As` IF ROUND 5.
MC03
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Is/As of (END DATE), was} there a book or list of doctors associated with the plan?

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

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

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

MC05
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Will/As of (END DATE), would} (POLICYHOLDER)’s plan pay for any of the costs of visits to doctors who are not part of (POLICYHOLDER)’s HMO, even if (POLICYHOLDER) {(do/does)/did} not have a referral?

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

----------------------------------------------------
| DISPLAY ‘Will’ AND ‘(do/does)’ IF NOT ROUND 5. |
| DISPLAY ‘As of (END DATE), would’ AND ‘did’ IF |
| ROUND 5. |

-----------------------------------------------
Medical Provider Visits (MV) Section

MV01
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}
Did (PERSON) visit (PROVIDER) on (VISIT DATE) in person or was this a telephone call?

SAW PROVIDER .................................. 1
TELEPHONE CALL ............................... 2
REF .................................. -7
DK .................................. -8
[Code One]

| IF MV01 IS CODED ‘1’ (SAW PROVIDER), FLAG EVENT AS ‘MV-IN-PERSON’ 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.

MV02A
=====  

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

MV03A

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

What was the doctor’s specialty?
IF TALKED TO MORE THAN ONE DOCTOR, PROBE FOR MAIN PROVIDER.

ALLERGY/IMMUNOLOGY ............ 1
ANESTHESIOLOGY .................. 2
CARDIOLOGY (HEART) ............. 3
DERMATOLOGY (SKIN) ............. 4
ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID) ....... 5
FAMILY PRACTICE ................. 6
GASTROENTEROLOGY .............. 7
GENERAL PRACTICE .............. 8
GENERAL SURGERY ............... 9
GERIATRICS (ELDERLY) .......... 10
GYNECOLOGY-OBSTETRICS ...... 11
HEMATOLOGY (BLOOD) ............ 12
HOSPITAL RESIDENCE .......... 13
INTERNAL MEDICINE (INTERNIST) ........ 14
NEPHROLOGY (KIDNEYS) ........ 15
NEUROLOGY ...................... 16
NUCLEAR MEDICINE .......... 17

[Code One]

GO TO BOX_01

MV04

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

What type of medical person did (PERSON) talk to on (VISIT DATE)?
IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN PROVIDER.

CHIROPRACTOR .......................... 1
DENTIST/DENTAL CARE PERSON  ......... 2
MIDWIFE ............................ 3
NURSE/NURSE PRACTITIONER ........... 4
OPTOMETRIST ........................ 5
PODIATRIST ........................ 6
PHYSICIAN’S ASSISTANT ............. 7
MEPS FAMES Panel 11 Round 5 Medical Provider Visits (MV) Section

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' = RECEPTIONIST/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
----------------------------------------------------
----------------------------------------------------
OCCUPATIONAL THERAPIST

----------------------------------------------------
EDITS: IF MV07 IS CODED '8' (MATERNITY CARE (PRE/POSTNATAL)), CHECK THAT PERSON IS FEMALE.
IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.
IF MV07 IS CODED ‘9’ (WELL CHILD EXAM), CHECK THAT PERSON IS < 7 YEARS OLD (OR AGE CATEGORIES 1 THROUGH 3). IF NOT, DISPLAY THE FOLLOWING MESSAGE: CODE UNAVAILABLE FOR PERSONS 7 AND OLDER. VERIFY AND RE-ENTER.

MV08

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}
Was this {visit/telephone call} related to any specific health condition or were any conditions discovered during this {visit/telephone call}?

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

DISPLAY ‘visit’ IF MV01 IS CODED ‘1’ (SAW PROVIDER), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) FOR THIS EVENT. DISPLAY ‘telephone call’ IF MV01 IS CODED ‘2’ (TELEPHONE CALL) FOR THIS EVENT.

MV09

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER......} {EVN-DT}
What conditions were discovered or led (PERSON) to make this {visit/telephone call}?

PROBE: Any other condition?
IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?
IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.
IF NEW EPISODE OF CONDITION, ADD TO ROSTER.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

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

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

DISPLAY ‘visit’ IF MV01 IS CODED ‘1’ (SAW PROVIDER), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) FOR THIS EVENT. DISPLAY ‘telephone call’ IF MV01 IS CODED ‘2’ (TELEPHONE CALL) FOR THIS EVENT.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A CONDITION(S) ALREADY LISTED ON THE ROSTER. DOING SO SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. Interviewer should be able to add any number of conditions at the roster questions (i.e., no limit to the number of conditions). As conditions are entered, they should be flagged with the number of the round in which they were first created. This round flag will be used later in the interview to determine which questions should be asked.

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

---

**Box 02**

---

If MV01 is coded ‘2’ (telephone call), ‘-7’ (refused), or ‘-8’ (don’t know), go to MV14.

---

If MV01 is coded ‘1’ (saw provider), continue with Box 03.

---

**Box 03**

---

If MV04 is coded ‘2’ (dentist/dental care person), ‘3’ (midwife), ‘5’ (optometrist), or ‘13’ (receptionist, clerk, secretary), go to MV11.

---

Otherwise, continue with MV10.

---

**MV10**

---

(Person’s first middle and last name) (Name of medical care provider......) (evn-dt)

SHOW CARD MV-2.

Looking at this card, which of these treatments, if any, did (person) receive during this visit?

Code ‘95’ if no treatments were received. Code all that apply.

- Physical therapy .................. 1
- Occupational therapy .......... 2
- Speech therapy .................... 3
- Chemotherapy .................... 4
- Radiation therapy ............... 5
- Kidney dialysis ................. 6
- IV therapy .......................... 7
- Drug or alcohol treatment ...... 8
- Allergy shot ....................... 9
Looking at this card, which of these services, if any, did (PERSON) have during this visit?
CODE ‘95’ IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.
LABORATORY TESTS ....................... 1
SONOGRAM OR ULTRASOUND ............... 2
X-RAYS ..................................... 3
MAMMOGRAM .............................. 4
MRI OR CATSCAN .......................... 5
EKG OR ECG .............................. 6
EEG .................................... 7
VACCINATION ............................ 8
ANESTHESIA ............................. 9
OTHER DIAGNOSTIC TEST ................. 10
NO SERVICES RECEIVED ................. 95
REF ................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS
FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4
THROUGH 9).

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

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

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

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

NOTE: 'NO SERVICES RECEIVED' IS NOT DISPLAYED ON
SHOW CARD.
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.

During this {visit/telephone call}, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

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

PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

DISPaly ‘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.

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

---

BOX_04
-------

IF MV01 IS CODED ‘1’ (SAW PROVIDER), CONTINUE WITH BOX_05

---

IF MV01 IS CODED ‘2’ (TELEPHONE CALL), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO BOX_07

---

BOX_05
-------

IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO THIS PROVIDER FOR THIS PERSON, GO TO BOX_07

---

OTHERWISE, CONTINUE WITH BOX_06

---

BOX_06
-------

IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS PERSON HAVE NOT COMPLETED THE MEDICAL PROVIDER VISITS UTILIZATION MODULE AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, CONTINUE WITH MV16

---

OTHERWISE, GO TO BOX_07

---

MV16
----

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

Earlier I recorded that (PERSON) had some other visits to (PROVIDER). Were any of these visits related to any condition associated with (PERSON)’s visit on (VISIT DATE)? That is, were any of the other visits for the (READ CONDITIONS BELOW) and did (PERSON) receive {(READ SERVICES BELOW)/the same services}?

CONDITIONS
SERVICES
{PERSON’S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON’S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}
{PERSON’S MV MEDICAL CONDITION.} {SERVICES RECEIVED..}
YES .................................... 1
NO ........................................ 2 {BOX_07}
REF ...................................... -7 {BOX_07}
DK ....................................... -8 {BOX_07}
PRESS F1 FOR DEFINITION OF REPEAT VISITS.
----------------------------------------------------
| DISPLAY ‘(READ SERVICES BELOW)’ IF MV11 IS NOT |
| CODED ‘95’ (NO SERVICES), ‘-7’ (REFUSED), OR ‘-8’ |
| (DON’T KNOW). IF MV11 IS CODED ‘95’ (NO services), |
| ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), |
| DISPLAY ‘the same services’. |
----------------------------------------------------
----------------------------------------------------
| FOR ‘PERSON’S MV MEDICAL CONDITION.’, DISPLAY ALL |
| CONDITIONS SELECTED OR ADDED TO PERSON’S-MEDICAL- |
| CONDITIONS-ROSTER AT MV09. |
| FOR ‘SERVICES RECEIVED..’, DISPLAY THE FOLLOWING |
| TEXT FOR EACH CODE ENTERED AT MV11: |
| CODE ‘1’ = LABORATORY TESTS |
| CODE ‘2’ = SONOGRAM/ULTRASOUND |
| CODE ‘3’ = X-RAYS |
| CODE ‘4’ = MAMMOGRAM |
| CODE ‘5’ = MRI/CATSCAN |
| CODE ‘6’ = EKG/ECG |
| CODE ‘7’ = EEG |
| CODE ‘8’ = VACCINATION |
| CODE ‘9’ = ANESTHESIA |
| CODE ‘10’ = OTHER SERVICES |
----------------------------------------------------

MV17
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER.....} {EVN-DT}
Did any of these visits or calls cost the same amount as (PERSON)'s visit on (VISIT DATE)?
YES .................................... 1
NO ........................................ 2 {BOX_07}
REF ...................................... -7 {BOX_07}
DK ....................................... -8 {BOX_07}
PRESS F1 FOR DEFINITION OF COST THE SAME AMOUNT.
-------------------------------------------------------------------------
| NOTE: THE ISSUES OF COST WHEN THE PERSON HAS A |
| COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE |
| HANDLED IN THE F1 DEFINITION. |
-------------------------------------------------------------------------

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?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>{PERSON’S MV MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
<tr>
<td>{PERSON’S MV MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
<tr>
<td>{PERSON’S MV MEDICAL CONDITION.}</td>
<td>{SERVICES RECEIVED..}</td>
</tr>
</tbody>
</table>

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

[1. Month, Day, Year-4]
[2. Month, Day, Year-4]
[3. Month, Day, Year-4]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL EVENTS |
| (DATES) IN PERSON’S-MEDICAL-EVENTS-ROSTER THAT |
| WERE CREATED THIS ROUND, ARE NOT YET PROCESSED IN |
| UTILIZATION, HAVE EVENT TYPE ‘MV’, AND ARE |
| ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT |
| BEING ASKED ABOUT. |
----------------------------------------------------

----------------------------------------------------
| 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......} {EVT-DT}
INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS SELECTED IN PREVIOUS QUESTION:
[Enter Repeat Visit Group]

BOX_07

----------------------------------------------------
| IF THE CHARGE/PAYMENT (CP) SECTION IS NOT
| COMPLETED FOR THIS MEDICAL PROVIDER VISIT (MV)
| EVENT, GO TO THE CHARGE/PAYMENT (CP) SECTION
----------------------------------------------------

| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION
----------------------------------------------------

Return to Top
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.

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK OEO1 - END_LP01.
MEPS FAMES Panel 11 Round 5 Old Employment and Private Related Insurance (OE) Section

LOOP DEFINITION:

LOOP_01 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH A ‘CURRENT MAIN’ OR ‘CURRENT MISCELLANEOUS’ JOB THAT WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED ‘1’ (YES) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS ‘PROVIDES HEALTH INSURANCE’ AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ01 WAS CODED ‘1’ (WHOLE TIME) OR HQ02 WAS CODED ‘1’ (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE-1

OE01

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT........}    {STR-DT} {END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health insurance. {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES ...................................  1 {BOX_02}
NO ....................................  2
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘(Was/Were)’ IF ROUND 5.
DISPLAY ‘today,’ IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.

OE02

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT........}    {STR-DT} {END-DT}

On what date did (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-4] ........

REF ................................... -7
DK .................................... -8
EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED
CANNOT BE AFTER 12/31/2006. 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 OE01.

IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON’T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON’T KNOW), CONTINUE WITH OE02OV

OTHERWISE, GO TO BOX_02

---

**OE02OV**

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ......................... 1
PART OF THE MONTH ..................... 2
REF ...................................... -7
DK ...................................... -8

[Code One]

---

**BOX_02**

IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, AUTOMATICALLY CODE OE03 AS '1’ (YES) AND GO TO BOX_03

OTHERWISE, CONTINUE WITH OE03

---

**OE03**

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}

During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT). {Are/Were} they all covered by this health insurance {until {{OE02 DATE}/it ended}/on (END-DT)}?

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

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}

Page 3 of 60
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 COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS:

IF OE01 IS CODED ‘1’ (YES) AND OE03 IS CODED ‘1’ (YES),
FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS ‘CONTINUOUS COVERAGE’ THROUGH THE REFERENCE PERIOD END DATE AND
GO TO BOX_05

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS:

IF OE01 IS CODED ‘2’ (NO) AND OE03 IS CODED ‘1’ (YES),
FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS ‘CONTINUOUS COVERAGE’ THROUGH THE DATE RECORDED AT OE02 AND
GO TO BOX_05

OTHERWISE (I.E., OE03 CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE04
OE04
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF
ESTABLISHMENT............) (STR-DT)
(END-DT)

Who {is/was} no longer covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {until {{OE02 DATE}/it ended}/on
(END-DT)}?

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

TO LEAVE, PRESS ESC.

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

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S
| INTERVIEW DATE BY THE INSURANCE FROM THIS
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE
| POLICYHOLDER
| - PERSON IS AN RU MEMBER

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

DISPLAY ‘is’ IF OE01 IS CODED ‘1’ (YES).
DISPLAY ‘was’ IF OE01 IS CODED ‘2’ (NO) OR IF
CURRENT ROUND IS ROUND 5.

DISPLAY ‘until {OE02 DATE}’ IF OE01 IS CODED ‘2’
(NO).
DISPLAY ‘on (END-DT)’ IF OE01 IS CODED ‘1’ (YES).

DISPLAY THE DATE RECORDED AT OE02 FOR ‘OE02 DATE’.
IF THE MONTH AND DAY FIELD AT OE02 IS CODED ‘-7’
(REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’
FOR ‘OE02 DATE’.

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

IF FAMILY STILL HAS INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED ‘1’
(YES)), FLAG INSURANCE FOR ALL PERSONS NOT
SELECTED AT OE04 AS CONTINUOUS COVERAGE FROM THE
REFERENCE PERIOD START DATE UNTIL THE REFERENCE
PERIOD END DATE.

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

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH
THIS ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED ‘2’
(NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED
AT OE04 AS ‘CONTINUOUS COVERAGE’ FROM THE
REFERENCE PERIOD START DATE UNTIL DATE RECORDED
AT OE02.

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

LOOP_02
=======

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-
PERS-TRPLS-ROSTER, ASK OE05 - END_LP02.
LOOP DEFINITION: LOOP_02 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE02. THIS LOOP CYCLES ON PERSONS SELECTED AT OE04.

OE05
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF ESTABLISHMENT........}    {STR-DT}
{END-DT}
On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?
    [Enter Month-2, Day-2, Year-4] ........
    REF ................................... -7
    DK .................................... -8

    IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE05OV

    OTHERWISE, GO TO BOX_04

OE05OV
======

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?
    WHOLE MONTH ........................... 1
    PART OF THE MONTH ..................... 2
    REF ................................... -7
    DK .................................... -8

[Code One]

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
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY |
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE |
| PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU |
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE04), |
| CONTINUE WITH OE06 |
---------------------------------------------------------------------------------------------------------------------
| OTHERWISE, GO TO OE08A |
---------------------------------------------------------------------------------------------------------------------

**OE06**

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT.........}    {STR-DT}
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, have any persons living here, we have not yet mentioned, been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?
YES ............................  1
NO ....................................  2 {OE08A}
REF .................................... -7 {OE08A}
DK .................................... -8 {OE08A}
PRESS F1 FOR DEFINITION OF DEPENDENT.
---------------------------------------------------------------------------------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
| ROUND 5. |
---------------------------------------------------------------------------------------------------------------------

**OE07**

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT.........}    {STR-DT}
{END-DT}

Who {has been/was} covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE)
and (END DATE)}) that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {since (START DATE)/between
(START DATE) and (END DATE)}) that we have not yet mentioned?

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

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

---------------------------------------------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEMDISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
| PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE. |
---------------------------------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------------------------------
| DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON |
| THIS ROSTER. |
---------------------------------------------------------------------------------------------------------------------
WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER.

IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU'.

DISPLAY 'has been' AND 'since (START DATE)' IF NOT ROUND 5. DISPLAY 'was' AND 'between (START DATE) and (END DATE)' IF ROUND 5.

LOOP_03

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE08 - END_LP03.

LOOP DEFINITION: LOOP_03 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE07.

OE08

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

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF .............................. -7
DK ............................... -8

IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE08OV

OTHERWISE, GO TO BOX_06

OE08OV

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH .......................... 1
PART OF THE MONTH ........................ 2
REF .............................. -7
DK ............................... -8

[Code One]
EDIT: COMPLETE DATE AT OE08 MUST BE < THAN COMPLETE DATE AT OE02 IF A DATE IS RECORDED AT OE02 OR < THAN REFERENCE PERIOD END DATE IF NO DATE IS RECORDED AT OE02.

--------
BOX_06
--------

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '1'), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE08 UNTIL THE REFERENCE PERIOD END DATE.

--------
END_LP03
--------

CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

--------
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.

--------
BOX_07
======

| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE|
| INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR |
| ON THE CURRENT ROUND’S INTERVIEW DATE, THAT IS, |
| OE01 IS CODED ‘1’ (YES), CONTINUE WITH BOX_07A |

| OTHERWISE, GO TO END_LP01 |

----------

BOX_07A

| IF ROUND 3, CONTINUE WITH OE09A |

| OTHERWISE, GO TO OE09 |

--------

OE09A

{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 {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}

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]

OE09AAOV2

ENTER OTHER:

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

BOX_08A

| IF OE09A IS CODED '1' (YES, PAY ALL OF PREMIUM/COST), GO TO OE09 |
| OTHERWISE, CONTINUE WITH OE09AAA |

OE09AAA

{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 OE09A 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 OE09A 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 OE09A IS CODED ‘4’ (NO, DO NOT PAY).

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

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH OE09AAAOV

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

| OTHERWISE, GO TO OE09 |

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

OE09AAAOV

ENTER OTHER:

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

REF ................................... -7

DK .................................... -8

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

OE09

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.........} {STR-DT} {END-DT}

{Last time we recorded that (POLICYHOLDER) (were/was) covered by (READ INSURER NAME(S) BELOW).}

{Since (START DATE), has there been/Between (START DATE) and (END DATE), was there any change in the plan name of the health insurance (POLICYHOLDER) {has/had} through (ESTABLISHMENT)? TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ................................... 1

NO ..................................... 2 {END_LP01}

REF ................................... -7 {END_LP01}

DK .................................... -8 {END_LP01}

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

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-ROSTER THAT ARE FLAGGED AS ‘SUPPLYING HOSPITAL AND PHYSICIAN BENEFITS’ AND/OR ‘SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS’ AND ARE ASSOCIATED WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.

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

DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME DURING THE PREVIOUS ROUND.
| DISPLAY 'Since (START DATE), has there been' AND | 'has' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), was there' AND 'had' IF | ROUND 5. |

| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT ROUND’S INSURER FOR THIS ESTABLISHMENT-PERSON-PAIR. |

OE10
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT.........}    {STR-DT}    {END-DT}
SHOW CARD OE-1.
What type of health insurance {(do/does)/did} (POLICYHOLDER) {now} have through (ESTABLISHMENT)’s new plan {on (END DATE)}?
CODE ALL THAT APPLY.
HOSPITAL AND PHYSICIAN BENEFITS,
   INCLUDING COVERAGE THROUGH AN HMO ... 1
DENTAL ........................................... 2
PRESCRIPTION DRUGS ............................ 3
VISION .......................................... 4
MEDICARE SUPPLEMENT/MEDIGAP ............... 5
LONG TERM CARE IN A NURSING HOME ......... 6
EXTRA CASH FOR HOSPITAL STAYS ............. 7
SERIOUS DISEASE OR DREAD DISEASE ...... 8
DISABILITY ..................................... 9
WORKER’S COMPENSATION ................... 10
ACCIDENT .................................... 11
OTHER ......................................... 91
REF ........................................... -7
DK ........................................... -8

[Code All That Apply]
PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.
[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]

| DISPLAY '(do/does)' IF NOT ROUND 5. DISPLAY 'did' |
| IF ROUND 5. |

| DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY. |

| DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE10OV |

| OTHERWISE, GO TO BOX_08 |

Page 13 of 60
OE10OV
======

ENTER OTHER:

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

BOX_08
======

----------------------------------------------------
| IF OE10 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN          |
| BENEFITS) OR ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP),       |
| ALONE OR WITH ANY OTHER COMBINATION OF CODES,         |
| CONTINUE WITH OE11                                    |
----------------------------------------------------

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

----------------------------------------------------
| NOTE: ALL ESTABLISHMENTS WHICH ARE BEING LOOPED     |
| ON HERE ARE EMPLOYERS. THEREFORE, IT IS NOT          |
| NECESSARY TO AUTOMATICALLY CODE OE11 IF THE          |
| ESTABLISHMENT IS AN INSURANCE CO. OR HMO (BECAUSE    |
| WE KNOW IT IS NOT).                                  |
----------------------------------------------------

OE11
=====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT...........}   {STR-DT}
{END-DT}

What is the new plan name for (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare Supplement or Medigap benefit}?

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.

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

DISPLAY THE NAME OF THE INSURANCE CO/HMO
RECORDED IN OE11_01 WHICH IS BEING LOOPED ON
FOR ‘INSURANCE...NAME.’

OE11AOV
======

ENTER OTHER NAME:
[Enter Policy Name] ....................
  REF ................................... -7
  DK .................................... -8
BOX_09A
--------

| IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN OE11_02, CONTINUE WITH OE11B |
| otherwise, go to BOX_09 |

OE11B
-----

{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 |

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}

--------------------------------- 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
Did that health insurance continue through COBRA?
YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF COBRA.

On what date did (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-4] ........

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}
DK .................................... -8 {BOX_11}

Is (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)
now extended through COBRA?
    YES ...................................  1
    NO ....................................  2
    REF ................................... -7
    DK .................................... -8
    PRESS F1 FOR DEFINITION OF COBRA.

BOX_11
------
----------------------------------------------------
| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT |
| THE PREVIOUS ROUND’S INTERVIEW DATE BY THE       |
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,   |
| AUTOMATICALLY CODE OE17 AS ’1’ (YES) AND GO TO   |
| BOX_12                                           |
----------------------------------------------------
| OTHERWISE, CONTINUE WITH OE17                     |
----------------------------------------------------

OE17
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT........)   (STR-DT)
(END-DT)

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT).
(Are/Were) they all covered by this health insurance {until
{{OE15 DATE}/it ended}/on (END-DT)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
    YES ...................................  1
    NO ....................................  2
    REF ................................... -7
    DK .................................... -8

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB- |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S    |
|    INTERVIEW DATE BY THE INSURANCE FROM THIS    |
|    ESTABLISHMENT-PERSON-PAIR, INCLUDING THE     |
|    POLICYHOLDER                                 |
| - PERSON IS AN RU MEMBER                        |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘Are’ IF OE12 IS CODED ’1’ (YES).        |
| DISPLAY ‘Were’ IF OE12 IS CODED ’2’ (NO) OR IF   |
| CURRENT ROUND IS ROUND 5.                       |
| DISPLAY ‘until {OE15 DATE}’ IF OE12 IS CODED ’2’ |
| (NO). DISPLAY ‘on (END-DT)’ IF OE12 IS CODED ’1’ |
| (YES).                                          |

DISPLAY THE DATE RECORDED AT OE15 FOR ‘OE15 DATE’.

Page 20 of 60
IF THE MONTH AND DAY FIELD AT OE15 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ FOR ‘OE15 DATE’.

---

BOX_12

---

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS:

IF OE12 IS CODED ‘1’ (YES) AND OE17 IS CODED ‘1’ (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS ‘CONTINUOUS COVERAGE’ THROUGH THE REFERENCE PERIOD END DATE AND

GO TO BOX_14

---

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS:

IF OE12 IS CODED ‘2’ (NO) AND OE17 IS CODED ‘1’ (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS ‘CONTINUOUS COVERAGE’ THROUGH THE DATE RECORDED AT OE15 AND

GO TO BOX_14

---

OTHERWISE (I.E., OE17 CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)), CONTINUE WITH OE18

---

OE18

---

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT...........} {STR-DT}
{END-DT}
Who {is/was} no longer covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {until {{OE15 DATE}/it ended}/on (END-DT)}?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

---

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE
POLICYHOLDER
- PERSON IS AN RU MEMBER

DISPLAY 'is' IF OE12 IS CODED '1' (YES).
DISPLAY 'was' IF OE12 IS CODED '2' (NO) OR IF CURRENT ROUND IS ROUND 5.

DISPLAY 'until {OE15 DATE}' IF OE12 IS CODED '2' (NO). DISPLAY 'on (END-DT)' IF OE12 IS CODED '1' (YES).

DISPLAY THE DATE RECORDED AT OE15 FOR 'OE15 DATE'. IF THE MONTH AND DAY FIELD AT OE15 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' FOR 'OE15 DATE'.

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '1' (YES)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE18 AS 'CONTINUOUS COVERAGE' FROM THE REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '2', (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE18 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE15.

LOOP_06

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE19 - END_LP06.

LOOP DEFINITION: LOOP_06 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE15. THIS LOOP CYCLES ON PERSONS SELECTED AT OE18.

OE19

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF ESTABLISHMENT...........}   {STR-DT}  {END-DT}
On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?
[Enter Month-2, Day-2, Year-4] ........
REF ................................. -7
DK ................................... -8
| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE19OV |
| OTHERWISE, GO TO BOX_13 |

---

**OE19OV**

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH ........................  2
REF  ................................... -7
DK  .................................... -8

[Code One]

---

**BOX_13**

----------------------------------------------------
| FLAG INSURANCE FOR PERSON AS ‘CONTINUOUS COVERAGE’ THROUGH THE COMPLETE DATE RECORDED AT OE19 AND OE19OV. |
----------------------------------------------------

---

**END_LP06**

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
----------------------------------------------------

---

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_14 |

---

**BOX_14**

----------------------------------------------------
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU MEMBERS NOT COVERED BY THIS INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE, EXCLUDES RU MEMBERS JUST MARKED AS NO LONGER COVERED IN OE18), CONTINUE WITH OE20 |
----------------------------------------------------

---

| OTHERWISE, GO TO OE22A |

---

**OE20**

{(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT............) (STR-DT) (END-DT)}

{(Since (START DATE)/Between (START DATE) and (END DATE)), have}
any persons living here, that we have not yet mentioned, been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?
YES ................................... 1
NO ..................................... 2 {OE22A}
REF .................................... -7 {OE22A}
DK .................................... -8 {OE22A}
PRESS F1 FOR DEFINITION OF DEPENDENT.
----------------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
| ROUND 5.                                          |
----------------------------------------------------

OE21
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT.......}   {STR-DT}
{END-DT}
Who {has been/was} covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?
PROBE: Who else {has been/was} covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {since (START DATE)/between (START DATE) and (END DATE)} that we have not yet mentioned?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
| PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.      |
----------------------------------------------------
| DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON |
| THIS ROSTER.                                      |
----------------------------------------------------
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER.                          |
----------------------------------------------------
| IF ‘PERSON NOT LISTED IN RU’ IS SELECTED, FLAG |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| AS ‘COVERING PERSON NOT LISTED IN RU’.            |
----------------------------------------------------
| DISPLAY ‘has been’ AND ‘since (START DATE)’ IF NOT |
| ROUND 5. DISPLAY ‘was’ AND ‘between (START DATE) |
| and (END DATE)’ IF ROUND 5.                       |
----------------------------------------------------

LOOP_07
=======

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE22 - END_LP07.
LOOP DEFINITION: LOOP_07 collects the coverage start date for all persons newly covered during the current round by the insurance through this establishment-person-pair. This loop cycles on persons selected at OE21.

**OE22**

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT.........} {STR-DT} {END-DT}

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] ...........

REF ................................... -7

DK .................................... -8

| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE22OV |
| OTHERWISE, GO TO BOX_15 |

**OE22OV**

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1

PART OF THE MONTH ..................... 2

REF ................................... -7

DK .................................... -8

[Code One]

| EDIT: COMPLETE DATE AT OE22 MUST BE < THAN COMPLETE DATE AT OE15 IF A DATE IS RECORDED AT OE15 OR < THAN REFERENCE PERIOD END DATE IF NO DATE IS RECORDED AT OE15. |

**BOX_15**

| IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED ‘1’) (YES), FLAG INSURANCE FOR THIS PERSON AS ‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE22 UNTIL THE REFERENCE PERIOD END DATE. |

| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED ‘2’) (NO), FLAG INSURANCE FOR THIS PERSON AS ‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE22 UNTIL DATE RECORDED AT OE15. |
END_LP07

| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_07 AND GO TO BOX_16 |

OE22A

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT............} {STR-DT} {END-DT}
(Does/Between (START DATE) and (END DATE), did) (POLICYHOLDER)'s
health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?
YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF DEPENDENT.

| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5. |

| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU' IN OE21 |

BOX_16

| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ON THE CURRENT ROUND’S INTERVIEW DATE, THAT IS, OE12 IS CODED ‘1’(YES), CONTINUE WITH BOX_16A |

| OTHERWISE, GO TO END_LP05 |

BOX_16A

| IF ROUND 3, CONTINUE WITH OE23A |

| OTHERWISE, GO TO OE23 |

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
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 OE23AAAOV                                                    |
------------------------------------------------------------------------

------------------------------------------------------------------------
| OTHERWISE, GO TO OE23                                                     |
------------------------------------------------------------------------

OE23AAAOV
========

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

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)
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.

DISPLAY ‘hospital and physician benefits’ AND
‘HOSPITAL’ IF OE24 IS CODED ‘1’ (HOSPITAL AND
PHYSICIAN BENEFITS), BUT NOT CODED ‘5’ (MEDICARE
SUPPLEMENT/MEDIGAP).  DISPLAY ‘Medicare supplement
or Medigap benefits’ AND ‘MEDIGAP’ IF OE24 IS CODED
‘5’ (MEDICARE SUPPLEMENT/MEDIGAP).

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

WRITE INSURER(S) TO THE RU-ESTB-PERSON-INSURER-
TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR.

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

FLAG INSURER(S) COLLECTED AT OE25 AS CURRENT
ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-
PAIR.

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

IF OE24 IS CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP)
FLAG INSURANCE CO./HMO AS ‘SUPPLYING MEDICARE
SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES
HOSPITAL/PHYSICIAN BENEFITS)’ FOR THE CURRENT
ROUND.

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

IF OE24 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN
BENEFITS), BUT NOT ‘5’ (MEDICARE SUPPLEMENT/
MEDIGAP), FLAG INSURANCE CO./HMO AS ‘SUPPLYING
HOSPITAL/PHYSICIAN BENEFITS’ FOR THE CURRENT
ROUND.
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.'

OE25AAOV

ENTER OTHER NAME:
[Enter Policy Name] ....................
REF ................................... -7
DK ..................................... -8

BOX_18A

IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN OE25_02, CONTINUE WITH OE25B

OTHERWISE, GO TO BOX_18

OE25B

{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_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-ESTAB-PERSON- |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION. |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER INSURERS MEET THE STATED CONDITIONS, |
| END LOOP_08 AND CONTINUE WITH END_LP05 |
----------------------------------------------------

END_LP05
========

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

----------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, |
| END LOOP_05 AND CONTINUE WITH BOX_19 |
----------------------------------------------------

BOX_19
======

----------------------------------------------------
| IF ONE OR MORE OR RU MEMBERS WAS COVERED BY |
| INSURANCE THROUGH A NON-CURRENT EMPLOYER FROM THE |
| PREVIOUS ROUND, AN EMPLOYER FLAGGED AS ‘SELF- |
| EMPLOYED’ WITH A FIRM-SIZE-1, OR A DIRECT PURCHASE |
| SOURCE ON THE PREVIOUS ROUND’S INTERVIEW DATE, |
| THAT IS: |
| |
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE |
| RU MEETS THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES: |
|   - FLAGGED AS A DIRECT PURCHASE SOURCE |
|   - FLAGGED AS AN ‘EMPLOYER’ WITH FIRM-SIZE-1, |
|     FLAGGED DURING THE PREVIOUS ROUND AS |
|     ‘PROVIDES HEALTH INSURANCE’, OR |
|   - FLAGGED AS AN ‘EMPLOYER’ WITH FIRM-SIZE- |
|     GREATER-THAN-1, FLAGGED DURING THE PREVIOUS |
|     ROUND AS ‘PROVIDES HEALTH INSURANCE’, AND |
|     HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING |
THE PREVIOUS ROUND:
- ‘FORMER MAIN WITHIN REFERENCE PERIOD’
- ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’
- ‘LAST JOB OUTSIDE REFERENCE PERIOD’
- ‘RETIREMENT JOB’
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ WAS CODED ’1’ (WHOLE TIME) OR HQ02 WAS CODED ’1’ (YES) IN THE PREVIOUS ROUND);

CONTINUE WITH LOOP_09

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

OTHERWISE, GO TO BOX_29

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

NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND’S INTERVIEW DATE, THE LAST CONDITION IN THE ABOVE BOX CAN BE MET IF AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER’S INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE. THE LOOP WILL CYCLE ON THE POLICYHOLDER’S NAME.

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


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


LOOP_09

======

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-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-THEAN-1, FLAGGED DURING THE PREVIOUS ROUND AS ‘PROVIDES HEALTH INSURANCE’, AND HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING THE PREVIOUS ROUND:
    - ‘FORMER MAIN WITHIN REFERENCE PERIOD’
    - ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’
    - ‘LAST JOB OUTSIDE REFERENCE PERIOD’
    - ‘RETIREMENT JOB’
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ WAS CODED ‘1’ (WHOLE TIME) OR HQ02 WAS CODED ‘1’ (YES) IN THE PREVIOUS ROUND)

--------------------------------
BOX_19A
--------------------------------

IF THE POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS ‘POLICYHOLDER NOT LISTED IN RU (DU)’ OR ‘POLICYHOLDER DECEASED’, CONTINUE WITH OE25A

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

OTHERWISE, GO TO OE26

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

OE25A

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT........}   {STR-DT}   {END-DT}

INTERVIEWER: IF (POLICYHOLDER)’S NAME IS LISTED ON THE ROSTER BELOW, SELECT IT. IF NOT, SELECT ‘NAME NOT ON ROSTER’ AND CONTINUE.

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

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

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

----------------------------------------------------
<p>| EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED   |
| CANNOT BE AFTER 12/31/2007. IF A DATE AFTER      |
| 12/31/2007 IS ENTERED, DISPLAY THE FOLLOWING      |
| MESSAGE: 'DATE CANNOT BE AFTER 12/31/2007. IF    |
| INSURANCE ENDED AFTER 12/31/2007, USE CTRL/B TO  |</p>
<table>
<thead>
<tr>
<th>BACK-UP AND CHANGE RESPONSE TO OE26.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON’T|
| KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED)  |</p>
<table>
<thead>
<tr>
<th>OR '-8' (DON’T KNOW), CONTINUE WITH OE280V</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_20</th>
</tr>
</thead>
</table>

OE280V
=====

Can you just tell me if (POLICYHOLDER) was covered under that
insurance the whole month or part of the month?
WHOLE MONTH ......................... 1
PART OF THE MONTH .................... 2
REF ................................... -7
DK .................................... -8
[Code One]

BOX_20
=====

----------------------------------------------------
<p>| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT  |
| THE PREVIOUS ROUND’S INTERVIEW DATE BY THE        |
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,    |
| AUTOMATICALLY CODE OE29 AS ‘1’ (YES) AND GO TO    |</p>
<table>
<thead>
<tr>
<th>BOX_21</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH OE29</th>
</tr>
</thead>
</table>

OE29
=====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)‘s health insurance through (ESTABLISHMENT). (Are/Were) they all covered by this health insurance {until {{OE28 DATE}/it ended}/on (END-DT)}?

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

| PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT |
| PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT |
| PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT |
| YES ................................... 1 |
| NO .................................... 2 |
| REF ................................... -7 |
| DK .................................... -8 |

---
| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER |
| - PERSON IS AN RU MEMBER |

---
| DISPLAY ‘Are’ IF OE26 IS CODED ‘1’ (YES). |
| DISPLAY ‘Were’ IF OE26 IS CODED ‘2’ (NO) OR IF CURRENT ROUND IS ROUND 5. |
| DISPLAY THE DATE RECORDED AT OE28 FOR ‘OE28 DATE’. |
| IF THE MONTH AND DAY FIELD AT OE28 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ FOR ‘OE28 DATE’. |

---
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS: |
| IF OE26 IS CODED ‘1’ (YES) AND OE29 IS CODED ‘1’ (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS ‘CONTINUOUS COVERAGE’ THROUGH THE REFERENCE PERIOD END DATE AND |
| GO TO BOX_23 |

---
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS: |
| IF OE26 IS CODED ‘2’ (NO) AND OE29 IS CODED ‘1’ (YES). |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS ‘CONTINUOUS COVERAGE’ THROUGH THE DATE RECORDED AT OE28 AND |
| GO TO BOX_23 |

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

OTHERWISE (I.E., OE29 CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)), CONTINUE WITH OE30

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

OE30

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.........} {STR-DT} {END-DT}
Who {is/was} no longer covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {{until {OE28 DATE}/it ended}/on (END-DT)}?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

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

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLD-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
- PERSON IS AN RU MEMBER

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

DISPLAY ‘is’ IF OE26 IS CODED ‘1’ (YES).
DISPLAY ‘was’ IF OE26 IS CODED ‘2’ (NO) OR IF CURRENT ROUND IS ROUND 5.
DISPLAY ‘until {OE28 DATE}’ IF OE26 IS CODED ‘2’ (NO).
DISPLAY ‘on (END-DT)’ IF OE26 IS CODED ‘1’ (YES).
DISPLAY THE DATE RECORDED AT OE28 FOR ‘OE28 DATE’.
IF THE MONTH AND DAY FIELD AT OE28 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ FOR ‘OE28 DATE’.

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

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED ‘1’ (YES)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE30 AS ‘CONTINUOUS COVERAGE’ FROM THE REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END DATE.
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED ‘2’ (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE30 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE28.

LOOP_10
=======


LOOP DEFINITION: LOOP_10 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE28. THIS LOOP CYCLES ON PERSONS SELECTED AT OE30.

OE31
=====

(PERSON’S FIRST MIDDLE AND LAST NAME) ESTABLISHMENT......... (NAME OF STR-DT)
(END-DT)
On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8

IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE31OV

OTHERWISE, GO TO BOX_22

OE31OV
======

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ........................ 2
REF ................................... -7
DK .................................... -8

[Code One]

BOX_22
======

FLAG INSURANCE FOR PERSON AS ‘CONTINUOUS COVERAGE’ THROUGH THE COMPLETE DATE RECORDED AT OE31 AND OE31OV.
END_LP10

---------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION.                     |
---------------

---------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_10 AND CONTINUE WITH BOX_23              |
---------------

BOX_23

---------------
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY |
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,|
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE     |
| PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU |
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE30),|
| CONTINUE WITH OE32                                 |
---------------

| OTHERWISE, GO TO OE34A                           |
---------------

OE32

---------------
{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT.......}  {STR-DT}  {END-DT}
{Since (START DATE)/Between (START DATE) and (END DATE)}, have any persons living here, we have not yet mentioned, been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?
    YES .................................  1
    NO .................................  2  {OE34A}
    REF ................................. -7 {OE34A}
    DK ................................. -8 {OE34A}
    PRESS F1 FOR DEFINITION OF DEPENDENT.
---------------
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5.     |
| DISPLAY 'Between (START DATE) and (END DATE)' IF  |
| ROUND 5.                                         |
---------------

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.
-----------------------------------------------

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.
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_24</th>
</tr>
</thead>
</table>

OE34OV
======

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH .................... 1
PART OF THE MONTH ............... 2
REF ............................ -7
DK ............................ -8

[Code One]

|  EDIT: COMPLETE DATE AT OE34 MUST BE < THAN  |
|  COMPLETE DATE AT OE28 IF A DATE IS RECORDED AT |
|  OE28 OR < THAN REFERENCE PERIOD END DATE IF NO |
|  DATE IS RECORDED AT OE28.  |

BOX_24
======

|  IF FAMILY STILL HAS INSURANCE THROUGH THIS |
|  ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED ‘1’  |
|  (YES)), FLAG INSURANCE FOR THIS PERSON AS |
|  ‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE34 |
|  UNTIL THE REFERENCE PERIOD END DATE. |

|  IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH |
|  THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED ‘2’  |
|  (NO)), FLAG INSURANCE FOR THIS PERSON AS |
|  ‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE34 |
|  UNTIL DATE RECORDED AT OE28.  |

END_LP11
========

|  CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |
|  COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |
|  STATED IN THE LOOP DEFINITION.  |

|  IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
|  END LOOP_11 AND GO TO BOX_25  |

OE34A
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)’s
health coverage through (ESTABLISHMENT) cover as dependents any
persons who do not live here?

YES ................................. 1
NO ................................. 2
MEPS FAMES Panel 11 Round 5 Old Employment and Private Related Insurance (OE) Section

REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF DEPENDENT.

| DISPLAY ‘Does’ IF NOT ROUND 5. DISPLAY ‘Between (START DATE) and (END DATE), did’ IF ROUND 5.

----------------------------------------------------
| IF CODED ’1’ (YES), FLAG INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR AS ‘COVERING PERSON NOT LISTED IN RU’ IN OE33
----------------------------------------------------

BOX_25
======

----------------------------------------------------
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR ON THE CURRENT ROUND’S INTERVIEW DATE, THAT IS, OE26 IS CODED ’1’ (YES), CONTINUE WITH BOX_25A
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP09
----------------------------------------------------

BOX_25A
======

----------------------------------------------------
| IF ROUND 3, CONTINUE WITH OE35A
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO OE35
----------------------------------------------------

OE35A
=====

(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 {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
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}
----------------------------------------------------


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

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 {BOX_26A}
DK .................................. -8 {BOX_26A}

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

BOX_26A
=======

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

IF OE35A IS CODED '1' (YES, PAY ALL OF PREMIUM/COST), GO TO OE35

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

OTHERWISE, CONTINUE WITH OE35AAA

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

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 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 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 OE35AAA0V |

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

| OTHERWISE, GO TO OE35 |

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

OE35AAA0V

ENTER OTHER:

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

Page 46 of 60
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-ROSTER THAT ARE FLAGGED AS ‘SUPPLYING HOSPITAL AND PHYSICIAN BENEFITS’ AND/OR ‘SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS’ AND ARE ASSOCIATED WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.

DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME DURING THE PREVIOUS ROUND.

DISPLAY ‘Since (START DATE), has there been’ AND ‘has’ IF NOT ROUND 5. DISPLAY ‘Between (START DATE) and (END DATE), was there’ AND ‘had’ IF ROUND 5.

IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT ROUND’S INSURER FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF CODED ‘1’ (YES) AND ESTABLISHMENT IS FLAGGED AS AN INSURANCE CO. OR HMO, CONTINUE WITH OE36

IF CODED ‘1’ (YES) AND ESTABLISHMENT IS NOT FLAGGED AS AN INSURANCE CO. OR HMO, GO TO OE37

OE36
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT.......} {STR-DT} {END-DT}
What is the new plan name of (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?
[Enter Plan Name/Establishment Name] ............

WRITE ESTABLISHMENT NAME CORRECTION TO THE RU-ESTABLISHMENT-PERSONS-PAIRS-ROSTER. THIS IS THE CORRECTED ESTABLISHMENT NAME.

FLAG INSURER ENTERED ABOVE AS CURRENT ROUND’S INSURER FOR THIS POLICYHOLDER-ESTABLISHMENT PAIR.

NOTE: IF A SOURCE OF INSURANCE WAS DIRECTLY PURCHASED FROM AN HMO OR INSURANCE COMPANY, THE ESTABLISHMENT NAME IS THE SAME AS THE INSURER NAME. THEREFORE, ANY CHANGE IN PLAN NAME AUTOMATICALLY Dictates a change in the
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.]

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

OTHERWISE, GO TO BOX_26

| IF OE37 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) |

| ENTER OTHER: |

[Enter Other Specify] ..................
REF ................................... -7
DK .................................... -8
| BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP), |
| ALONE OR WITH ANY OTHER COMBINATION OF CODES, |
| CONTINUE WITH BOX_27 |
----------------------------------------------------

| OTHERWISE, GO TO END_LP09 |
----------------------------------------------------

BOX_27
======
----------------------------------------------------

| IF ESTABLISHMENT ALREADY FLAGGED AS 'INSURANCE |
| CO.' OR 'HMO', AUTOMATICALLY CODE OE38 WITH |
| APPROPRIATE RESPONSES AND GO TO LOOP_12 |
----------------------------------------------------

| OTHERWISE, CONTINUE WITH OE38 |
----------------------------------------------------

OE38
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF |
ESTABLISHMENT........) (STR-DT) |
(END-DT) |
What is the new plan name for (POLICYHOLDER)’s health insurance |
through (ESTABLISHMENT) which provides the {hospital and |
physician benefits/Medicare supplement or Medigap benefits}? |
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 OE37 IS CODED '1' (HOSPITAL AND |
| PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE |
| SUPPLEMENT/MEDIGAP). DISPLAY 'Medicare supplement |
| or Medigap benefits’ AND ‘MEDIGAP’ IF OE37 IS CODED |
| '5' (MEDICARE SUPPLEMENT/MEDIGAP). |
----------------------------------------------------

| WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER- |
| TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR |
----------------------------------------------------

| FLAG INSURER(S) COLLECTED AT OE38 AS CURRENT |
| ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON- |
| PAIR. |
----------------------------------------------------

| IF OE37 IS CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP)| |
| FLAG INSURANCE CO./HMO AS ‘SUPPLYING MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES |
| HOSPITAL/PHYSICIAN BENEFITS)’ FOR THE CURRENT |
| ROUND. |
----------------------------------------------------

Page 49 of 60
| 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
=====

{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_28A}
REF ................................. -7 {BOX_28A}
DK .................................... -8 {BOX_28A}
PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

DISPLAY THE NAME OF THE INSURANCE CO/HMO
RECORDED IN OE38 01 WHICH IS BEING LOOPED ON
FOR ‘INSURANCE...NAME.’

OE38AOV
=======

ENTER OTHER NAME:
[Enter Policy Name] ......................
REF ................................. -7
DK .................................... -8

BOX_28A
=======

IF INSURER BEING LOOPED ON IS CODED ‘2’ (HMO) IN OE38_02, CONTINUE WITH OE38B
| OTHERWISE, GO TO BOX_28 |

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

**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


LOOP DEFINITION:

LOOP_13 collects information about the continuation of insurance coverage through an establishment-person-pair where the policyholder or the eligible dependent(s) have moved from the RU. This loop cycles on establishment-person-pairs that meet the following conditions:

- The establishment is a private source of insurance
- The establishment-person-pair is flagged as ‘policyholder/dependent moved’ at the current round’s interview date for this RU
- At least one RU member was a covered person for this establishment-person-pair on the previous round’s interview date
- Policyholder is not a current RU member

OE39

{Policyholder’s first middle last name}   {Name of establishment.........}   {Str-Dt}   {End-Dt}

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. Is/Was anyone in the family, living here, covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) as of \{today,\} (END DATE)?

IF RESPONDENT VOLUNTEERS THAT THIS INSURANCE HAS ALREADY BEEN DISCUSSED, CODE '3'.

YES ...................................  1 (OE41)
NO ....................................  2
INSURANCE ALREADY DISCUSSED ........  3 (END_LP13)
REF .................................. -7 (END_LP13)
DK .................................... -8 (END_LP13)

[Code One]

----------------------------------------------------
|  DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF    |
|  ROUND 5.                                          |
|                                                    |
|  DISPLAY 'today,' AND ' now' IF NOT ROUND 5.       |
|  OTHERWISE, USE A NULL DISPLAY.                    |
----------------------------------------------------

----------------------------------------------------
|  IF CODED '3' (INSURANCE ALREADY DISCUSSED), FLAG  |
|  ITEM FOR SOURCE CLEAN-UP.                         |
----------------------------------------------------

**OE40**

\{(POLICYHOLDER’S FIRST MIDDLE LAST NAME) \ (NAME OF 
ESTABLISHMENT.........) \ (STR-DT) \ (END-DT)\}

On what date did this health insurance through (ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-4] ........
REF .................................. -7
DK .................................... -8

----------------------------------------------------
|  EDIT (FOR ROUND 5 ONLY):  COMPLETE DATE ENTERED   |
|  CANNOT BE AFTER 12/31/2007.  IF A DATE AFTER      |
|  12/31/2007 IS ENTERED, DISPLAY THE FOLLOWING      |
|  MESSAGE: 'DATE CANNOT BE AFTER 12/31/2007.  IF    |
|  INSURANCE ENDED AFTER 12/31/2007, 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 OE40OV        |
|                                                    |
----------------------------------------------------
|  OTHERWISE, GO TO OE43                             |
----------------------------------------------------

**OE40OV**

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH .........................  1
PART OF THE MONTH ....................  2
REF .................................. -7
DK .................................... -8
OE41

{POLICYHOLDER'S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
(END-DT)

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT).

{Are/Were} they all covered by this health insurance {until
{{OE40 DATE}/it ended}/on (END-DT)}?

TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

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

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-
PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY
THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND’S
  INTERVIEW DATE BY THE INSURANCE FROM THIS
  ESTABLISHMENT-PERSON-PAIR,
- PERSON IS AN RU MEMBER

DISPLAY ‘Are’ IF OE39 IS CODED ‘1’ (YES).
DISPLAY ‘Were’ IF OE39 IS CODED ‘2’ (NO) OR IF
CURRENT ROUND IS ROUND 5.

DISPLAY ‘until {OE40 DATE}’ IF OE39 IS CODED ‘2’
(NO).
DISPLAY ‘on (END-DT)’ IF OE39 IS CODED ‘1’ (YES).

DISPLAY THE DATE RECORDED AT OE40 FOR ‘OE40 DATE’.
IF THE MONTH AND DAY FIELD AT OE40 IS CODED ‘-7’
(REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’
FOR ‘OE40 DATE’.

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND
TO THE END DATE OF THE CURRENT ROUND, THAT IS:
IF OE39 IS CODED ‘1’ (YES) AND OE41 IS CODED ‘1’
(YES),

FLAG INSURANCE FOR ALL COVERED PERSONS AS
‘CONTINUOUS COVERAGE’ THROUGH THE REFERENCE PERIOD
END DATE AND
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
<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_30</td>
</tr>
</tbody>
</table>

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]
FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE'
THROUGH THE COMPLETE DATERecorded AT OE43 AND
OE43OV.

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

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

(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.

(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]
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                      |
----------------------------------

OE46OV
======
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. | |
---------------------------------------------------------------------

Return to Top
Other Medical Expenses (OM) Section

BOX_01A
========
<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH BOX_01B</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_01</td>
</tr>
</tbody>
</table>

BOX_01B
========
<p>| IF OM ITEM TYPE IS GLASSES/CONTACT LENSES, |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH OM01A</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE (I.E., IF OM ITEM TYPE IS NOT GLASSES/</td>
</tr>
<tr>
<td>CONTACT LENSES), GO TO BOX_01</td>
</tr>
</tbody>
</table>

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 2006?
[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 2007?
[Enter Number of Times].................
REF................................. -7
DK................................. -8
<p>| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN |
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE |</p>
<table>
<thead>
<tr>
<th>CP SECTION.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION.</td>
</tr>
</tbody>
</table>

BOX_01
=====
<p>| IF THE OM ITEM TYPE IS NOT INSULIN OR OTHER |</p>
<table>
<thead>
<tr>
<th>DIABETIC EQUIPMENT OR SUPPLIES, CONTINUE WITH OM01</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC</td>
</tr>
<tr>
<td>EQUIPMENT OR SUPPLIES, GO TO OM02</td>
</tr>
</tbody>
</table>
OM01

(Person's First Middle and Last Name)

Note:
No utilization section is required for {Glasses or Contact Lenses/Ambulance Services/Orthopedic Items/Hearing Devices/Prostheses/Bathroom Aids/Medical Equipment/Disposable Supplies/Alterations or Modifications/{Text from Other Specify}}.

Press enter to continue.

----------------------------------------------------
| Display 'Glasses or Contact Lenses' if event type | |
| is OM and item type is coded '1' (Glasses or | |
| Contact Lenses). Display 'Ambulance Services' | |
| if event type is OM and item type is coded '4' | |
| (Ambulance Services). Display 'Orthopedic Items' | |
| if event type is OM and item type is coded '5' | |
| (Orthopedic Items). Display 'Hearing Devices' | |
| if event type is OM and item type is coded '6' | |
| (Hearing Devices). Display 'Prostheses' if event | |
| type is OM and item type is coded '7' | |
| (Prostheses). Display 'Bathroom Aids' if event | |
| type is OM and item type is coded '8' (Bathroom | |
| Aids). Display 'Medical Equipment' if event type | |
| is OM and item type is coded '9' (Medical | |
| Equipment). Display 'Disposable Supplies' is | |
| event type is OM and item type is coded '10' | |
| (Disposable Supplies). Display 'Alterations or | |
| Modifications' if event type is OM and item type | |
| is coded '11' (Alterations/Modifications). For | |
| 'Text from Other Specify', display the text | |
| entered in the other specify field for OM events | |
| when OM item type is coded '91' (Other). | |

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

If the charge/payment (CP) section has not been | |
asked for the event being asked about, go to the | |
CP section | |
----------------------------------------------------

| Otherwise, go to the event driver (ED) section |

OM02

(Person's First Middle and Last Name) (EVN-DT)

Note:
{Insulin/Other Diabetic Equipment or Supplies} will be processed like a prescribed medicine.
At this time, no utilization or charge/payment section will be asked.
Prescribed medicine questions and charge/payment data will be collected later.

Press enter to continue.

----------------------------------------------------
| Display 'Insulin' if OM item type being asked |
| about is Insulin. Display 'Other Diabetic |
| Equipment or Supplies' if OM type being asked | |
| about is Other Diabetic Equipment or Supplies. | |
FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS ‘PROCESSED’. INSULIN AND OTHER DIABETIC EQUIPMENT AND SUPPLIES WILL BE PROCESSED THROUGH CP AS PRESCRIBED MEDICINES.

BOX_02
GO TO THE EVENT DRIVER (ED) SECTION

Return to Top
Outpatient Department (OP) Section

OP01
====
OMITTED.

OP02
====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.......}  {EVN-DT}
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.              |
----------------------------------------------------
### OP04A

**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</td>
<td>5</td>
</tr>
<tr>
<td>(Diabetes, Thyroid)</td>
<td>6</td>
</tr>
<tr>
<td>Family Practice</td>
<td>7</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>8</td>
</tr>
<tr>
<td>General Practice</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>
</tr>
<tr>
<td>Radiology</td>
<td>23</td>
</tr>
<tr>
<td>Rheumatology (Arthritis)</td>
<td>24</td>
</tr>
<tr>
<td>Thoracic Surgery (Chest)</td>
<td>25</td>
</tr>
<tr>
<td>Urology</td>
<td>26</td>
</tr>
<tr>
<td>Other Dr Specialty</td>
<td>91</td>
</tr>
</tbody>
</table>

[Code One]

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Go to Box_01</td>
</tr>
</tbody>
</table>

### OP05

**What type of medical person did (PERSON) talk to on (VISIT DATE)?**

If talked to more than one medical person, probe for main provider.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropactor</td>
<td>1</td>
</tr>
<tr>
<td>Dentist/Dental Care Person</td>
<td>2</td>
</tr>
<tr>
<td>Midwife</td>
<td>3</td>
</tr>
<tr>
<td>Nurse/Nurse Practitioner</td>
<td>4</td>
</tr>
<tr>
<td>Optometrist</td>
<td>5</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>6</td>
</tr>
<tr>
<td>Physician’s Assistant</td>
<td>7</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>8</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>9</td>
</tr>
<tr>
<td>Psychologist</td>
<td>10</td>
</tr>
<tr>
<td>Social Worker</td>
<td>11</td>
</tr>
<tr>
<td>Technician</td>
<td>12</td>
</tr>
<tr>
<td>Acupuncturist</td>
<td>13</td>
</tr>
<tr>
<td>Massage Therapist</td>
<td>14</td>
</tr>
<tr>
<td>Homeopathic/Naturopathic/Herbalist</td>
<td>15</td>
</tr>
<tr>
<td>Other Alternative/Complementary</td>
<td>16</td>
</tr>
<tr>
<td>Care Provider</td>
<td>17</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]

Press F1 for definitions of answer categories.
OP06
=====
OMITTED.

BOX_01
=====

<table>
<thead>
<tr>
<th>IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO OP08</th>
</tr>
</thead>
</table>

| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH |
| OP07
|---------------------------------------------------------|

OP07
=====

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

<table>
<thead>
<tr>
<th>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.'</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '9' (WELL CHILD EXAM), CHECK THAT PERSON IS &lt;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.'</th>
</tr>
</thead>
</table>
OP08
====

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

Was this {visit/telephone call} related to any specific health condition or were any conditions discovered during this {visit/telephone call}?

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

----------------------------------------------------
|  DISPLAY 'visit' IF OP02 IS CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS EVENT.  DISPLAY 'telephone call' IF OP02 IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT. |
----------------------------------------------------

OP09
====

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

What conditions were discovered or led (PERSON) to make this {visit/telephone call}?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, ASK: Is this the same (NAME OF CONDITION) that we have already talked about before?

IF SAME EPISODE OF CONDITION, SELECT ENTRY ON ROSTER.

IF NEW EPISODE OF CONDITION, ADD TO ROSTER.

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

TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.

TO LEAVE, PRESS ESC.

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

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

----------------------------------------------------
|  DISPLAY 'visit' IF OP02 IS CODED '1' (SAW PROVIDER), '-7' (REFUSED), OR '-8' (DON'T KNOW) FOR THIS EVENT.  DISPLAY 'telephone call' IF OP02 IS CODED '2'(TELEPHONE CALL) FOR THIS EVENT. |
----------------------------------------------------

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

BOX_02

=======

IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO OP14

IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH BOX_03

BOX_03

=======

IF OP05 IS CODED '2' (DENTIST/DENTAL CARE PERSON), '3' (MIDWIFE), OR '5' (OPTOMETRIST), GO TO OP11

OTHERWISE, CONTINUE WITH OP10

OP10

=====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER.....}   {EVN-DT}
SHOW CARD OP-2.
Looking at this card, which of these treatments, if any, did (PERSON) receive during this visit?
CODE ‘95’ IF NO TREATMENTS WERE RECEIVED.
CODE ALL THAT APPLY.
PHYSICAL THERAPY .......................... 1
OCCUPATIONAL THERAPY ..................... 2
SPEECH THERAPY ............................ 3
CHEMOTHERAPY ............................. 4
RADIATION THERAPY ........................ 5
KIDNEY DIALYSIS ........................... 6
IV THERAPY ................................. 7
DRUG OR ALCOHOL TREATMENT .............. 8
ALLERGY SHOT .............................. 9
PSYCHOTHERAPY/COUNSELING .............. 10
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 TREATMENTS RECEIVED’ IS NOT DISPLAYED
ON SHOW CARD.

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

OP11
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.......} {EVN-DT}
SHOW CARD OP-3.
Looking at this card, which of these services, if any, did
(PERSON) have during this visit?
CODE ‘95’ IF NO SERVICES WERE RECEIVED.
CODE ALL THAT APPLY.
LABORATORY TESTS ....................... 1
SONOGRAM OR ULTRASOUND ................ 2
X-RAYS .................................. 3
MAMMOGRAM .............................. 4
MRI OR CATSCAN .......................... 5
EKG OR ECG ............................. 6
EEG .................................... 7
VACCINATION ............................ 8
ANESTHESIA ............................. 9
OTHER DIAGNOSTIC TEST ................. 10
NO SERVICES RECEIVED ................. 95
REF ................................... -7
DK ............................... -8
[Code All That Apply]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

- ALLOW CODE '4' (MAMMOGRAM) ONLY IF PERSON IS
  FEMALE AND AGE IS > 17 YEARS (OR AGE CATEGORIES 4
  THROUGH 9).

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

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

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

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

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

OP12
====

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

Was a surgical procedure performed on (PERSON) during this
visit?

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

PRESS F1 FOR DEFINITION OF SURGICAL PROCEDURE.
OP13
====

OMITTED.

OP14
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.....}  {EVN-DT}
During this {visit/telephone call}, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES .................................... 1
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}
PRESS F1 FOR DEFINITION OF PRESCRIBED MEDICINE.

----------------------------------------------------
| DISPLAY 'visit' IF OP02 IS CODED '1' (SAW PROVIDER), -7 (REFUSED), OR -8 (DON'T KNOW) |
| FOR THIS EVENT. DISPLAY 'telephone call' IF OP02 IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT. |
----------------------------------------------------

OP15
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.....}  {EVN-DT}
Please tell me the names of the prescriptions from this visit that were filled.
PROBE: Any other prescribed medicines from this visit that were filled?

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

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON'S- |
| PRESCRIBED-MEDICINES-ROSTER. |
----------------------------------------------------

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF MEDICINES AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF MEDICINES).
3. INTERVIEWER SHOULD BE ABLE TO DELETE A MEDICINE THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE A MEDICINE ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN MEDICINE IS FIRST ENTERED.'
BOX_04

| IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_10 |

| IF OP02 IS CODED '1' (SAW PROVIDER), GO TO BOX_07 |

OP16

OMITTED.

OP17

OMITTED.

LOOP_01

OMITTED.

BOX_05

OMITTED.

BOX_06

OMITTED.

OP18

OMITTED.

END_LP01

OMITTED.

BOX_07

| IF NO CONDITION IS ASSOCIATED WITH THIS VISIT TO THIS PROVIDER FOR THIS PERSON, GO TO BOX_10 |

| OTHERWISE, CONTINUE WITH BOX_08 |

BOX_08

| IF 2 OR MORE VISITS TO THIS PROVIDER FOR THIS PERSON HAVE NOT COMPLETED THE OUTPATIENT DEPARTMENT (OP) UTILIZATION SECTION, CONTINUE WITH BOX_09 |
| OTHERWISE, GO TO BOX_10 |

BOX_09

| IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, |
| CONTINUE WITH OP19 |

| OTHERWISE, GO TO BOX_10 |


OP19

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}
Earlier I recorded that (PERSON) had some other visits to an outpatient department at (PROVIDER). Were any of these visits related to any condition associated with (PERSON)'s visit on (VISIT DATE)? That is, were any of the other visits for the (READ CONDITIONS BELOW) and did (PERSON) receive {(READ SERVICES BELOW)/the same services}?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON'S OP MEDICAL CONDITION.</td>
<td>SERVICES RECEIVED..</td>
</tr>
<tr>
<td>PERSON'S OP MEDICAL CONDITION.</td>
<td>SERVICES RECEIVED..</td>
</tr>
<tr>
<td>PERSON'S OP MEDICAL CONDITION.</td>
<td>SERVICES RECEIVED..</td>
</tr>
</tbody>
</table>

YES ........................................ 1
NO ........................................ 2 {BOX_10}
REF ....................................... -7 {BOX_10}
DK ........................................ -8 {BOX_10}

PRESS F1 FOR DEFINITION OF REPEAT VISITS.

DISPLAY '(READ SERVICES BELOW)' IF OP11 IS NOT CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW). IF OP11 IS CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW), DISPLAY 'the same services'.

FOR 'PERSON'S OP MEDICAL CONDITION.', DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL-CONDITIONS-ROSTER AT OP09.

FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT OP11:

CODE '1' = LABORATORY TESTS
CODE '2' = SONOGRAM/ULTRASOUND
CODE '3' = X-RAYS
CODE '4' = MAMMOGRAM
CODE '5' = MRI/CATSCAN
CODE '6' = EKG/ECG
CODE '7' = EEG
CODE '8' = VACCINATION
CODE '9' = ANESTHESIA
CODE '10' = OTHER SERVICES
OP20
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}
Did any of these visits or calls cost the same amount as {PERSON}'s visit on (VISIT DATE)?

YES .................................... 1
NO ..................................... 2 {BOX_10}
REF ................................... -7 {BOX_10}
DK .................................... -8 {BOX_10}
PRESS F1 FOR DEFINITION OF COST THE SAME AMOUNT.

----------------------------------------------------
| NOTE: THE ISSUE OF COST WHEN THE PERSON HAS A COPAY AND DOES NOT KNOW THE TOTAL CHARGE WILL BE HANDLED IN THE F1 DEFINITION. |
----------------------------------------------------

OP21
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EVN-DT}
Which of the following visits were related to the (READ CONDITIONS BELOW) and {(READ SERVICES BELOW)/the same services} and cost the same amount as the (VISIT DATE) visit we've just talked about?

PROBE:  Any other visits related to this condition and cost the same amount?

<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>

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 IN PERSON'S-MEDICAL-EVENTS-ROSTER THAT WERE CREATED THIS ROUND, ARE NOT YET PROCESSED IN UTILIZATION, HAVE EVENT TYPE 'OP', AND ARE ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT BEING ASKED ABOUT. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY '(READ SERVICES BELOW)' IF OP11 IS NOT CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW). IF OP11 IS CODED '95' (NO SERVICES), '-7' (REFUSED), OR '-8' (DON'T KNOW), DISPLAY 'the same services'. |
----------------------------------------------------

----------------------------------------------------
| FOR 'PERSON'S OP MEDICAL CONDITIONS.', DISPLAY ALL CONDITIONS SELECTED OR ADDED TO PERSON'S-MEDICAL-CONDITIONS-ROSTER AT OP09. |
----------------------------------------------------

FOR 'SERVICES RECEIVED..', DISPLAY THE FOLLOWING
TEXT FOR EACH CODE ENTERED AT OP11:

CODE ‘1’ = LABORATORY TESTS
CODE ‘2’ = SONOGRAM/ULTRASOUND
CODE ‘3’ = X-RAY
CODE ‘4’ = MAMMOGRAM
CODE ‘5’ = MRI/CATSCAN
CODE ‘6’ = EKG/ECG
CODE ‘7’ = EEG
CODE ‘8’ = VACCINATION
CODE ‘9’ = ANESTHESIA
CODE ‘10’ = OTHER SERVICES

FLAG EACH VISIT SELECTED AT OP21 AS A REPEAT VISIT RELATED TO THE EVENT BEING ASKED ABOUT.

FLAG THE CHARGE PAYMENT (CP) STATUS OF EACH REPEAT VISIT AS 'PROCESSED'.

LINK CONDITION(S) AND SERVICE(S) ASSOCIATED WITH THE EVENT BEING ASKED ABOUT WITH EACH REPEAT VISIT.

THE EVENT DRIVER WILL NOT SERVE THESE REPEAT VISITS FOR THE OP SECTION.

OP22

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.....}  {EVN-DT}
INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS SELECTED IN PREVIOUS QUESTION:
[Enter Repeat Visit Group]

Return to Top
Quality (Priority Conditions) Supplement (PC) Section

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
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
  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] ..................

---

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.

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] ..................

---

[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.

---
| DISPLAY "SELF" AND "(PERSON)" IF PC03 IS CODED '1' |
| (SELF). DISPLAY "PROXY", "you or someone else in |
| the family" AND "You" IF PC03 IS CODED '2' (PROXY) |

**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.

---
| 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' OR (REF) OR '-8' (DK)), GO TO BOX_02 |

**PC05A**

{PERSON’S FIRST MIDDLE AND LAST NAME}
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
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 {PC06A}
REF ....................................... -7 {PC06A}
DK ......................................... -8 {PC06A}

{PERSON’S FIRST MIDDLE AND LAST NAME}

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

{PERSON’S FIRST MIDDLE AND LAST NAME}

(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 {PC08}
REF ....................................... -7 {PC08}
DK ......................................... -8 {PC08}

{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

OMITTED.

OMITTED.

{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} 

PC08B
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}
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 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?
MEPS FAMES Panel 11 Round 5 Quality (Priority Conditions) Supplement (PC) Section

PC11
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}
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)

PC11OV
=====

IF NOT ALREADY GIVEN, ASK: About how long ago in months has it been?
IF LESS THAN ONE MONTH AGO, ENTER 0.
[Enter Number-2] ......................
REF ................................... -7
DK .................................... -8
| RANGE CHECK: 0 TO 24 |
----------------------------------------------------
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 |
------------------------------------------

Page 7 of 10
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? ( )

<table>
<thead>
<tr>
<th>IF CODED '1' (YES), CONTINUE WITH PC12_040V</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO PC12_05</td>
</tr>
<tr>
<td>---</td>
</tr>
</tbody>
</table>

PC12_040V
=========

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. ( )

<p>| DISPLAY '(Have/Has) (PERSON)... that (PERSON) had...' IF PC12_04 IS CODED '1' (YES). OTHERWISE, |</p>
<table>
<thead>
<tr>
<th>DISPLAY '[Have/Has...'</th>
</tr>
</thead>
</table>

PC12_06
=========

...Emphysema? ( )

| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED ON ALL |
| ENTRY FIELDS.                                  |
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

...Eat fewer high fat or high cholesterol foods? ( )

...Exercise more? ( )

COMBINED WITH PC13

(Do/Does) (PERSON) take aspirin every day or every other day?

YES ...................... 1 (PC18)
NO ........................ 2
REF .......................... -7 (PC18)
DK ................................ -8 (PC18)

(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)

Is that problem stomach related or something else?

STOMACH RELATED ................. 1
SOMETHING ELSE .................... 2
REF .................................. -7
DK .................................. -8
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 |
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
- CREATED IN ROUND 1 AND WAS ASSOCIATED WITH AN IC EVENT (I.E., DID NOT COMPLETE LOOP_01)
- ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT
- ASSOCIATED WITH AN MV EVENT
- ASSOCIATED WITH A HH EVENT AND FLAGGED AS ‘AGENCY’

PD01A
=====

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 LOOVED 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     |
-------------------------------------
Now I would like to make sure I have complete information for the medical providers you mentioned. I will use a directory to look up the names, addresses, and telephone numbers of the sources of medical care you mentioned. PRESS ENTER TO CONTINUE.

PD04
====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
ENTER PROVIDER’S STATE ABBREVIATION.
PRESS ENTER FOR {STATE ABBREVIATION FOR RESPONDENT}.
[Enter State Code] .......... 
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

LOOP_02
========

| FOR EACH SEARCH ATTEMPT, ASK PD05-END_LP02 |
PD05

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
STATE: {STATE ABBREVIATION}

SELECT A SEARCH STRATEGY.
SEARCH ON PROVIDER NAME SHOWN ABOVE ........ 1 {BOX_05}
CHANGE NAME BEFORE SEARCH ................... 2
SEARCH ON CORE STREET NAME ................ 3 {PD10}
SEARCH ON TELEPHONE NUMBER ............... 4 {PD11}
CHANGE STATE FOR SEARCH .................... 5
DO NOT SEARCH - GO DIRECTLY TO
PROVIDER INFORMATION FORM .............. 6 {PD18}

[Code One]

DISPLAY NAME OF PROVIDER AS RECORDED ON THE
PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER
BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER
FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY
PERSON NAME. IF FACILITY-PROVIDER, DISPLAY
FACILITY NAME.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON
THE PROVIDER ROSTER FROM SECTION PV FOR THE
PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM
PV'.

DISPLAY TWO CHARACTER STATE ABBREVIATION ENTERED
IN PD04 FOR 'STATE ABBREVIATION'.

IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND
PROVIDER FLAGGED AS 'PERSON-TYPE-PROVIDER',
GO TO PD08

IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND
PROVIDER FLAGGED AS 'FACILITY-PROVIDER', GO TO
PD09

EDIT: CODES '1' (SEARCH ON PROVIDER NAME SHOWN
ABOVE), '2' (CHANGE NAME BEFORE SEARCH), '3'
(SEARCH ON CORE STREET NAME), AND '4' (SEARCH ON
TELEPHONE NUMBER) ARE NOT ALLOWED WHEN THE
PROVIDER'S STATE IS CODED 'FC' (FOREIGN COUNTRY).
IF STATE IS CODED 'FC' AND CODE '1', '2', '3',
OR '4' IS ENTERED, DISPLAY THE FOLLOWING MESSAGE:
'INVALID ENTRY. IF STATE IS 'FC', CODES 1-4 ARE
UNAVAILABLE. VERIFY AND RE-ENTER.'
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’.

SELECT A SEARCH STRATEGY.
SEARCH ON PROVIDER NAME SHOWN ABOVE .... 1
CHANGE NAME BEFORE SEARCH ............. 2
SEARCH ON CORE STREET NAME ............ 3
SEARCH ON TELEPHONE NUMBER ............ 4
DO NOT SEARCH - GO DIRECTLY TO PROVIDER INFORMATION FORM ......... 5

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
MEPS FAMES Panel 11 Round 5 Provider Directory (PD) Section

<table>
<thead>
<tr>
<th>PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM PV’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED ‘2’ (CHANGE NAME BEFORE SEARCH) AND PROVIDER FLAGGED AS ‘PERSON-TYPE-PROVIDER’, CONTINUE WITH PD08</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED ‘2’ (CHANGE NAME BEFORE SEARCH) AND PROVIDER FLAGGED AS ‘FACILITY-PROVIDER’, GO TO PD09</th>
</tr>
</thead>
</table>

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]

<table>
<thead>
<tr>
<th>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’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>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’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, FROM PD04) FOR ‘STATE ABBREVIATION’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>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’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GO TO BOX_05</th>
</tr>
</thead>
</table>

PD09
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}
STATE:  {STATE ABBREVIATION}
Enter corrected facility, group practice, or HMO name.

{Display FACILITY NAME}
[Enter Facility Name]
DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER FROM PV'.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM PV'.

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, FROM PD04) FOR 'STATE ABBREVIATION'.

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'DISPLAY FACILITY NAME'.

GO TO BOX_05

PD10
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}
STATE:  {STATE ABBREVIATION}
ENTER CORE STREET NAME.
(I.E., DO NOT ENTER STREET NUMBER OR DIRECTION)
[Enter Core Street Name] ............... PRESS F1 FOR DEFINITION OF CORE STREET NAME.

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM PV'.

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, FROM PD04) FOR 'STATE ABBREVIATION'.

GO TO BOX_05
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
<table>
<thead>
<tr>
<th>IF NO MATCHES OR MORE THAN 75 MATCHES, GO TO PD17</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH PD12</td>
</tr>
</tbody>
</table>

PD12
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}
STATE:  {STATE}
SEARCH STRATEGY:  {PROVIDER NAME SHOWN ABOVE/CORRECTED {PERSON/FACILITY} NAME/CORE STREET NAME/
TELEPHONE NUMBER}
NUMBER OF POTENTIAL MATCHES FOUND:  {NUMBER OF MATCHES}
PRESS ENTER TO CONTINUE.

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOped ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME. |

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPed ON FOR 'STREET ADDRESS FROM |
| PV'. |

| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR 'STATE ABBREVIATION'. |

| SEARCH STRATEGY: |
| - DISPLAY 'PROVIDER NAME SHOWN ABOVE' IF PD05=1 |
| OR IF PD07=1. |
| - DISPLAY 'CORRECTED {PERSON/FACILITY} NAME' IF |
| PD05=2 OR IF PD07=2. |
| - DISPLAY 'PERSON' IF PERSON-TYPE-PROVIDER |
| AND PD08 WAS ANSWERED. |
| - DISPLAY 'FACILITY' IF FACILITY-PROVIDER AND |
| PD09 WAS ANSWERED. |
| - DISPLAY 'CORE STREET NAME' IF PD05=3 OR |
| IF PD07=3. |
| - DISPLAY 'TELEPHONE NUMBER' IF PD05=4 OR |
| IF PD07=4. |

| DISPLAY THE NUMBER OF POTENTIAL MATCHES FOUND IN |
| DIRECTORY FOR 'NUMBER OF MATCHES'. |
MEPS FAMES Panel 11 Round 5 Provider Directory (PD) Section

PD13

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

SELECT CORRECT PROVIDER.
IF CORRECT PROVIDER NOT FOUND, PRESS ESC TO LEAVE SCREEN.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

ROSTER. PROVIDER-MATCHES

<table>
<thead>
<tr>
<th>Display Provider Name-40</th>
<th>Display Street Address-20</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>
</tbody>
</table>

(Display Provider Name)
(Display Provider Street Address)
(Display Provider City, State, Zip)
(Display Provider Telephone Number)
(Display Provider Specialty)

----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE       |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER  |
| BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER    |
| FROM PV’. IF PERSON-TYPE-PROVIDER, DISPLAY        |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY        |
| FACILITY NAME.                                   |
----------------------------------------------------

----------------------------------------------------
| DISPLAY STREET ADDRESS AS RECORDED ON THE PROVIDER |
| ROSTER FROM SECTION PV FOR THE PROVIDER BEING      |
| LOOPED ON FOR ‘STREET ADDRESS FROM PV’.            |
----------------------------------------------------

----------------------------------------------------
| DISPLAY FULL INFORMATION (I.E., NAME, ADDRESS,    |
| CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) BELOW |
| ROSTER FOR PROVIDER CURSOR IS ON (I.E., HIGHLIGHTED)|
----------------------------------------------------

----------------------------------------------------
| IF NO PROVIDER SELECTED FROM ROSTER, GO TO PD17   |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH PD14                     |
----------------------------------------------------

PD14

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

YOU HAVE SELECTED:
{Display Provider Name}
{Display Provider Street Address}
{Display Provider City, State, Zip}
{Display Provider Telephone Number}
{Display Provider Specialty}

YOUR OPTIONS:
ACCEPT PROVIDER AS SHOWN ............... 1
ACCEPT PROVIDER BUT MAKE CHANGES ....... 2
WRONG PROVIDER, GO BACK TO PREVIOUS SCREEN ..................... 3

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOVED ON FOR "NAME OF MEDICAL PROVIDER FROM PV". IF PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR "STREET ADDRESS FROM PV".

DISPLAY FULL INFORMATION (I.E., NAME, ADDRESS, CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) FOR PROVIDER SELECTED (I.E., CHECKED) IN PD13 FOR "DISPLAY PROVIDER...".

IF CODED '1' (ACCEPT PROVIDER AS SHOWN) OR '2' (ACCEPT PROVIDER BUT MAKE CHANGES), STORE THIS PROVIDER DIRECTORY ID.

NOTE: INFORMATION OBTAINED FROM THE PROVIDER DIRECTORY SEARCH IS NOT USED TO REPLACE DATA REPORTED BY THE RESPONDENT DURING THE INTERVIEW OR INCORPORATED INTO PROVIDER ROSTER DISPLAYS.

IF CODED '3' (WRONG PROVIDER, GO BACK TO PREVIOUS SCREEN), CAPI AUTOMATICALLY RETURNS TO PD13.

IF CODED '1' (ACCEPT PROVIDER AS SHOWN), GO TO END_LP02.

IF CODED '2' (ACCEPT PROVIDER BUT MAKE CHANGES), CONTINUE WITH PD15.

PD15

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
Enter corrections, as appropriate.
Re-type entire field to make correction.
Press enter to pass through fields that require no correction.

{Name (PD15_01): [______________________________]

1ST_STR_ADDRESS (PD15_02): [______________________________]

CITY (PD15_03): [______________________________]
STATE (PD15_04):  
ZIP CODE (PD15_05):  
TELEPHONE (PD15_06):  

-----------------------------
<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>
<tbody>
<tr>
<td>DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON</td>
</tr>
<tr>
<td>THE PROVIDER ROSTER FROM SECTION PV FOR THE</td>
</tr>
<tr>
<td>PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM</td>
</tr>
<tr>
<td>PV’.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY NAME, ADDRESS, CITY, STATE, ZIP, AND</td>
</tr>
<tr>
<td>TELEPHONE FOR PROVIDER SELECTED (I.E., CHECKED) IN</td>
</tr>
<tr>
<td>PD13 FOR ‘DISPLAY PROV...’ EACH PIECE OF THE</td>
</tr>
<tr>
<td>INFORMATION SHOULD BE DISPLAYED ABOVE THE</td>
</tr>
<tr>
<td>APPROPRIATE LINE.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>ENTRY FIELD SPECIFICATIONS:</td>
</tr>
<tr>
<td>IF PERSON-TYPE-PROVIDER, DISPLAY FIRST NAME AND</td>
</tr>
<tr>
<td>LAST NAME FIELDS.</td>
</tr>
<tr>
<td>IF FACILITY-PROVIDER, DISPLAY FACILITY NAME</td>
</tr>
<tr>
<td>FIELD.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>FLAG THIS RECORD AS ‘UPDATED. NEEDS HOME OFFICE</td>
</tr>
<tr>
<td>REVIEW.’</td>
</tr>
</tbody>
</table>

PD16
====

PROVIDER NAME:  (NAME OF MEDICAL CARE PROVIDER)
STREET ADDRESS:  (STREET ADDRESS)

DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?
YES .................................... 1
NO ..................................... 2  {END_LP02}

-----------------------------
<p>| 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 |</p>
<table>
<thead>
<tr>
<th>FACILITY-PROVIDER, DISPLAY FACILITY NAME.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON</td>
</tr>
<tr>
<td>THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED</td>
</tr>
</tbody>
</table>
ON THE PREVIOUS SCREEN (PD15) FOR THE PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS’.

[ENTER TEXT].........................{END_LP02}

ALLOW MULTIPLE LINES FOR ENTRY.

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
STATE: {STATE}
SEARCH STRATEGY: {PROVIDER NAME SHOWN ABOVE/CORRECTED {PERSON/FACILITY} NAME/CORE STREET NAME/TELEPHONE NUMBER}
{NO MATCHES/MORE THAN 75 MATCHES/YOU DID NOT SELECT ANY MATCHES WHICH} WERE LOCATED IN THE DIRECTORY DURING THE LAST SEARCH.
DO YOU WANT TO SEARCH AGAIN?
YES, SEARCH AGAIN ..................... 1 {END_LP02}
NO, GO TO PROVIDER FORM ............. 2
[Code One]

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR ‘NAME OF MEDICAL PROVIDER FROM PV’. IF PERSON-TYPE PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME.

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS FROM PV’.

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, FROM PD04) FOR ‘STATE ABBREVIATION’.

SEARCH STRATEGY:
- DISPLAY ‘PROVIDER NAME SHOWN ABOVE’ IF PD05=1 OR IF PD07=1.
- DISPLAY ‘CORRECTED {PERSON/FACILITY} NAME’ IF PD05=2 OR IF PD07=2.
  - DISPLAY ‘PERSON’ IF PERSON-TYPE-PROVIDER AND PD08 WAS ANSWERED.
  - DISPLAY ‘FACILITY’ IF FACILITY-PROVIDER AND PD09 WAS ANSWERED.
  - DISPLAY ‘CORE STREET NAME’ IF PD05=3 OR IF PD07=3.
  - DISPLAY ‘TELEPHONE NUMBER’ IF PD05=4 OR IF PD07=4.
<table>
<thead>
<tr>
<th>DISPLAY 'NO MATCHES' IF NO POTENTIAL MATCHES WERE FOUND IN THE DIRECTORY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY 'MORE THAN 75 MATCHES' IF MORE THAN 75 POTENTIAL MATCHES WERE FOUND IN THE DIRECTORY.</td>
</tr>
<tr>
<td>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).</td>
</tr>
</tbody>
</table>

PD18
====

TO VERIFY INFO, PRESS ENTER. TO CORRECT OR ADD INFO, RE-TYPE ENTIRE FIELD.

{Provider Name from PV}
{NAME (PD18_01): [______________________________]}
1ST_STR_ADDRESS (PD18_02): [______________________________]
2ND_STR_ADDRESS (PD18_03): [______________________________]
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, ‘SPECIALITY’ FIELD, FOR COLLECTION.

IF FACILITY-PROVIDER, DISPLAY ‘FACILITY NAME’ FIELD. DO NOT DISPLAY ‘SPECIALITY’ FIELD.

FLAG THIS RECORD AS ‘NEW NAME/ADDRESS INFORMATION. NEEDS HOME OFFICE REVIEW.’
MEPS FAMES Panel 11 Round 5 Provider Directory (PD) Section

| REFUSED AND DON’T KNOW ALLOWED IN ALL FIELDS, | EXCEPT THE ‘NAME’ FIELD. |
|------------------------------------------------|

PD19
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER}
STREET ADDRESS:  {STREET ADDRESS}

DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?

YES .................................... 1
NO ..................................... 2  {END_LP02}

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

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON THE PREVIOUS SCREEN (PD18) FOR THE PROVIDER BEING LOOPED ON FOR ‘NAME OF MEDICAL CARE PROVIDER’. IF PERSON-TYPE PROVIDER, DISPLAY PERSON NAME. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME.

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

DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON THE PREVIOUS SCREEN (PD18) FOR THE PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS’.

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

PD19OV
======

[ENTER TEXT]....................

<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.
Priority Conditions Enumeration (PE) Section

BOX_00A
=======

CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY PERS.FULLNAME, {PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY}.

LOOP_01
=======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
ASK PE00A-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS GENERAL HEALTH RATINGS AND ENUMERATES THE PRIORITY HEALTH 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
- PERSON IS NOT DECEASED

PE00A
=====

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

Please think about (PERSON)'s health between (START DATE) and (END DATE).

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 {PE00B}
VERY GOOD .................................. 2 {PE00B}
GOOD ...................................... 3 {PE00B}
FAIR ....................................... 4 {PE00B}
POOR ....................................... 5 {PE00B}
REF ........................................ -7 {PE00B}
DK .......................................... -8 {PE00B}

[Code One]

PE00B
=====

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

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

EXCELLENT .................................. 1 {BOX_00}
VERY GOOD .............................. 2 {BOX_00}
GOOD ................................... 3 {BOX_00}
FAIR ................................... 4 {BOX_00}
POOR ................................... 5 {BOX_00}
REF ................................. -7 {BOX_00}
DK ................................. -8 {BOX_00}

[Code One]

BOX_00
======

----------------------------------------------------
| IF:                                               |
| - ROUND 1, 3 OR 5                                 |
| OR                                                |
| - ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-    |
| ROSTER DURING THE CURRENT ROUND                   |
| CONTINUE WITH PE01                                |
----------------------------------------------------

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

PE01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
Now I’m going to ask you about certain medical conditions
(PERSON) may have had. For these questions, please think about
(PERSON)’s health over (his/her) lifetime.
PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

BOX_01
======

----------------------------------------------------
| IF PERSON IS > OR = 18 YEARS OF AGE OR IN AGE      |
| CATEGORIES 4-9, CONTINUE WITH BOX_02               |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_14                           |
----------------------------------------------------

BOX_02
======

----------------------------------------------------
| IF:                                               |
| - ROUND 1                                        |
| OR                                                |
| - ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-    |
| ROSTER DURING THE CURRENT ROUND                   |
| OR                                                |
| - ROUND 3 OR 5 AND PERSON DID NOT REPORT IN A     |
| PREVIOUS ROUND EVER HAVING BEEN DIAGNOSED WITH    |
| 'HYPERTENSION - HI BLOOD PRESSURE' IN THE PE      |
| SECTION,                                          |
| CONTINUE WITH PE02                        | |
|------------------------------------------||
|------------------------------------------||
| OTHERWISE, GO TO BOX_03                  | |
|------------------------------------------||

PE02
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Ever been told by a doctor or other health professional that (PERSON) had hypertension, also called high blood pressure?

YES .................................... 1 {PE03}
NO ..................................... 2 {BOX_03}
REF .................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

HELP AVAILABLE FOR DEFINITION OF HYPERTENSION.

DISPLAY ‘Other than during pregnancy, (have/has)’
IF PERSON BEING ASKED ABOUT IS FEMALE. DISPLAY
‘(Have/Has)’ IF PERSON BEING ASKED ABOUT IS MALE.

IF CODED ‘1’ (YES), ADD THE PRIORITY CONDITION
‘HYPERTENSION - HI BLOOD PRESSURE’ TO PERSON’S-
MEDICAL-CONDITIONS-ROSTER.

PE03
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

How old (were/was) (PERSON) when the hypertension, also
called high blood pressure, was first diagnosed?
IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.

[Enter Age-3] .......................... {PE04}
REF ................................. -7 {PE04}
DK ................................. -8 {PE04}

HARD CHECK:
RANGE CHECK: 0 TO PERSON’S CURRENT AGE

PE04
====

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

BOX_03
=====
IF:
- ROUND 1
OR
- ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-ROSTER DURING THE CURRENT ROUND
OR
- ROUND 3 OR 5 AND PERSON DID NOT REPORT IN A PREVIOUS ROUND EVER HAVING BEEN DIAGNOSED WITH 'HYPERTENSION - HI BLOOD PRESSURE' IN THE PE SECTION,

CONTINUE WITH PE05

OTHERWISE, GO TO BOX_04

PE05
====

(PERSON’S FIRST MIDDLE AND LAST NAME)
(Have/Has) (PERSON) ever been told by a doctor or other health professional that (PERSON) had coronary heart disease?
YES .................................... 1 {PE06}
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

IF CODED ‘1’ (YES), ADD THE PRIORITY CONDITION 'CORONARY HEART DISEASE' TO PERSON’S-MEDICAL-CONDITIONS-ROSTER.

PE06
====

(PERSON’S FIRST MIDDLE AND LAST NAME)
How old (were/was) (PERSON) when the coronary heart disease was first diagnosed?
IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.

[Enter Age-3] ......................... {BOX_04}

REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

HARD CHECK:
RANGE CHECK: 0 TO PERSON’S CURRENT AGE

BOX_04
====

IF:
- ROUND 1
OR
- ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-ROSTER DURING THE CURRENT ROUND
OR
- ROUND 3 OR 5 AND PERSON DID NOT REPORT IN A PREVIOUS ROUND EVER HAVING BEEN DIAGNOSED WITH 'ANGINA' IN THE PE SECTION,

CONTINUE WITH PE07

OTHERWISE, GO TO BOX_05

---

PE07

(Person’s first middle and last name)

(Have/Has) (Person) ever been told by a doctor or other health professional that (Person) had angina, also called angina pectoris?

YES .................................... 1 {PE08}
NO ..................................... 2 {BOX_05}
REF .................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

IF CODED '1' (YES), ADD THE PRIORITY CONDITION 'ANGINA' TO PERSON’S-MEDICAL-CONDITIONS-ROSTER.

---

PE08

(Person’s first middle and last name)

How old (were/was) (Person) when the angina, also called angina pectoris, was first diagnosed?

IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.

[Enter Age-3] ......................... {BOX_05}
REF .................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

HARD CHECK:
RANGE CHECK: 0 TO PERSON’S CURRENT AGE

---

BOX_05

---

IF:
- ROUND 1

OR
- ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-ROSTER DURING THE CURRENT ROUND

OR
- ROUND 3 OR 5 AND PERSON DID NOT REPORT IN A PREVIOUS ROUND EVER HAVING BEEN DIAGNOSED WITH 'HEART ATTACK - MYOCARDIAL INFARC’ IN THE PE SECTION,

CONTINUE WITH PE09
PE09
====
{PERSON’S FIRST MIDDLE AND LAST NAME}
(Have/Has) (PERSON) **ever** been told by a doctor or other health professional that (PERSON) had a heart attack, also called myocardial infarction or MI?
- YES .................................... 1 {PE10}
- NO ..................................... 2 {BOX_06}
- REF ................................... -7 {BOX_06}
- DK .................................... -8 {BOX_06}

| IF CODED ‘1’ (YES), ADD THE PRIORITY CONDITION |
| ‘HEART ATTACK – MYOCARDIAL INFARC’ TO PERSON’S- |
| MEDICAL-CONDITIONS-ROSTER. |

PE10
====
{PERSON’S FIRST MIDDLE AND LAST NAME}
How old (were/was) (PERSON) when the heart attack, also called myocardial infarction or MI, was first diagnosed?
IF MORE THAN ONE HEART ATTACK, PROBE FOR AGE WHEN FIRST HEART ATTACK DIAGNOSED.
IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.
[Enter Age-3] .........................    {BOX_06}
- REF ................................... -7 {BOX_06}
- DK .................................... -8 {BOX_06}

| HARD CHECK: |
| RANGE CHECK: 0 TO PERSON’S CURRENT AGE |

BOX_06
======

| IF: |
| - ROUND 1 |
| OR |
| - ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-ROSTER DURING THE CURRENT ROUND |
| OR |
| - ROUND 3 OR 5 AND PERSON DID NOT REPORT IN A PREVIOUS ROUND EVER HAVING BEEN DIAGNOSED WITH ’OTHER HRT COND – {SPECIFY TEXT}’ IN THE PE SECTION, |
| CONTINUE WITH PE11 |

| OTHERWISE, GO TO BOX_07 |
(PERSON’S FIRST MIDDLE AND LAST NAME)

(Have/Has) (PERSON) ever been told by a doctor or other health professional that (PERSON) had any other kind of heart condition or heart disease, other than coronary heart disease, angina, or heart attack?

YES .................................... 1 {PE11OV}
NO ..................................... 2 {BOX_07}
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

What did the doctor or other health professional call it?

[Enter Other Specify-45] ...............   {PE12}

For ‘OTHER HEART CONDITION SPECIFY TEXT’, display the text entered at PE11OV.

HARD CHECK:
RANGE CHECK: 0 TO PERSON’S CURRENT AGE

IF CODED ‘1’ (YES) AT PE11, ADD THE PRIORITY CONDITION ‘OTH HRT COND - {SPECIFY TEXT.....}’ TO PERSON’S-MEDICAL-CONDITIONS-ROSTER. USE THE FIRST 17 CHARACTERS OF THE OTHER SPECIFY TEXT ENTERED AT PE11OV AS PART OF THE CONDITION NAME.

FOR ‘OTHER HEART CONDITION SPECIFY TEXT’, DISPLAY THE TEXT ENTERED AT PE11OV.

HARD CHECK:
RANGE CHECK: 0 TO PERSON’S CURRENT AGE

IP:
- ROUND 1
OR
- ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-ROSTER DURING THE CURRENT ROUND
OR
ROUND 3 OR 5 AND PERSON DID NOT REPORT IN A PREVIOUS ROUND EVER HAVING BEEN DIAGNOSED WITH 'STROKE - TIA' IN THE PE SECTION,

CONTINUE WITH PE13

OTHERWISE, GO TO BOX_08

PE13
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

(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.

YES .................................... 1 {PE14}
NO ..................................... 2 {BOX_08}
REF ................................... -7 {BOX_08}
DK .................................... -8 {BOX_08}

IF CODED '1' (YES), ADD THE PRIORITY CONDITION 'STROKE-TIA' TO PERSON’S-MEDICAL-CONDITIONS-ROSTER.

PE14
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

How old (were/was) (PERSON) when the stroke or TIA was first diagnosed? IF MORE THAN ONE STROKE, PROBE FOR AGE WHEN FIRST STROKE DIAGNOSED. IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.

[Enter Age-3] ......................... {BOX_08}
REF ................................... -7 {BOX_08}
DK .................................... -8 {BOX_08}

HARD CHECK:
RANGE CHECK: 0 TO PERSON’S CURRENT AGE

BOX_08
======

IF:
- ROUND 1
- ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-ROSTER DURING THE CURRENT ROUND
- ROUND 3 OR 5 AND PERSON DID NOT REPORT IN A PREVIOUS ROUND EVER HAVING BEEN DIAGNOSED WITH 'EMPHYSEMA' IN THE PE SECTION,
CONTINUE WITH PE15

OTHERWISE, GO TO BOX_09

PE15
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) ever been told by a doctor or other health professional that (PERSON) had emphysema?

YES .................................... 1 {PE16}
NO ..................................... 2 {BOX_09}
REF ..................................... RF {BOX_09}
DK ..................................... -8 {BOX_09}

IF CODED ‘1’ (YES), ADD THE PRIORITY CONDITION ‘EMPHYSEMA’ TO PERSON’S-MEDICAL-CONDITIONS-ROSTER.

PE16
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

How old (were/was) (PERSON) when the emphysema was first diagnosed?

IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.

Enter Age-3 .......................... {BOX_09}
REF ..................................... -7 {BOX_09}
DK ..................................... -8 {BOX_09}

HARD CHECK:

RANGE CHECK: 0 TO PERSON’S CURRENT AGE

BOX_09
======

IF:
- ROUND 1, 3 OR 5
OR
- ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-ROSTER DURING THE CURRENT ROUND

CONTINUE WITH PE17

OTHERWISE, GO TO BOX_10

NOTE THAT WHETHER THE PERSON HAS BEEN DIAGNOSED WITH ‘CHRONIC BRONCHITIS’ IN THE PAST 12 MONTHS IS ASKED IN ROUNDS 3 AND 5 EVEN IF PERSON REPORTED ‘CHRONIC BRONCHITIS’ IN A PREVIOUS ROUND.
PE17
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

During the past 12 months, (have/has) (PERSON) been told by a
doctor or other health professional that (PERSON) had

chronic bronchitis?

Please do not include isolated instances of acute bronchitis.

YES .................................... 1
NO ..................................... 2 {BOX_10}
REF ................................. -7 {BOX_10}
DK ................................. -8 {BOX_10}

HELP AVAILABLE FOR DEFINITION OF ACUTE AND CHRONIC BRONCHITIS.

----------------------------------------------------
<p>| IF CODED ‘1 (YES) AND:                            |
| - ROUND 1, 2, OR 4                                |
| OR                                                |
| - THE PRIORITY CONDITION ‘CHRONIC BRONCHITIS’ NOT | Reported in a previous round in the PE section, |
| ADD THE PRIORITY CONDITION ‘CHRONIC BRONCHITIS’    |
| TO PERSON’S-MEDICAL-CONDITIONS ROSTER.            |
|                                                    |
| IF CODED ‘1’ (YES) AND:                           |
| - ROUND 3 OR 5                                   |
| AND                                               |
| - THE PRIORITY CONDITION ‘CHRONIC BRONCHITIS’     |
| REPORTED IN A PREVIOUS ROUND IN THE PE SECTION,   |
| THE PRIORITY CONDITION ‘CHRONIC BRONCHITIS’ SHOULD |
| BE FLAGGED AS ‘SELECTED’ THIS ROUND (WITH THE     |
| ROUND STATUS).                                    |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IF:</td>
</tr>
<tr>
<td>- PE17 IS CODED ‘1’ (YES)</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- ROUND 1 OR [NOT ROUND 1 AND PE18 NOT ASKED IN A</td>
</tr>
<tr>
<td>PREVIOUS ROUND]</td>
</tr>
<tr>
<td>CONTINUE WITH PE18</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>

PE18
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

How old (were/was) (PERSON) when the chronic bronchitis was first diagnosed?

IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.

[Enter Age-3] ........................ 1 {BOX_10}
REF ................................. -7 {BOX_10}
DK ................................. -8 {BOX_10}

----------------------------------------------------
<p>| IF CODED ‘1 (YES) AND:                            |
| - ROUND 1, 2, OR 4                                |
| OR                                                |
| - THE PRIORITY CONDITION ‘CHRONIC BRONCHITIS’ NOT | Reported in a previous round in the PE section, |
| ADD THE PRIORITY CONDITION ‘CHRONIC BRONCHITIS’    |
| TO PERSON’S-MEDICAL-CONDITIONS ROSTER.            |
|                                                    |
| IF CODED ‘1’ (YES) AND:                           |
| - ROUND 3 OR 5                                   |
| AND                                               |
| - THE PRIORITY CONDITION ‘CHRONIC BRONCHITIS’     |
| REPORTED IN A PREVIOUS ROUND IN THE PE SECTION,   |
| THE PRIORITY CONDITION ‘CHRONIC BRONCHITIS’ SHOULD |
| BE FLAGGED AS ‘SELECTED’ THIS ROUND (WITH THE     |
| ROUND STATUS).                                    |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IF:</td>
</tr>
<tr>
<td>- PE17 IS CODED ‘1’ (YES)</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- ROUND 1 OR [NOT ROUND 1 AND PE18 NOT ASKED IN A</td>
</tr>
<tr>
<td>PREVIOUS ROUND]</td>
</tr>
<tr>
<td>CONTINUE WITH PE18</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>
BOX_10
=====

IF:
- ROUND 1
OR
- ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-ROSTER DURING THE CURRENT ROUND
OR
- ROUND 3 OR 5 AND PERSON DID NOT REPORT IN A PREVIOUS ROUND EVER HAVING BEEN DIAGNOSED WITH 'HIGH CHOLESTEROL' IN THE PE SECTION,

CONTINUE WITH PE19

OTHERWISE, GO TO BOX_11

PE19
====

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 {PE20}
NO .................................. 2 {BOX_11}
REF .................................. -7 {BOX_11}
DK .................................. -8 {BOX_11}

IF CODED '1' (YES), ADD THE PRIORITY CONDITION 'HIGH CHOLESTEROL' TO PERSON’S-MEDICAL-CONDITIONS-ROSTER.

PE20
====

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] ..........................  {BOX_11}
REF .................................. -7 {BOX_11}
DK .................................. -8 {BOX_11}

HARD CHECK:
RANGE CHECK: 0 TO PERSON’S CURRENT AGE

BOX_11
=====

--------------------------------------------------------------------------------
IF:                                           
- ROUND 1                                        
OR                                           
- ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS- 
  ROSTER DURING THE CURRENT ROUND                 
OR                                           
- ROUND 3 OR 5 AND PERSON DID NOT REPORT IN A 
  PREVIOUS ROUND EVER HAVING BEEN DIAGNOSED WITH 
  ‘CANCER – (ANY TYPE)’ AT PE22 OR PE22OV,       
CONTINUE WITH PE21                               
----------------------------------------------------
----------------------------------------------------

OTHERWISE, GO TO BOX_12
----------------------------------------------------

PE21
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
(Have/Has) (PERSON) ever been told by a doctor or other health professional that (PERSON) had cancer or a malignancy of any kind?
YES ........................................ 1 {PE22}
NO ........................................... 2 {BOX_12}
REF .......................................... -7 {BOX_12}
DK ........................................... -8 {BOX_12}

PE22
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
What kind of cancer was it?
CHECK ALL THAT APPLY.
  BLADDER ..................................... 1
  BLOOD ....................................... 2
  BONE ......................................... 3
  BRAIN ....................................... 4
  BREAST ..................................... 5
  CERVIX ..................................... 6
  COLON ....................................... 7
  ESOPHAGUS .................................. 8
  Gallbladder ................................ 9
  Kidney ..................................... 10
  Larynx-Windpipe ............................ 11
  Leukemia ................................... 12
  Liver ....................................... 13
  Lung ......................................... 14
  Lymphoma ................................... 15
  Melanoma ................................... 16
  Mouth/Tongue/Lip ............................ 17
  Ovary ....................................... 18
  Pancreas ................................... 19
  Prostate .................................... 20
  Rectum ...................................... 21
  Skin Non-Melanoma .......................... 22
  Skin DK What Kind .......................... 23
SOFT TISSUE MUSCLE OR FAT ............. 24
STOMACH ............................... 25
TESTIS ................................ 26
THROAT-PHARYNX ........................ 27
THYROID ............................... 28
UTERUS ................................. 29
OTHER ................................. 91 {PE22OV}

[Code All That Apply]

----------------------------------------------------
<p>| FOR EACH TYPE OF CANCER SELECTED AT PE22, ADD THE |
| PRIORITY CONDITION ‘CANCER-{SPECIFY TYPE........}’ |
| TO PERSON’S-MEDICAL-CONDITIONS-ROSTER, WHERE      |
| ‘SPECIFY TYPE’ IS THE NAME OF THE CANCER TYPE     |
| SELECTED. SINCE THE LENGTH OF THE CONDNAM IS      |
| LIMITED TO 30 CHARACTERS, ABBREVIATE ‘SOFT TISSUE’ |
| OPTION TO ‘CANCER - SOFT TISSUE MUSCLE/FAT’. FOR   |
| EACH TYPE OF CANCER SELECTED, CREATE A CONDITION  |</p>
<table>
<thead>
<tr>
<th>AND CONDITION-BY-ROUND RECORD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED AND DON’T KNOW DISALLOWED. INTERVIEWER</td>
</tr>
<tr>
<td>MUST SELECT ‘91’ (OTHER) AND ENTER THE APPROPRIATE</td>
</tr>
<tr>
<td>TEXT STRING.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

----------------------------------------------------
<p>| IF ‘OTHER’ SELECTED ALONE OR IN COMBINATION WITH  |</p>
<table>
<thead>
<tr>
<th>ANY OTHER RESPONSE, CONTINUE WITH PE22OV</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO LOOP_02</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

PE22OV
======

{PERSON’S FIRST MIDDLE AND LAST NAME}
SPECIFY OTHER TYPE OF CANCER:
[Enter Other Specify-23] ............... {LOOP_02}

----------------------------------------------------
<table>
<thead>
<tr>
<th>ALLOW UP TO 23 CHARACTERS FOR THIS FIELD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD THE PRIORITY CONDITION ‘CANCER - {OTHER</td>
</tr>
<tr>
<td>SPECIFY}’ TO PERSON’S-MEDICAL-CONDITIONS-ROSTER.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

LOOP_02
=======

----------------------------------------------------
<p>| FOR EACH ELEMENT IN PERSON’S-MEDICAL-CONDITIONS   |</p>
<table>
<thead>
<tr>
<th>ROSTER, ASK PE23-END_LP02</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOOP DEFINITION: LOOP_02 CYCLES ON EACH TYPE OF</td>
</tr>
<tr>
<td>CANCER ENUMERATED AT PE22 OR PE22OV FOR PERSON.</td>
</tr>
<tr>
<td>LOOP_02 COLLECTS THE AGE THE CANCER WAS DIAGNOSED</td>
</tr>
<tr>
<td>AND WHETHER IT IS IN REMISSION. THIS LOOP CYCLES</td>
</tr>
<tr>
<td>ON EACH CONDITION IN PERSON’S-MEDICAL-CONDITIONS-</td>
</tr>
<tr>
<td>ROSTER THAT MEETS THE FOLLOWING CONDITIONS:</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>
- CONDITION WAS CREATED AT PE22 OR PE22OV IN THE CURRENT ROUND

---

**PE23**

(Person's First Middle and Last Name) (Person's Medical Condition.)

How old (were/was) (PERSON) when the (CONDITION) was first diagnosed?

IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.

[Enter Age-3] ......................... (PE25)

REF ................................. -7 (PE25)

DK ................................. -8 (PE25)

---

(Person's Medical Condition): IN THE HEADER, DISPLAY THE TYPE OF CANCER ENUMERATED AT PE22 OR PE22OV THAT IS CURRENTLY BEING CYCLED ON IN LOOP_02.

---

HARD CHECK:
RANGE CHECK: 0 TO PERSON’S CURRENT AGE

---

**PE24**

OMITTED.

**PE25**

(Person's First Middle and Last Name) (Person's Medical Condition.)

Is (PERSON)'s (CONDITION) in remission, that is, the (CONDITION) is under control?

YES ................................. 1 (END_LP02)

NO ................................. 2 (END_LP02)

REF ................................. -7 (END_LP02)

DK ................................. -8 (END_LP02)

HELP AVAILABLE FOR DEFINITION OF REMISSION.

---

(Person's Medical Condition): IN THE HEADER, DISPLAY THE TYPE OF CANCER ENUMERATED AT PE22 OR PE22OV THAT IS CURRENTLY BEING CYCLED ON IN LOOP_02.

---

**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_12

---

BOX_12
======
---

IF:
- ROUND 1
OR
- ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-ROSTER DURING THE CURRENT ROUND
OR
- ROUND 3 OR 5 AND PERSON DID NOT REPORT IN A PREVIOUS ROUND EVER HAVING BEEN DIAGNOSED WITH 'DIABETES' IN THE PE SECTION,

CONTINUE WITH PE26
---

OTHERWISE, GO TO BOX_13
---

PE26
====

{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 diabetes or sugar diabetes?

YES .................................... 1 {PE27}
NO ..................................... 2 {BOX_13}
REF .................................... -7 {BOX_13}
DK .................................... -8 {BOX_13}
HELP AVAILABLE FOR DEFINITION OF DIABETES.
---

DISPLAY ‘Other than during pregnancy, (have/has)’
IF PERSON BEING ASKED ABOUT IS FEMALE. DISPLAY ‘(Have/Has)’ IF PERSON BEING ASKED ABOUT IS MALE.
---

IF CODED ‘1’ (YES), ADD THE PRIORITY CONDITION ‘DIABETES’ TO PERSON’S-MEDICAL-CONDITIONS-ROSTER.
---

PE27
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

How old (were/was) (PERSON) when the diabetes or sugar diabetes was first diagnosed?

IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE. [Enter Age-3] ......................... {BOX_13}
REF .................................... -7 {BOX_13}
DK .................................... -8 {BOX_13}
---

HARD CHECK:
<table>
<thead>
<tr>
<th>RANGE CHECK: 0 TO PERSON’S CURRENT AGE</th>
</tr>
</thead>
</table>

**BOX 13**

| IF: |
| - ROUND 1, 3 OR 5 |
| OR |
| - ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-ROSTER DURING THE CURRENT ROUND |
| CONTINUE WITH PE28 |

| OTHERWISE, GO TO BOX 14 |

| NOTE THAT WHETHER THE PERSON HAS HAD JOINT PAIN IN THE LAST 12 MONTHS IS ASKED IN ROUNDS 3 AND 5 EVEN IF PERSON REPORTED JOINT PAIN IN THE PE SECTION IN A PREVIOUS ROUND. |

**PE28**

{PERSON’S FIRST MIDDLE AND LAST NAME} 
(Have/Has) (PERSON) had pain, aching, stiffness or swelling around a joint in the past 12 months?

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

| IF: |
| - ROUND 1, 2, OR 4 |
| OR |
| - ROUND 3 OR 5 AND THE PRIORITY CONDITION ‘ARTHRITIS’ (OF ANY KIND) NOT REPORTED IN A PREVIOUS ROUND IN THE PE SECTION, |
| CONTINUE WITH PE29 |

| OTHERWISE, GO TO BOX 14 |

**PE29**

{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 |
| REF ....................................... -7 |
| DK ....................................... -8 |
IF PE28 IS CODED ‘1’ (YES) AND PE29 IS CODED ‘2’ (NO), ‘RF’ (REFUSED), OR ‘DK’ (DON’T KNOW) AND ONE OF THE FOLLOWING IS TRUE:
- ROUND 1, 2, OR 4
- ROUND 3 OR 5 AND THE PRIORITY CONDITION ‘JOINT PAIN’ NOT REPORTED IN A PREVIOUS ROUND IN THE PE SECTION
ADD THE PRIORITY CONDITION ‘JOINT PAIN’ TO THE PERSON’S-MEDICAL-CONDITIONS-ROSTER

IF PE28 IS CODED ‘1’ (YES) AND PE29 IS CODED ‘2’ (NO), ‘RF’ (REFUSED), OR ‘DK’ (DON’T KNOW) IN ROUND 3 OR 5 AND THE PRIORITY CONDITION ‘JOINT PAIN’ REPORTED IN A PREVIOUS ROUND IN THE PE SECTION, THE PRIORITY CONDITION ‘JOINT PAIN’ SHOULD BE FLAGGED AS ‘SELECTED’ THIS ROUND (WITH ROUND STATUS).

(NOTE THAT CONDITION RECORD FOR ARTHRITIS IS NOT CREATED HERE BUT AT PE30.)

PE30
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
What type of arthritis was that?
PROBE: (Were/Was) (PERSON) diagnosed with rheumatoid arthritis or osteoarthritis?
CODE ‘NOT SPECIFIED’ IF RESPONDENT DOES NOT KNOW THE TYPE OF ARTHRITIS.
RHEUMATOID ARTHRITIS ................... 1 {PE31}
OSTEOARTHRITIS ......................... 2 {PE31}
NOT SPECIFIED .......................... 3 {PE31}
REF ................................... -7 {PE31}

[Code One]
HELP AVAILABLE FOR DEFINITION OF RHEUMATOID ARTHRITIS AND OSTEOARTHRITIS.

IF CODED ‘1’ (RHEUMATOID ARTHRITIS), ADD THE PRIORITY CONDITION ‘RHEUMATOID ARTHRITIS’ TO PERSON’S-MEDICAL-CONDITIONS-ROSTER.

IF CODED ‘2’ (OSTEOARTHRITIS), ADD THE PRIORITY CONDITION ‘OSTEOARTHRITIS’ TO PERSON’S-MEDICAL-CONDITIONS-ROSTER.

IF CODED ‘3’ (NOT SPECIFIED) OR ‘-7’ (REFUSED), ADD THE PRIORITY CONDITION ‘ARTHRITIS (NOT SPECIFIED)’ TO PERSON’S-MEDICAL-CONDITIONS-ROSTER.

CODE ‘-8’ (DON’T KNOW) DISALLOWED.
PE31
====

(Person’s First Middle and Last Name)
How old (were/was) (person) when the {rheumatoid arthritis/osteoaarthritis/arthritis} was first diagnosed?

IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.

[Enter Age-3] ...........................  [Box_14]
REF ................................... -7 [Box_14]
DK .................................... -8 [Box_14]

Display ‘rheumatoid arthritis’ if PE30 is coded ‘1’ (rheumatoid arthritis). Display ‘osteoarthritis’ if PE30 is coded ‘2’ (osteoarthritis). Display ‘arthritis’ if PE30 is coded ‘3’ (not specified) or ‘-7’ (refused).

Hard check:
Range check: 0 to person’s current age

BOX_14
=====

If:
- Round 1

OR
- Round 2 or 4 and person added to DU-Members-Roster during the current round

OR
- Round 3 or 5 and person did not report in a previous round ever having been diagnosed with ‘asthma’ in the PE section,

Continue with PE32

Otherwise, go to BOX_15

PE32
====

(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 [PE33]
No .................................... 2 [Box_15]
Ref ................................... -7 [Box_15]
DK .................................... -8 [Box_15]

Help available for definition of asthma.

If coded ‘1’ (YES), add the priority condition ‘asthma’ to person’s medical-conditions-roster.
{PERSON’S FIRST MIDDLE AND LAST NAME}
How old (were/was) (PERSON) when the asthma was first
diagnosed?

IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.

[Enter Age-3] .........................    {BOX_15}
REF ................................... -7 {BOX_15}
DK .................................... -8 {BOX_15}

| HARD CHECK: | RANGE CHECK: 0 TO PERSON’S CURRENT AGE |
----------------------------------------------------

BOX_15

IF:
- ROUND 1, 3 OR 5
OR
- ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-
  ROSTER DURING THE CURRENT ROUND

CONTINUE WITH BOX_16

OTHERWISE, GO TO BOX_17

BOX_16

IF ‘ASTHMA’ (COLLECTED IN PE SECTION IN ANY ROUND)
ON PERSON’S-MEDICAL-CONDITIONS-ROSTER, CONTINUE
WITH PE33A

OTHERWISE, GO TO BOX_17

PE33A

{PERSON’S FIRST MIDDLE AND LAST NAME}
(During an earlier interview, it was mentioned that
(PERSON) (have/has) Asthma.) (Do/Does (PERSON) still have asthma?

YES ................................. 1 {PE34}
NO ..................................... 2 {PE34}
REF .................................... -7 {PE34}
DK .................................... -8 {PE34}

DISPLAY ‘During an earlier interview, it...’ IF
ASThma WAS ADDED DURING A PREVIOUS ROUND.
OTHERWISE (ASTHMA ADDED FOR PERSON IN THE CURRENT
ROUND), USE A NULL DISPLAY.
During the past 12 months, (have/has) (PERSON) had an episode of asthma or an asthma attack?

YES ........................................ 1 {BOX_17}
NO ........................................ 2
REF ........................................ -7 {BOX_17}
DK ........................................ -8 {BOX_17}

HELP AVAILABLE FOR DEFINITION OF ASTHMA ATTACK.

IF: - PE34 IS CODED '2' (NO) AND - ROUND 1 OR NOT ROUND 1 AND PE35 NOT ASKED IN A PREVIOUS ROUND
CONTINUE WITH PE35

OTHERWISE, GO TO BOX_17

When did (PERSON) last have an episode of asthma or an asthma attack?

WITHIN PAST 2 YEARS .................... 1 {BOX_17}
WITHIN PAST 3 YEARS .................... 2 {BOX_17}
WITHIN PAST 5 YEARS .................... 3 {BOX_17}
MORE THAN 5 YEARS ...................... 4 {BOX_17}
NEVER .................................... 5 {BOX_17}
REF ........................................ -7 {BOX_17}
DK ........................................ -8 {BOX_17}

[Code One]

IF PERSON IS 5 - 17 YEARS OF AGE INCLUSIVE OR IN AGE CATEGORIES 3 OR 4, CONTINUE WITH BOX_18

OTHERWISE, GO TO END_LP01

IF: - ROUND 1 OR - ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-
ROSTER DURING THE CURRENT ROUND

OR

- ROUND 3 OR 5 AND PERSON DID NOT REPORT IN A PREVIOUS ROUND EVER HAVING BEEN DIAGNOSED WITH 'ATTEN DEFICIT/HYPERACTIVITY’ IN THE PE SECTION,

CONTINUE WITH PE36

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

| OTHERWISE, GO TO END_LP01 |

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

PE36
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Have you or (PERSON) ever been told by a doctor or other health professional that (PERSON) had Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?

YES .................................... 1 {PE37}
NO ..................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

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

| IF CODED '1' (YES), ADD THE PRIORITY CONDITION |
| 'ATTEN DEFICIT/HYPERACTIVITY’ TO PERSON’S-MEDICAL-|
| CONDITIONS-ROSTER. |

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

PE37
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

How old (were/was) (PERSON) when the Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) was first diagnosed?

IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.

[Enter Age-3] ........................... {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

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

| HARD CHECK: |
| RANGE CHECK: 0 TO PERSON’S CURRENT AGE |

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

END_LP01
=======

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

| 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_01 AND CONTINUE WITH BOX_19 |

----------------------------------------------------
Pregnancy Detail (PG) Section

BOX_01
=====

| IF LOOPTING ON ‘PREVIOUS ROUND PREGNANCY’ OR |           |
| ‘PREGNANCY 1’ (FROM CURRENT ROUND), CONTINUE WITH | PG01 |
| | |
| | |
| OTHERWISE, GO TO PG02 |

PG01
====

{PERSON'S FIRST MIDDLE AND LAST NAME} (STR-DT)
{END-DT}
{We recorded that (PERSON) (were/was) pregnant at the time of our last interview on {PREV RD INTV DATE}.} 
{(Are/Is)/(Were/Was)} (PERSON) {currently} pregnant {with that pregnancy} {on December 31, 2007}? 
{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, 2007’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |

| |

| IF CODED ‘3’ (NOT PREGNANT AT LAST INTERVIEW), |
| FLAG ITEM FOR EVENT CLEANUP. |

BOX_01A
=====

| IF ROUND 3, CONTINUE WITH PG01A |

Page 1 of 7
MEPS FAMES Panel 11 Round 5 Pregnancy Detail (PG) Section

---

| OTHERWISE, GO TO BOX_01B |
---

PG01A

| {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} |
| END-DT |
| (Were/Was) (PERSON) pregnant on December 31, 2006? |
| YES .................................... 1 |
| NO ..................................... 2 |
| REF ................................... -7 |
| DK .................................... -8 |

BOX_01B

| IF PERSON CURRENTLY PREGNANT (PG01 = 1), GO TO |
| PG03 |
---

| IF PERSON NOT CURRENTLY PREGNANT (PG01 = 2), |
| CONTINUE WITH PG02 |
---

PG02

| {PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT} |
| END-DT |
| Did (PERSON)'s {most recent pregnancy/next most recent pregnancy/pregnancy that we talked about last time} end in a live birth? |
| {IF MORE THAN ONE PREGNANCY SINCE (START DATE), PROBE FOR OUTCOME OF (NEXT) MOST RECENT PREGNANCY.} |
| IF RESPONDENT VOLUNTEERS STILLBIRTH, MISCARRIAGE, OR ABORTION, CODE AS APPROPRIATE. |
| DO NOT PROBE A 'NO' RESPONSE. CODE 5, 'NO, OUTCOME NOT VOLUNTEERED.' |
| YES, ENDED IN A LIVE BIRTH ............. 1 |
| NO, ENDED IN MISCARRIAGE ............... 2 {BOX_02} |
| NO, ENDED IN STILLBIRTH ............... 3 {BOX_02} |
| NO, ENDED IN ABORTION ............... 4 {BOX_02} |
| NO, OUTCOME NOT VOLUNTEERED ............ 5 {BOX_02} |
| REF ................................... -7 {BOX_02} |
| DK .................................... -8 {BOX_02} |

| Code One |
---

| DISPLAY 'most recent pregnancy' IF LOOPING ON FIRST PREGNANCY OF CURRENT REFERENCE PERIOD. |
| DISPLAY 'next most recent pregnancy' IF LOOPING ON ANY PREGNANCY, AFTER THE FIRST PREGNANCY, OF CURRENT REFERENCE PERIOD. |
| DISPLAY 'pregnancy that we talked about last time' IF LOOPING ON PREGNANCY FROM PREVIOUS ROUND. |
| DISPLAY 'IF MORE THAN ONE PREGNANCY SINCE (START DATE), PROBE FOR OUTCOME OF (NEXT) MOST RECENT |

Page 2 of 7
PG03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
SHOW CARD PG-1.
Looking at this card, which of these complications, if any, did (PERSON) experience during this pregnancy?
CODE ALL THAT APPLY.
HIGH BLOOD PRESSURE, TOXEMIA,
PRE-ECLAMPSIA, OR ECLAMPSIA ......... 1
ANEMIA ................................ 2
DIABETES, GESTATIONAL DIABETES, OR
HIGH BLOOD SUGAR ................. 3
LOW LYING PLACENTA (PLACENTA PREVIA) .. 4
VAGINAL BLEEDING ..................... 5
PREMATURE LABOR .................... 6
NONE OF THESE COMPLICATIONS .......... 95
REF ..................................... -7
DK ................................... -8

[Code All That Apply]
PRESS F1 FOR DEFINITION OF SELECTED CONDITIONS.

| NOTE: CODE '95' (NONE OF THESE COMPLICATIONS) WILL NOT APPEAR ON THE SHOW CARD. |

IF PG01 IS CODED '1' (YES), GO TO PG11

OTHERWISE, CONTINUE WITH PG04

PG04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
How many babies did (PERSON) deliver?
[Enter Small Number] ...................
REF ..................................... -7
DK ................................... -8

NOTE: IF PG04 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), ASK ITEMS LOOP_01 TO END_LP01 ONCE.

SOFT RANGE CHECK: 1 TO 6 BABIES.

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?

HOSPITAL ........................................ 1 {PG06}
BIRTHING CENTER ............................. 2 {LOOP_01}
HOME ......................................... 3 {LOOP_01}
SOME OTHER PLACE ......................... 91
REF .................................... -7 {LOOP_01}
DK .................................... -8 {LOOP_01}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
-------------------------------------------------------------------
| IF CODED '1' (HOSPITAL), '2' (BIRTHING CENTER), '3' (HOME), OR '91' (SOME OTHER PLACE), DISPLAY |
| THE FOLLOWING MESSAGE: 'PLEASE BE SURE TO ENTER THE APPROPRIATE EVENTS FOR BOTH MOTHER AND BABY.' |
-------------------------------------------------------------------

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 caesarean section?

VAGINAL DELIVERY .......................... 1
CESAREAN SECTION ......................... 2 {LOOP_01}
REF .................................... -7 {LOOP_01}
DK .................................... -8 {LOOP_01}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

Were forceps used for the delivery?

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

PRESS F1 FOR DEFINITION OF FORCEPS.

Did (PERSON) receive an epidural or a 'spinal' for pain?

YES ........................................... 1
NO ......................................... 2
MEPS FAMES Panel 11 Round 5 Pregnancy Detail (PG) Section

---

REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF EPIDURAL/SPINAL.

LOOP_01

FOR EACH OF THE FOLLOWING:

| BABY #1 |
| BABY #2 |
| BABY #3 |
| BABY #4 |
| BABY #5 |

ASK PG09-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT EACH BABY BORN AS A RESULT OF THE PREGNANCY BEING ASKED ABOUT. THE NUMBER OF LOOP CYCLES IS DETERMINED BY THE RESPONSE TO PG04. LOOP_01 CYCLES THE NUMBER OF TIMES AS THE NUMBER CODED IN PG04. IF PG04 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), TREAT AS A '1' RESPONSE TO PG04; THAT IS, CYCLE THROUGH LOOP_01 ONCE.

PG09

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

How much did the (first/next) baby weigh at birth?

POUNDS AND OUNCES ...................... 1 {PG09OV1}
GRAMS .................................. 2 {PG09OV3}
REF ................................... -7 {PG10}
DK .................................... -8 {PG10}

[Code One]

DISPLAY ‘BABY #{n}’ IF PG04 IS NOT CODED ‘1’, ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW). DISPLAY THE NUMBER OF THE CURRENT LOOP CYCLE (FOR LOOP_01) FOR ‘n’.

RANGE CHECK: 2-15 FOR POUNDS; 0-15 FOR OUNCES; 500-6800 FOR GRAMS.

PG09OV1

ENTER POUNDS:

[Enter Pounds] .........................
REF ................................... -7 {PG10}
DK .................................... -8 {PG10}
PG09OV2
========
PROBE FOR OUNCES IF NOT REPORTED.
ENTER OUNCES:
[Enter Ounces] .........................
REF ................................. -7
DK ..................................... -8
----------------------------------------------------
| IF THE RESPONSE TO PG09OV1 IS '5' FOR THE NUMBER |
| OF POUNDS AND PG09OV2 IS CODED '-7' (REFUSED) OR |
| '-8' (DON'T KNOW), GO TO PG10 |
----------------------------------------------------
| OTHERWISE, GO TO END_LP01 |
----------------------------------------------------

PG09OV3
========
ENTER GRAMS:
[Enter Grams] .......................... {END_LP01}
REF ................................. -7
DK ..................................... -8

PG10
====
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{BABY #{n}}
Did the (first/next) baby weigh less than five and a half
pounds (2500 grams), five and a half to nine pounds (2500
to 4100 grams), or more than 9 pounds (4100 grams)?
LESS THAN 5-1/2 POUNDS/2500 GRAMS ...... 1
5-1/2 TO 9 POUNDS/2500 TO 4100 GRAMS ... 2
MORE THAN 9 POUNDS/4100 GRAMS .......... 3
REF ................................. -7
DK ..................................... -8
[Code One]
----------------------------------------------------
| DISPLAY 'BABY #{n}' IF PG04 IS NOT CODED '1', |
| '7' (REFUSED), OR '8' (DON'T KNOW). DISPLAY |
| THE NUMBER OF THE CURRENT LOOP CYCLE (FOR LOOP_01) |
| FOR 'n'. |
----------------------------------------------------
| EDIT: IF CODED '3' (MORE THAN 9 POUNDS/4100 GRAMS) |
| AND THE RESPONSE TO PG09OV1 IS '5' FOR THE NUMBER |
| OF POUNDS, DISPLAY THE FOLLOWING MESSAGE: |
| 'CODE NOT AVAILABLE. R REPORTED BABY WEIGHED |
| 5 LBS. VERIFY AND RE-ENTER.' |
----------------------------------------------------

END_LP01
========
----------------------------------------------------
| IF NUMBER OF BABIES DELIVERED (PG04) < NUMBER OF |
| LOOP CYCLES COMPLETED, THEN CYCLE ON NEXT BABY. |
----------------------------------------------------
| OTHERWISE, END LOOP_01 AND GO TO BOX_02 |
----------------------------------------------------
MEPS FAMES Panel 11 Round 5 Pregnancy Detail (PG) Section

PG11
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
(END-DT)
{How/As of December 31, 2007, 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, 2007, 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.    |
----------------------------------------------------

PG12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
(END-DT)
{(Are/Is)/As of December 31, 2007, (were/was)} (PERSON) less
than 3 months pregnant, 3-6 months pregnant, or more than 6
months pregnant?
LESS THAN 3 MONTHS .................... 1
3 TO 6 MONTHS .......................... 2
MORE THAN 6 MONTHS .................... 3
REF .................................. -7
DK .................................... -8
[Code One]
----------------------------------------------------
| DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY 'As  |
| of December 31, 2007, (were/was)' IF ROUND 5.  |
----------------------------------------------------

BOX_02
=====
----------------------------------------------------
| RETURN TO THE CE SECTION.                        |
----------------------------------------------------

Return to Top
Prescribed Medicines (PM) Section

PM01

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
The next questions are about prescription medicines (PERSON) purchased or received {since (START DATE)/between (START DATE) and (END DATE)}. [It would be very helpful for the following questions if we could look at the bottles, containers, tubes, or bags for each of the medicines we will be talking about.] PRESS ENTER TO CONTINUE.

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

----------------------------------------------------
| IF PERSON HAS NO MEDICINES CREATED OR SELECTED |
| DURING THE CURRENT ROUND (ON PERSON’S-PRESCRIBED-|
| MEDICINES-ROSTER), GO TO PM04                 |
----------------------------------------------------

| OTHERWISE, CONTINUE WITH PM02                  |
----------------------------------------------------

----------------------------------------------------
| NOTE: MEDICINES ARE FLAGGED AS 'CREATED' ONLY |
| ONCE (I.E., DURING THE ROUND WHERE THE MEDICINE IS|
| INITIALLY REPORTED). MEDICINES ARE FLAGGED AS |
| 'SELECTED' WHEN CHOSEN DURING SUBSEQUENT ROUNDS. |
| THUS, FOR ONE ROUND, A MEDICINE CAN ONLY BE |
| FLAGGED AS EITHER 'CREATED' OR 'SELECTED'.       |
----------------------------------------------------

PM02

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
While we were talking about (PERSON)'s medical care, we listed the following prescription(s) as purchased or received {since (START DATE)/between (START DATE) and (END DATE)}. (READ MEDICINES BELOW.) TO SCROLL, USE ARROW KEYS. TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{NAME OF PRESCRIPTION MEDICINE.}
{NAME OF PRESCRIPTION MEDICINE.}
{NAME OF PRESCRIPTION MEDICINE.}

INFORMATION OKAY ....................... 1 {PM04}
AT LEAST ONE MEDICINE INCORRECT ........ 2
[Code One]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| MEDICINES IN THE PERSON’S-PRESCRIBED-MEDICINES- |
| ROSTER THAT ARE FLAGGED AS EITHER 'CREATED' OR |
| 'SELECTED' DURING THE CURRENT ROUND.           |
----------------------------------------------------

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

Page 1 of 13
| DISPLAY ‘between (START DATE) and (END DATE)’ IF | |
| ROUND 5. | |

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

| IF CODED ‘2’ (AT LEAST ONE MEDICINE INCORRECT) AND|
| THERE IS ONLY ONE MEDICINE ON PERSON’S-PRESCRIBED-MEDICINES-ROSTER, SELECT THAT MEDICINE |
| AUTOMATICALLY BY CAPi AT PM03 AND GO TO PM04 |
----------------------------------------------------
----------------------------------------------------

| IF CODED ’2’ (AT LEAST ONE MEDICINE INCORRECT) AND|
| THERE IS MORE THAN ONE MEDICINE ON PERSON’S-PRESCRIBED-MEDICINES-ROSTER, CONTINUE WITH PM03 |
----------------------------------------------------
----------------------------------------------------

PM03
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SELECT MEDICINE(S) THAT WERE RECORDED INCORRECTLY.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

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

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL MEDICINES IN THE PERSON’S-PRESCRIBED-MEDICINES-ROSTER THAT ARE FLAGGED AS EITHER ‘CREATED’ OR ‘SELECTED’ DURING THE CURRENT ROUND.

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

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT A MEDICINE(S) ALREADY LISTED ON THE ROSTER.
2. DO NOT ALLOW MEDICINES TO BE ADDED, EDITED OR DELETED.

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

FLAG SELECTED MEDICINES AS ’INCORRECT’. THESE MEDICINES WILL NOT BE ELIGIBLE FOR LOOP_01 (I.E., NOT ‘CREATED’ OR ‘SELECTED’ THIS ROUND).

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

PM04
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
{Since (START DATE)/Between (START DATE) and (END DATE)}, (have/has) (PERSON) obtained any medicines [we have not yet talked about]? For example, (have/has) (PERSON) had any new prescriptions or a refill of a prescription? 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.

Page 2 of 13
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.

PM07
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
What are the names of the medicines (PERSON) got as free samples?
PROBE: Any other free samples?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.
[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSON’S-PRESCRIBED-MEDICINES-ROSTER.

SEE PM05 FOR PRESCRIBED MEDICINE ROSTER BEHAVIOR SPECIFICATIONS.

ONLY MEDICINES CREATED AT PM07 DURING THE CURRENT ROUND SHOULD BE FLAGGED AS 'FREE SAMPLE'.

Page 4 of 13
BOX_01

| IF NO MEDICINES FLAGGED AS 'CREATED' OR 'SELECTED' DURING THE CURRENT ROUND, GO TO BOX_06 |
| Otherwise, continue with LOOP_01 |

LOOP_01

| FOR EACH ELEMENT IN PERSON'S-PRESCRIBED-MEDICINES-ROSTER, ASK BOX_01A-END_LP01 |
| Loop definition: LOOP_01 collects information about each prescribed medicine created or selected during the current round. This loop cycles on prescribed medicines that meet one of the following conditions: |
| - prescribed medicine is flagged as 'created' during the current round. |
| or |
| - prescribed medicine is flagged as 'selected' during the current round. |

BOX_01A

| IF ROUND 5, CONTINUE WITH PM07A |
| Otherwise, go to PM08 |

PM07A

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

Now, let's talk about (MEDICINE). Was (MEDICINE) purchased or obtained sometime between (START DATE) and (END DATE)?

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

| IF CODED '2' (NO), FLAG MEDICINE AS 'INCORRECT'. |
| THIS MEDICINE SHOULD NOT BE FLAGGED AS 'CREATED' OR 'SELECTED' FOR ROUND 5. |
PM08
=====

(Person's First Middle and Last Name) (Name of Prescription Medicine.) (STR-DT)
(End-DT)

[Now, let's talk about (Medication).]

Is (Medication) 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 (Medication).' 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 (Medication) 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 WASRecorded 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_02A

<table>
<thead>
<tr>
<th>IF MEDICINE BEING ASKED ABOUT IS FLAGGED AS 'SELECTED' DURING THE CURRENT ROUND, GO TO PM10</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF MEDICINE BEING ASKED ABOUT IS FLAGGED AS 'CREATED' DURING THE CURRENT ROUND, CONTINUE WITH PM11</td>
</tr>
</tbody>
</table>

PM11

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF PRESCRIPTION MEDICINE.} {STR-DT}
{END-DT}

In what year did (PERSON) first use (MEDICINE)?

[Enter Year-4] .................
HAS NOT YET TAKEN/USED .......... XX
REF ................................ -7
DK .................................. -8

| IF YEAR IS REFERENCE YEAR OR REFERENCE YEAR MINUS 1, CONTINUE WITH PM11OV1 |
| OTHERWISE, GO TO PM10 |

PM11OV1

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

| IF YEAR IS REFERENCE YEAR, CONTINUE WITH PM11OV2 |
| OTHERWISE, GO TO PM10 |

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
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
========

----------------------------------------------------
| -7 OR -8, CONTINUE WITH IF ROUND 3 AND PM10      |  
| 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 2006?  

[Enter Number of Times] ...............  
REF ........................................ -7  
DK ........................................ -8  

----------------------------------------------------
| EDIT: NUMBER OF TIMES NUMBER OF TIMES IN 2006     |  
| 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

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.
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.

IF THERE ARE NO PHARMACIES ON THE RU-PHARMACIES-ROSTER, GO TO PM14

OTHERWISE, CONTINUE WITH PM12

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
What is the name of the (next) pharmacy that filled the prescription(s) for (PERSON)? TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. PHARMACY</th>
<th>PM12_02. STREET</th>
<th>PM12_03. CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pharmacy</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>2. Pharmacy</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
<tr>
<td>3. Pharmacy</td>
<td>[Display Truncated Street Address]</td>
<td>[Display Truncated City]</td>
</tr>
</tbody>
</table>

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-PHARMACIES-ROSTER.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY PHARMACY ALREADY LISTED OR SELECT 'NONE OF THE ABOVE.'
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CAN NOT ADD AT THIS SCREEN. PHARMACIES ARE 'ADDED' BY USING THE 'NONE OF THE ABOVE' SELECTION.
4. INTERVIEWER CAN NOT DELETE AT THIS SCREEN (I.E., CTRL/D).

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY.
<table>
<thead>
<tr>
<th>IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PM14</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH PM13</td>
</tr>
</tbody>
</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]
----------------------------------------------------
<p>| IF CODED '4' (SELECTED WRONG PHARMACY/ADDRESS), |
| CAPI REDISPLAYS PM12 TO ALLOW INTERVIEWER TO |</p>
<table>
<thead>
<tr>
<th>SELECT CORRECT PHARMACY.</th>
</tr>
</thead>
</table>

PM14
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
(END-DT)
What is the name and address of the (next) pharmacy that filled
the prescription(s) for (PERSON)?
ENTER COMPLETE (NAME AND) ADDRESS AND VERIFY SPELLING.
IF PHARMACY HAS MORE THAN ONE LOCATION, RECORD LOCATION
WHERE PERSON HAD PRESCRIPTION FILLED.
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_ZIPCDE (PM14_06):  [_____________
PHARMACY_PHONE (PM14_07):  [_____________
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
----------------------------------------------------
| CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON EACH |
| FORM ITEM EXCEPT FOR PHARMACY NAME (PM14_01). |
----------------------------------------------------
<table>
<thead>
<tr>
<th>EDIT: CHECK THAT STATE ABBREVIATION IS VALID.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF PM13 IS CODED '2' (ADD NEW ADDRESS FOR</td>
</tr>
<tr>
<td>PHARMACY), PM14 WILL NOT COLLECT THE PHARMACY</td>
</tr>
<tr>
<td>NAME, PM14_01 WILL DISPLAY THE PHARMACY NAME AND</td>
</tr>
</tbody>
</table>

Page 11 of 13
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
======

PM16
====

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

What type of pharmacy is that?  Is it a mail-order pharmacy; a pharmacy located in another store such as a grocery or department store; a pharmacy located in an HMO, clinic, or hospital; 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]

PM17
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
Did (PERSON) use another pharmacy {since (START DATE)/between
(START DATE) and (END DATE)}?
FOR CHAIN ESTABLISHMENTS, PLEASE RECORD ALL PHARMACY LOCATIONS
USED (I.E., THOSE WITH THE SAME NAME BUT DIFFERENT ADDRESS).
YES ................................. 1
NO ................................. 2
REF ................................. -7
DK ................................. -8
---------------------------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5.                     |
| DISPLAY 'between (START DATE) and (END DATE)' IF               |
| ROUND 5.                                                         |
---------------------------------------------------------------------

END_LP02
========
---------------------------------------------------------------------
| IF PM17 IS CODED '1' (YES), CYCLE TO COLLECT                |
| INFORMATION ABOUT THE NEXT PHARMACY USED BY                |
| PERSON.                                                   |
---------------------------------------------------------------------
---------------------------------------------------------------------
| IF PM17 IS CODED '2' (NO), '-7 (REFUSED), OR '-8'          |
| (DON'T KNOW), END LOOP_02 AND CONTINUE WITH BOX_06 |
---------------------------------------------------------------------

BOX_06
=====
---------------------------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION                             |
---------------------------------------------------------------------

Return to Top
Provider Probes (PP) Section

---

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

---

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
- ONE OF PERSON’S HS EVENTS HAD A DISCHARGE DATE CODED ‘95’ (STILL IN HOSPITAL).

---

{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 2008}, ENTER 95 IN MONTH FOR DISCHARGE DATE.
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 2008’ 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).

PP02

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

Last time we recorded that (PERSON) entered (PROVIDER) on (ADMIT DATE) and was still there at the time of our interview on {PREV RD INTV DT}.

On what date was (PERSON) discharged from (PROVIDER)?

IF STILL IN AN INSTITUTION OR LONG-TERM CARE FACILITY, {OR RELEASED IN 2008}, ENTER 95 IN MONTH FOR DISCHARGE DATE.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

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
=======

<table>
<thead>
<tr>
<th>IF CA03 IS CODED ‘5’ (VOLUNTEERED NO EVENTS TO RECORD), GO TO PP03A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>OTHER WISE, CONTINUE WITH LOOP_03</td>
</tr>
</tbody>
</table>

LOOP_03
=======

<table>
<thead>
<tr>
<th>For each of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVENT 1</td>
</tr>
<tr>
<td>EVENT 2</td>
</tr>
<tr>
<td>EVENT 3</td>
</tr>
<tr>
<td>EVENT 4</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>ask BOX_04 - END_LP03</td>
</tr>
</tbody>
</table>

| 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
=======

<table>
<thead>
<tr>
<th>IF FIRST CYCLE OF LOOP_03, GO TO PP03</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, CONTINUE WITH BOX_05</td>
</tr>
</tbody>
</table>

BOX_05
=======

<table>
<thead>
<tr>
<th>ASK THE EVENT ROSTER (EV) SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP03</td>
</tr>
</tbody>
</table>
PP03
====

INTERVIEWER:  ADD (AN/ANOTHER) EVENT?

YES .................................... 1
NO ..................................... 2
(NO EVENTS ON CALENDAR TO RECORD ........ 3)
----------------------------------------------------
| DISPLAY CODE 3 (NO EVENTS ON CALENDAR TO RECORD), |
| ONLY IF FIRST CYCLE OF LOOP_03. OTHERWISE, USE A |
| NULL DISPLAY.                                       |
----------------------------------------------------

END_LP03
>>>>

PP03A
====

{STR-DT}
{END-DT}
As you know, it is important for us to get complete and accurate information of all of the family’s health care events. I’d like you to take a few minutes to look at several lists of health care providers, to be sure we haven’t missed any visits or calls, including those made just for advice, prescriptions, tests, shots, or x-rays.
PRESS ENTER TO CONTINUE.

PP04
====

{STR-DT}
{END-DT}
SHOW CARD PP-1.
{Since (START DATE)/Between (START DATE) and (END DATE)}, has anyone in the family seen or spoken with a medical or mental health professional, dentist, or other health care provider listed on this card [other than what we have already talked about]?  
YES .................................... 1
NO ..................................... 2 {PP06}
REF .................................... -7 {PP06}
DK .................................... -8 {PP06}
PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]
----------------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.    |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
| ROUND 5.                                         |
LOOP_04
=======

For each of the following:
EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_06 - END_LP04

LOOP DEFINITION: LOOP_04 COLLECTS ALL DENTAL (DN) AND MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED.
The response to PP05 determines whether the loop cycles again. If PP05 is coded '1' (YES), the loop cycles to collect the next event. If PP05 is coded '2' (NO), '-7' (REFUSED), or '-8' (DON'T KNOW), the loop ends.

BOX_06
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION,
CONTINUE WITH PP05

PP05
====

{STR-DT}
{END-DT}
SHOW CARD PP-1.
Has {PERSON’S FIRST MIDDLE AND LAST NAME} had any other visits or calls to health care providers listed on this card? Or has anyone else in the family visited or called a health care provider listed here? [Please include any visits or calls we have not yet talked about.]
YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
[Code One]

DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR '{PERSON’S FIRST MIDDLE AND LAST NAME}'.

Page 6 of 32
END_LP04

---------------
| IF PP05 IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT. |
---------------

---------------
| IF PP05 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_04 AND CONTINUE WITH PP06 |
---------------

PP06

{STR-DT}
{END-DT}
SHOW CARD PP-2.
{Has/Between (START DATE) and (END DATE), has} anyone in the family been a patient in a hospital or been seen in a hospital emergency room or outpatient department? Or has anyone been a patient in any type of long term care facility? [Please include any hospital care we have not yet talked about.]

YES .................................... 1
NO ..................................... 2 {PP07A}
REF ................................... -7 {PP07A}
DK .................................... -8 {PP07A}
PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

---------------
| DISPLAY 'Has' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), has' IF ROUND 5. |
---------------

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. |

Page 7 of 32
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

{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}

PRESS F1 FOR DEFINITION OF INDEPENDENT LAB OR TESTING FACILITY.

[Code One]

DISPLAY 'Since (START DATE)' IF NOT ROUND 5.

DISPLAY 'Between (START DATE) and (END DATE)'

IF ROUND 5.
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.

ASK THE EVENT ROSTER (EV) SECTION
AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP07AA

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
PRESS F1 FOR DEFINITION OF INDEPENDENT LAB OR TESTING FACILITY.

DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR '{PERSON’S FIRST MIDDLE AND LAST NAME}'.

IF PP07AA IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.
IF PP07AA IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_05A AND CONTINUE WITH PP07B

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}
PRESS F1 FOR DEFINITION OF ALTERNATIVE CARE PROVIDER.

[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

PRESS F1 FOR DEFINITION OF ALTERNATIVE CARE PROVIDER.

[Code One]

DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR '{PERSON’S FIRST MIDDLE AND LAST NAME}'.

END_LP05B

PP07BB

SHOW CARD PP-3.

What about visits to the home because of a health problem for any of these services {between (START DATE) and (END DATE)}?

[Please include any home care services we have not yet talked about.]

YES .................................... 1
NO ..................................... 2 (PP12)
REF ................................. -7 (PP12)
DK ................................. -8 (PP12)

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

PP08

LOOP_06

For each of the following:
EVENT 2
EVENT 3
EVENT 4

ask BOX_08 - END_LP06.

LOOP DEFINITION: LOOP_06 COLLECTS ALL HOME HEALTH (HH) EVENTS NOT ALREADY RECORDED.

THE RESPONSE TO PP09 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP09 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP09 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_08
========

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP09

PP09
=====

{STR-DT}
{END-DT}
SHOW CARD PP-3.
Because of a health problem, has {PERSON’S FIRST MIDDLE AND LAST NAME} received any other home care services? Or has anyone else in the family received home care services such as those listed on this card? [Please include any home care services we have not yet talked about.]

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR '{PERSON’S FIRST MIDDLE AND LAST NAME}'.

END_LP06
========

IF PP09 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP09 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_06 AND CONTINUE WITH PP12.
 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]

 IF PP12 IS CODED ‘1’ (YES), CONTINUE WITH LOOP_07

 IF PP12 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND CURRENT ROUND IS ROUND 3 OR ROUND 5, GO TO PP13A

 OTHERWISE, GO TO BOX_10

LOOP 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

PP13

{STR-DT}
{END-DT}
SHOW CARD PP-4.
Has anyone else in the family obtained eyeglasses, contact lenses, or diabetic equipment [other than what we have already talked about]?

YES .................................... 1
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8
PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD. [Code One]

END_LP07

IF PP13 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP13 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_07 AND CONTINUE WITH BOX_09A

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 2007, that is from January 1, 2007 until December 31, 2007. 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 2007?
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                                |
----------------------------------------------------

PP13B
=====
JAN 01
DEC 31
SHOW CARD PP-4A.

During the calendar year 2007, 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]

END_LP07A

IF PP13B IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP13B IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_07A AND CONTINUE WITH BOX_10

BOX_10

GO TO BOX_18

PP14

{STR-DT}
{END-DT}
These next questions ask about the different medical and dental care anyone in the family has received {since (START DATE)/between (START DATE) and (END DATE)}. It is sometimes hard to remember dates accurately so take your time. You might want to look at any calendar you may keep, checkbook, or receipts to help you remember. We are interested in any type of visit or call, including those made just for advice, prescriptions, tests, shots, or x-rays.
PRESS ENTER TO CONTINUE.

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

LOOP_08

FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK PP15 - END LP08.

LOOP DEFINITION: LOOP_08 COLLECTS ALL EVENTS FOR EACH RU MEMBER WHEN THE CALENDAR IS INCOMPLETE OR WAS NOT USED. THIS LOOP CYCLES ON ALL RU MEMBERS INCLUDING PERSONS WHO WERE DECEASED OR INSTITUTIONALIZED AFTER THE REFERENCE PERIOD START DATE.
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.

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.
PP16
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}
SHOW CARD PP-5.
{Since (START DATE)/Between (START DATE) and (END DATE)}, did
(PERSON) see or talk to any other type of dental care provider,
such as the types listed on this card [other than what you’ve
already told me about]?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

----------------------------------------------------
|  DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.   |
|  DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
|  ROUND 5.                                       |

END_LP09
=======

----------------------------------------------------
|  IF PP16 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT |
|  EVENT.                                          |
|                                                  |
----------------------------------------------------

----------------------------------------------------
|  IF PP16 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’|
|  (DON’T KNOW), END LOOP_09 AND CONTINUE WITH PP17 |
|                                                  |

PP17
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}
SHOW CARD PP-6.
{Since (START DATE)/Between (START DATE) and (END DATE)}, did
(PERSON) see or talk to any medical doctor or nurse, such as
those types listed on this card? [Please include telephone
calls or visits where (PERSON) received advice, prescriptions,
or test results.]

YES ........................................ 1
NO ........................................ 2 {PP19}
REF ....................................... -7 {PP19}
DK ....................................... -8 {PP19}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

----------------------------------------------------
|  DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.   |
|  DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
|  ROUND 5.                                       |
LOOP_10

For each of the following:

- EVENT 1
- EVENT 2
- EVENT 3
- EVENT 4

ask BOX_12 - END_LP10.

LOOP DEFINITION: LOOP_10 COLLECTS ALL MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP18 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP18 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP18 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DONT 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

<table>
<thead>
<tr>
<th>IF PP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF PP18 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_10 AND CONTINUE WITH PP19</th>
</tr>
</thead>
</table>

PP19

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

SHOW CARD PP-7.

(Since (START DATE)/Between (START DATE) and (END DATE)), was (PERSON) a patient in a hospital or did (PERSON) receive care in a hospital emergency room or hospital outpatient department?

YES ................................. 1
NO ..................................... 2 (PP21)
REF .................................. -7 (PP21)
DK .................................... -8 (PP21)

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY 'Since (START DATE)' IF NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.

LOOP_11

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_13 - END_LP11.

LOOP DEFINITION: LOOP_11 COLLECTS ALL HOSPITAL BASED EVENTS (I.E., HS, ER, AND OP EVENTS) NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP20 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP20 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP20 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.
ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP20

PP20

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

SHOW CARD PP-7.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) receive any other care as a patient in a hospital or from a hospital emergency room or outpatient department [other than what you've already told me about]?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

END_LP11

IF PP20 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP20 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON'T KNOW), END LOOP_11 AND CONTINUE WITH PP21

PP21

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

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
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.
LOOP_12
======

For each of the following:

| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |

ask BOX_14 - END_LP12.

LOOP DEFINITION: LOOP_12 COLLECTS ALL MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP22 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP22 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP22 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_14
=====

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP22

PP22
====

{PERSON’S FIRST MIDDLE AND LAST NAME} (STR-DT)
(END-DT) SHOW CARD PP-8.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) see or talk to any other type of health care provider, such as the types listed on this card [other than what you’ve already told me about]? 

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One] DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.
END_LP12
======

| IF PP22 IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT. |

| IF PP22 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_12 AND CONTINUE WITH PP22A |

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)

PRESS F1 FOR DEFINITION OF INDEPENDENT LAB OR TESTING FACILITY.

[Code One]

DISPLAY 'Since (START DATE)' IF NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.

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.
ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION,

CONTINUE WITH PP22AA

PP22AA

{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 an independent lab or testing facility [other than what you’ve already told me about]?

YES .................................... 1

NO ...................................... 2

REF ....................................... -7

DK ....................................... -8

PRESS F1 FOR DEFINITION OF INDEPENDENT LAB OR TESTING FACILITY.

[Code One]

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.

DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

END_LP12A

IF PP22AA IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP22AA IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_12A AND CONTINUE WITH PP22B

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

REF ....................................... -7

DK ....................................... -8

PRESS F1 FOR DEFINITION OF ALTERNATIVE CARE PROVIDER.

[Code One]

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.

DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.
MEPS FAMES Panel 11 Round 5 Provider Probes (PP) Section

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

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
PRESS F1 FOR DEFINITION OF ALTERNATIVE CARE PROVIDER.
[Code One]

DISPLAY 'Since (START DATE)' IF NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE)'
IF ROUND 5.
END_LP12B

<table>
<thead>
<tr>
<th>IF PP22BB IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.</th>
</tr>
</thead>
</table>

| 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. |
ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP24

 PP24

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD PP-9.
{Since (START DATE)/Between (START DATE) and (END DATE)},
because of a health problem, did (PERSON) receive home care
services such as the types listed on this card [other than what
you’ve already told me about]?
YES ................................. 1
NO .................................... 2
REF .................................. -7
DK .................................. -8
PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
[Code One]

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.

 END_LP13

 IF PP24 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

 IF PP24 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_13 AND CONTINUE WITH PP25

 PP25

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}
SHOW CARD PP-10.
{Since (START DATE)/Between (START DATE) and (END DATE)},
(were/was) (PERSON) a patient in any long term care facility,
such as the types of places listed on this card?
YES ................................. 1
NO .................................... 2 {PP27}
REF .................................. -7 {PP27}
DK .................................. -8 {PP27}
PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
[Code One]

DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5.
LOOP_14
=======

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_16 - END_LP14.

LOOP DEFINITION: LOOP_14 COLLECTS ALL INSTITUTIONAL (IC) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP26 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP26 IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP26 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS.

BOX_16
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP26

PP26
====

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

SHOW CARD PP-10.

{Since (START DATE)/Between (START DATE) and (END DATE)}, (were/was) (PERSON) a patient in any other long term care facility, such as the types of places listed on this card [other than what you've already told me about]?

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

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

[Code One]

DISPLAY 'Since (START DATE)' IF NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.
END_LP14

| IF PP26 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT. |

| IF PP26 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_14 AND CONTINUE WITH PP27 |

PP27

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}
SHOW CARD PP-11.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) obtain eyeglasses, contact lenses, or diabetic equipment?
YES ............................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.
[Code One]

| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF ROUND 5. |

| IF PP27 IS CODED ‘1’ (YES), CONTINUE WITH LOOP_15 |

| IF PP27 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) AND CURRENT ROUND IS ROUND 3 OR ROUND 5, GO TO PP29 |

| OTHERWISE, GO TO END_LP08 |

LOOP_15

| For each of the following: |
| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |
| ask BOX_17 - END_LP15. |

LOOP DEFINITION: LOOP_15 COLLECTS ALL OTHER MEDICAL EXPENSE (OM) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.
THE RESPONSE TO PP28 DETERMINES WHETHER THE LOOP
Cycles again. If PP28 is coded ‘1’ (yes), the loop cycles to collect the next event. If PP28 is coded ‘2’ (no), ‘-7’ (refused), or ‘-8’ (don’t know), the loop ends.

---

**Box 17**

---

Ask the event roster (EV) section.

---

At completion of the EV section, continue with PP28.

---

**PP28**

---

{Person’s first middle and last name} {str-dt}

Show card PP-11.

{Since (start date)/between (start date) and (end date)}, did (Person) obtain any other medical supplies listed on this card [other than what you’ve already told me about]?

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

Press F1 for definition of items on show card. [Code One]

---

Display ‘Since (start date)’ if not Round 5.

Display ‘Between (start date) and (end date)’ if Round 5.

---

**End_Lp15**

---

If PP28 is coded ‘1’ (yes), cycle to collect next event.

---

If PP28 is coded ‘2’ (no), ‘-7’ (refused), or ‘-8’ (don’t know), end Loop_15 and continue with Box_17A.

---

**Box 17A**

---

If Round 3 or Round 5, continue with PP29.

---

Otherwise, go to End_Lp08.
(PERSON’S FIRST MIDDLE AND LAST NAME)   JAN 01  
DEC 31
SHOW CARD PP-12.

Now I would like you to think about the entire calendar year 2007, that is from January 1, 2007 until December 31, 2007. 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 2007?

PROBE: These could include ambulance services, canes, wheelchairs, corrective shoes, hearing aids or amplifiers for a telephone, artificial limbs, raised toilet seats, a modification to the house or a car because of some illness or injury, for example ramps or handrails, etc.

YES .................................... 1
NO ..................................... 2 {END_LP08}
REF ................................... -7 {END_LP08}
DK .................................... -8 {END_LP08}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD. [Code One]

----------------------------------------------------
| NOTE: IN ROUND 3, QUESTION REFERRED TO ‘2006’, |
| NOT ‘2007’.                                    |
----------------------------------------------------

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 2007, (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
========

----------------------------------------------------
<p>| IF PP30 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |</p>
<table>
<thead>
<tr>
<th>EVENT.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF PP30 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' |
| (DON'T KNOW), END LOOP_16 AND CONTINUE WITH       |</p>
<table>
<thead>
<tr>
<th>END_LP08</th>
</tr>
</thead>
</table>

END_LP08
========

----------------------------------------------------
<p>| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER     |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP        |</p>
<table>
<thead>
<tr>
<th>DEFINITION.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |</p>
<table>
<thead>
<tr>
<th>END LOOP_08 AND CONTINUE WITH BOX_18</th>
</tr>
</thead>
</table>

BOX_18
=====

----------------------------------------------------
<table>
<thead>
<tr>
<th>GO TO NEXT QUESTIONNAIRE SECTION.</th>
</tr>
</thead>
</table>

Return to Top
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, |
| CONINUE 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 |

BOX_01A
=======

OMITTED.

PR01
====

OMITTED.

PR01A
=====

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

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.

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.

BOX_01B

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 PR03 '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)  
----------------------------------------------------  
WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY  
THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN  
SELECTED: {DISPLAY PLAN NAME SELECTED}.’ WHEN  
INTERVIEWER PRESSSES ENTER TO CLEAR THE MESSAGE,  
THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.  
----------------------------------------------------  
FOR ‘DISPLAY PLAN NAME SELECTED’ DISPLAY THE  
ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER  
ENTERED FOR THIS STATE.  
----------------------------------------------------  
FLAG INSURER CODED ABOVE AS ‘CURRENT RD’S  
MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON-  
PAIR.  
----------------------------------------------------  
(PERSON’S FIRST MIDDLE AND LAST NAME)  (STR-DT)  
(ENDIF)  
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 {PR04}  
REF .................................... -7 {PR01}  
DK .................................... -8 {PR01}  
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.  

(PERSON’S FIRST MIDDLE AND LAST NAME)  (STR-DT)  
(ENDIF)  
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                                 |
-------------------------------------------------------------------------

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 |
| NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING         |
| CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID |
-------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>NAME BY STATE, SEE BOX ON HX06.</th>
</tr>
</thead>
</table>

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

PR08

{STR-DT}
{END-DT}
Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?
PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

---

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

---

DISPLAY ‘or STATE CHIP NAME’ 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.

---

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

---

PR09

{STR-DT}
{END-DT}

Besides the family members we’ve just talked about, have any additional family members been covered by {Medicaid/(STATE NAME FOR MEDICAID)} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

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

PRESS F1 FOR DEFINITION OF MEDICAID/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
====={STR-DT}
{END-DT}

Who has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

| DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM |
NAME BY STATE, SEE BOX ON HX06.
-----------------------------------------------------

DISPLAY ‘or STATE CHIP NAME’ 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
<table>
<thead>
<tr>
<th>STATED IN THE LOOP DEFINITION.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF NO MORE PAIRS MEET THE STATED CONDITIONS, END</td>
</tr>
<tr>
<td>LOOP_02 AND CONTINUE WITH PR11</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
</tbody>
</table>

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 ‘PLAN NAME: (NAME OF PREV RD’S MEDICAID INSURER FOR RU)’ AND ‘LAST TIME .... (PLAN NAME).’

IF THERE IS AN INSURER ASSOCIATED WITH MEDICAID/SCHIP IN THE PREVIOUS ROUND.

FOR ‘NAME OF PREV RD’S MEDICAID INSURER FOR RU’, DISPLAY THE NAME OF THE ACTUAL INSURER RECORDED FOR MEDICAID/SCHIP DURING THE PREVIOUS ROUND.

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.

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, MISSISSIPPI, AND WYOMING.

IF CODED '1' (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, CODE PR12 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO PR13

IF CODED ‘1’ (YES) AND STATE IN WHICH DOES OFFER A MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR12

PR12

{STR-DT}
{END-DT}
SHOW CARD PR-2.
Some people on {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} can enroll in plans called HMOs. These plans have names like those listed on this card.
Is the name of the health insurance through {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} {, between (START DATE) and (END DATE),} listed on this card?
YES .................................... 1
NO ..................................... 2 {PR13}
REF ................................... -7 {PR13}
DK .................................... -8 {PR13}

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

DISPLAY ‘or STATE CHIP NAME’ 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.
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)

<table>
<thead>
<tr>
<th>CODE LETTER OF PLAN FROM SHOW CARD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Plan Letter From Card] ........... (BOX_05)</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>CODE LETTER OF PLAN FROM SHOW CARD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Plan Letter From Card] ........... (BOX_05)</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE LETTER OF PLAN FROM SHOW CARD.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Plan Letter From Card] ........... (BOX_05)</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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  

Page 11 of 36
DISPLAY ‘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
REF ................................... -7
DK .................................... -8

[Code One]
PRESS F1 FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.
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.

PR15

{STR-DT}
{END-DT}

What is the name of the (Medicaid/{STATE NAME FOR MEDICAID}) or {STATE CHIP NAME} {HMO/health insurance}?

[Enter Plan Name] .................
REF ................................ -7
DK .................................. -8

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘Medicaid’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘Medicaid’. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE, SEE BOX ON HX06.

DISPLAY ‘or STATE CHIP NAME’ 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).
If any RU member had TRICARE/CHAMPVA as a source of insurance during the 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))? Press F1 for definition of TRICARE/CHAMPVA.

To leave box and go to entry field, press ESC. To scroll, use arrow keys.

[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}

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 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
-------

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.

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
<table>
<thead>
<tr>
<th>ROUND 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS</td>
</tr>
<tr>
<td>ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO</td>
</tr>
<tr>
<td>WERE COVERED BY TRICARE/CHAMPVA AT ANY TIME DURING</td>
</tr>
<tr>
<td>THE PREVIOUS ROUND.</td>
</tr>
<tr>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>FLAG ALL PERSONS SELECTED AS 'COVERED BY TRICARE/</td>
</tr>
<tr>
<td>CHAMPVA' DURING CURRENT ROUND. FLAG ALL PERSONS</td>
</tr>
<tr>
<td>NOT SELECTED AS 'NOT COVERED BY TRICARE/CHAMPVA '</td>
</tr>
<tr>
<td>DURING CURRENT ROUND.</td>
</tr>
<tr>
<td>------------------------------------------------</td>
</tr>
</tbody>
</table>

BOX_06
======

<p>| IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS |
| COVERED OR NOT COVERED BY TRICARE/CHAMPVA DURING |
| CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE |</p>
<table>
<thead>
<tr>
<th>LISTED IN PR19), GO TO LOOP_03</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH PR21</th>
</tr>
</thead>
</table>

PR21
====

{STR-DT}
{END-DT}

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.

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

<p>| IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘8’ (DON’T |
| KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS |
| COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND, |</p>
<table>
<thead>
<tr>
<th>GO TO LOOP_03</th>
</tr>
</thead>
</table>

<p>| IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘8’ (DON’T |
| KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY |</p>
<table>
<thead>
<tr>
<th>TRICARE/CHAMPVA DURING CURRENT ROUND, GO TO BOX_08</th>
</tr>
</thead>
</table>

<p>| OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE |</p>
<table>
<thead>
<tr>
<th>WITH PR21A</th>
</tr>
</thead>
</table>
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]

PR22
=====

{STR-DT}
{END-DT}
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]
----------------------------------------------------
<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>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS</td>
</tr>
<tr>
<td>ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING</td>
</tr>
<tr>
<td>CONDITION:</td>
</tr>
<tr>
<td>- PERSON WAS NOT FLAGGED AS BEING COVERED BY</td>
</tr>
<tr>
<td>TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS</td>
</tr>
<tr>
<td>ROUND.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>FLAG ALL PERSONS SELECTED AS 'COVERED BY TRICARE/</td>
</tr>
<tr>
<td>CHAMPVA ' DURING CURRENT ROUND. FLAG ALL PERSONS</td>
</tr>
<tr>
<td>NOT SELECTED AS 'NOT COVERED BY TRICARE/CHAMPVA '</td>
</tr>
<tr>
<td>DURING CURRENT ROUND.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

LOOP_03
======

----------------------------------------------------
<p>| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |</p>
<table>
<thead>
<tr>
<th>PAIRS-ROSTER, ASK BOX_07 - END_LP03</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD</td>
</tr>
<tr>
<td>COVERAGE DETAIL FOR RU MEMBERS COVERED BY TRICARE/</td>
</tr>
<tr>
<td>CHAMPVA. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-</td>
</tr>
<tr>
<td>PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:</td>
</tr>
</tbody>
</table>
- 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

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

BOX_08
=====

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

IF ANY RU MEMBER HAD GOVT-HOSPITAL/PHYSICIAN AS A SOURCE OF INSURANCE AT ANY TIME DURING PREVIOUS ROUND, CONTINUE WITH PR23

OTHERWISE, GO TO BOX_11

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

PR23
====

{STR-DT}
{END-DT}

During the last interview, we recorded that (READ NAME(S) BELOW) (was/were) covered by a program sponsored by a state or local government agency which provided hospital and physician benefits.

Have all of these people been covered by a program sponsored by a state or local government agency at any time {since (START DATE)/between (START DATE) and (END DATE)}? TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]  [2. First Name, [Middle Name], Last Name-65]  [3. First Name, [Middle Name], Last Name-65]  YES, ALL ..............................  1  NO, ONLY SOME ..........................  2  NO, NONE ...............................  3  REF ................................. -7 {BOX_11}
DK .................................... -8 {BOX_11}
PRESS F1 FOR DEFINITION OF THIS TYPE OF PROGRAM.
----------------------------------------------------
| DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘between (START DATE) and (END DATE)’ IF |
| ROUND 5.                                          |
----------------------------------------------------
----------------------------------------------------
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |
WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME|
DURING THE PREVIOUS ROUND.
----------------------------------------------------
----------------------------------------------------
| IF CODED ‘1’ (YES, ALL), FLAG ALL RU MEMBERS |
| LISTED HERE AS ‘COVERED BY GOVT-HOSPITAL/ |
| PHYSICIAN’ DURING CURRENT ROUND. THEN GO TO |
| BOX_09                                            |
----------------------------------------------------
----------------------------------------------------
| IF CODED ‘3’ (NO, NONE), FLAG ALL RU MEMBERS |
| LISTED HERE AS ‘NOT COVERED BY GOVT-HOSPITAL/ |
| PHYSICIAN’ DURING CURRENT ROUND.                  |
----------------------------------------------------
----------------------------------------------------
| IF CODED ‘3’ (NO, NONE) |
| AND |
| IF ANY CURRENT RU MEMBERS NOT LISTED AT PR23, |
| GO TO PR25                                         |
----------------------------------------------------
----------------------------------------------------
| IF CODED ‘3’ (NO, NONE) |
| AND |
| IF ALL CURRENT RU MEMBERS ARE LISTED AT PR23, |
| GO TO BOX_11                                        |
----------------------------------------------------
----------------------------------------------------
| IF CODED ‘2’ (NO, NONE), CONTINUE WITH PR24       |
----------------------------------------------------

PR24
====

{STR-DT}
{END-DT}
Who has been covered by this program {since (START DATE)/between |
(START DATE) and (END DATE)}?
PROBE: Who else has been covered by a program sponsored by a |
state or local government agency which provides hospital and |
physician benefits {since (START DATE)/between (START DATE) and |
(END DATE)}?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

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

Page 19 of 36
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND.

FLAG ALL PERSONS SELECTED AS 'COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND.
FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND.

BOX_09

---

IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS COVERED OR NOT COVERED BY THE GOVT-HOSPITAL/PHYSICIAN DURING CURRENT ROUND (I.E., ALL CURRENT RU MEMBERS WERE LISTED IN PR23), GO TO LOOP_04

---

OTHERWISE, CONTINUE WITH PR25

PR25

---

{STR-DT}
{END-DT}

Besides the family members we've just talked about, have any additional family members been covered by this program {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

---

IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS 'COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND,' GO TO LOOP_04

---

IF CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T KNOW) AND NO RU MEMBERS FLAGGED AS 'COVERED BY GOVT-HOSPITAL/PHYSICIAN' DURING CURRENT ROUND, GO TO BOX_11

---

OTHERWISE (I.E., IF CODED '1' (YES)), CONTINUE WITH PR26
Who has been covered by this program?

PROBE: Who else has been covered by a program sponsored by a state or local government agency which provides hospital and physician benefits {since (START DATE)/between (START DATE) and (END DATE)}?

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

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

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

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON WAS NOT FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND.

FLAG ALL PERSONS SELECTED AS ‘COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND. FLAG ALL PERSONS NOT SELECTED AS ‘NOT COVERED BY GOVT-HOSPITAL/PHYSICIAN’ DURING CURRENT ROUND.

LOOP_04

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_10 - END_LP04

LOOP DEFINITION: LOOP_04 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT-HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN AND
- PERSON IS FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND

BOX_10

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH
<table>
<thead>
<tr>
<th>END_LP04</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON</td>
</tr>
<tr>
<td>PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN</td>
</tr>
<tr>
<td>THE LOOP DEFINITION.</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>IF NO MORE PAIRS MEET THE STATED CONDITIONS, END</td>
</tr>
<tr>
<td>LOOP_04 AND CONTINUE WITH PR27</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>

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, MISSISSIPPI, AND WYOMING.

IF CODED ‘1’ (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A GOVT-HOSPITAL/PHYSICIAN (MEDICAID) MANAGED CARE PLAN, CODE PR28 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO PR29

IF CODED ‘1’ (YES) AND STATE IN WHICH DOES OFFER A GOVT-HOSPITAL/PHYSICIAN MEDICAID MANAGED CARE PLAN, CONTINUE WITH PR28

PR28

{STR-DT}
{END-DT}
SHOW CARD PR-2.
Is the name of the health insurance through the program sponsored by a state or local government agency which provides hospital and physician benefits, between (START DATE) and (END DATE), listed on this card?
YES .................................... 1
NO ..................................... 2 {PR29}
REF ................................... -7 {PR29}
DK .................................... -8 {PR29}

DISPLAY ‘, between (START DATE) and (END DATE),’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

PR28OV

Which plan is the health insurance through this program?
CODE LETTER OF PLAN FROM SHOW CARD.
[Enter Plan Letter From Card] ............ {PR32}

FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S INSURER FOR GOVT-HOSPITAL/PHYSICIAN.’

WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: ‘PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED}.’ WHEN INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

FOR ‘DISPLAY PLAN NAME SELECTED’, DISPLAY THE
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.
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.

<table>
<thead>
<tr>
<th>DISPLAY ‘Does’ IF NOT ROUND 5. DISPLAY ‘Between (START DATE) and (END DATE), did’ IF ROUND 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED ‘3’ (NO, NONE REQUIRED), ‘-7’ (REFUSED),</td>
</tr>
<tr>
<td>OR ‘-8’ (DON’T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT ROUND FOR GOVT-HOSPITAL/PHYSICIAN.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

PR31
====

{STR-DT}
{END-DT}

What is the name of the [HMO/health insurance] from the program sponsored by a state or local government agency which provides hospital and physician benefits?

[Enter Plan Name] ....................
REF ..................................... -7
DK ....................................... -8

<table>
<thead>
<tr>
<th>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).</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S INSURER FOR GOVT-HOSPITAL/PHYSICIAN.’</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

PR32
====

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT PR28OV}/{NAME OF PLAN FROM PR31}}}

For the coverage through {{(PLAN NAME)/the program sponsored by a state or local government agency which provides hospital and physician benefits}}, does anyone in the family pay anything for this coverage?

[Do not include the cost of any copayments, coinsurance, or deductibles anyone in the family may have had to pay.]

YES .................................... 1
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}

---

PR33

---

{STR-DT}
(END-DT)

{PLAN NAME: {{PLAN NAME ENTERED AT PR280V}/{NAME OF PLAN FROM PR31}}}

---

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.

PR34
=====
{STR-DT}
{END-DT}
{PLAN NAME: {{PLAN NAME ENTERED AT PR28OV}/(NAME OF PLAN FROM PR31)}}

Who {else} pays {some of/for} the premium or cost of this insurance?
FEDERAL GOVERNMENT ..................... 1
STATE GOVERNMENT ....................... 2
LOCAL GOVERNMENT ....................... 3
SOME GOVERNMENT ......................... 4
OTHER ..................................... 91
REF ...................................... -7
DK ..................................... -8

[Code All That Apply]

| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/ PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY '{PLAN NAME ENTERED AT PR28OV}' IF A PLAN WAS ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR28OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR31 FOR '{NAME OF PLAN FROM PR31}' IF A PLAN NAME WAS ENTERED. |
| DISPLAY 'else' IF PR32 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY 'some of' IF PR32 IS CODED '1' (YES). DISPLAY 'for' IF PR32 IS CODED '2' (NO). |

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |

Page 27 of 36
WITH ANY OTHER CODE, CONTINUE WITH PR34OV

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

OTHERWISE, GO TO BOX 11

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

PR34OV
-----

ENTER OTHER:
[Enter Other Specify] .................
REF .................................... -7
DK ..................................... -8

BOX_11
-----

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

IF ANY RU MEMBER HAD OTHER PUBLIC (GROUP 1 OR 2)
AS A SOURCE OF INSURANCE AT ANY TIME DURING
PREVIOUS ROUND, CONTINUE WITH BOX 12

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

OTHERWISE, GO TO BOX 18

---------------------------------------------------------------------

BOX_12
-----

---------------------------------------------------------------------

IF ANY CURRENT RU MEMBER HAD ANY GROUP 1 OTHER
PUBLIC INSURANCE AT ANY TIME DURING PREVIOUS
ROUND, CONTINUE WITH PR35

---------------------------------------------------------------------

OTHERWISE, GO TO BOX 15

---------------------------------------------------------------------

NOTE: FOR BOTH GROUP 1 AND GROUP 2 PUBLIC
PROGRAMS, WE ASSUME THE PROGRAM IS THE SAME FROM
THE PREVIOUS ROUND. ALTHOUGH WE SHOW THE SHOW
CARD AND ASK IF THE FAMILY STILL HAD COVERAGE
FROM ANY OF THOSE PROGRAMS, WE DO NOT ASK WHICH
ONES. IF WE WERE TO ASK WHICH ONES, WE WOULD NEED
TO ADD SEVERAL QUESTIONS, LIKE THE OTHER PUBLIC
SERIES IN HX.

---------------------------------------------------------------------

PR35
----

{STR-DT}
{END-DT}
During the last interview, we recorded that (READ NAMES BELOW)
were covered by one or more of the following programs:
{STATE NAME FOR PROGRAM #1....}
{STATE NAME FOR PROGRAM #2....}
{STATE NAME FOR PROGRAM #3....}
{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.
--------------------------------------------------
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5.                                        |
--------------------------------------------------

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS
ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO
WERE COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT
ANY TIME DURING THE PREVIOUS ROUND.

--------------------------------------------------
| DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF |
| STATE PROGRAMS (AS LISTED IN HX16) FOR 'STATE NAME |
| FOR PROGRAM #N'.                                 |
--------------------------------------------------

--------------------------------------------------
| IF PR35 IS CODED '1' (YES, ALL), MARK ALL RU |
| MEMBERS LISTED HERE AS COVERED BY GROUP 1 OTHER |
| PUBLIC INSURANCE DURING CURRENT ROUND. THEN GO |
| TO BOX_13                                       |
--------------------------------------------------

--------------------------------------------------
| IF PR35 IS CODED '3' (NO, NONE), FLAG ALL RU |
| MEMBERS LISTED HERE AS 'NOT COVERED BY GROUP 1 |
| OTHER PUBLIC INSURANCE’ DURING CURRENT ROUND. |
--------------------------------------------------

--------------------------------------------------
| IF CODED '3' (NO, NONE) |
| AND |
| IF ANY CURRENT RU MEMBERS NOT LISTED AT PR35, |
| GO TO PR37               |
--------------------------------------------------

--------------------------------------------------
| IF CODED '3' (NO, NONE), |
| AND |
| IF ALL CURRENT RU MEMBERS ARE LISTED AT PR35, |
| GO TO BOX_15              |
--------------------------------------------------

--------------------------------------------------
| IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR36 |
--------------------------------------------------

PR36
====

{STR-DT}
{END-DT}

Who has been covered by any of these programs {since (START DATE)}/between (START DATE) and (END DATE)}?
PROBE: Who else has been covered by any of these programs {since (START DATE)}/between (START DATE) and (END DATE)?
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.
<table>
<thead>
<tr>
<th>DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF STATE PROGRAMS (AS LISTED IN HX16) FOR ‘STATE NAME FOR PROGRAM #N’.</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE WITH PR38</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

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.

<p>| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION: |</p>
<table>
<thead>
<tr>
<th>- PERSON WAS NOT FLAGGED AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLAG ALL PERSONS SELECTED AS ‘COVERED BY GROUP 1 OTHER PUBLIC INSURANCE’ DURING CURRENT ROUND.</td>
</tr>
<tr>
<td>FLAG ALL PERSONS NOT SELECTED AS ‘NOT COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND.’</td>
</tr>
</tbody>
</table>

Page 31 of 36
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 
- PERSON IS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING THE CURRENT ROUND 

BOX_14
=======

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR. |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP05 |

END_LP05
========

| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_15 |

BOX_15
=======

| IF ANY CURRENT RU MEMBER HAD ANY ELIGIBLE GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND, CONTINUE WITH PR39 |

| OTHERWISE, GO TO BOX_18 |

PR39
=====

{STR-DT}
{END-DT}
SHOW CARD PR-3.
During the last interview, we recorded that (READ NAMES BELOW) were covered by one or more of the public programs listed on this card.
Have all of these people been covered by any of these programs at any time {since (START DATE)/between (START DATE) and (END DATE)}?

TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL ..............................  1
NO, ONLY SOME ........................  2
NO, NONE ..............................  3

REF ................................... -7 {BOX_18}
DK .................................... -8 {BOX_18}

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND.

IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS 'COVERED BY GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT ROUND.
THEN GO TO BOX_16

IF CODED '2' (NO, ONLY SOME), CONTINUE WITH PR40

PR40
====

{STR-DT}
{END-DT}

SHOW CARD PR-3.

Who has been covered by any of these programs {since (START
DATE)/between (START DATE) and (END DATE)}?

PROBE: Who else has been covered by any of these programs (since (START DATE)/between (START DATE) and (END DATE))?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

------------------------------------------------------------------------------------------------------------------------
|  DISPLAY 'since (START DATE)' IF NOT ROUND 5.   |  DISPLAY 'between (START DATE) and (END DATE)' IF |  ROUND 5.                             |
------------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------------
|  ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |  ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER WHO |  WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT |  ANY TIME DURING THE PREVIOUS ROUND. |
------------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------------
|  FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 2 |  OTHER PUBLIC INSURANCE' DURING CURRENT ROUND. |
|  FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY |  GROUP 2 OTHER PUBLIC INSURANCE' DURING CURRENT |
|  ROUND.                                            |
------------------------------------------------------------------------------------------------------------------------

BOX_16

------------------------------------------------------------------------------------------------------------------------
|  IF ALL CURRENT RU MEMBERS ALREADY FLAGGED AS |  COVERED OR NOT COVERED BY GROUP 2 OTHER PUBLIC |
|  INSURANCE DURING CURRENT ROUND (I.E., ALL CURRENT |
|  RU MEMBERS WERE LISTED AT PR39), GO TO LOOP_06 |
------------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------------
|  OTHERWISE, CONTINUE WITH PR41                        |
------------------------------------------------------------------------------------------------------------------------

PR41

{STR-DT}
{END-DT}

SHOW CARD PR-3.

Besides the family members we’ve just talked about, have any additional family members been covered by any of these programs (since (START DATE)/between (START DATE) and (END DATE))? 

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

------------------------------------------------------------------------------------------------------------------------
|  DISPLAY 'since (START DATE)' IF NOT ROUND 5.   |  DISPLAY 'between (START DATE) and (END DATE)' IF |  ROUND 5.                             |
------------------------------------------------------------------------------------------------------------------------

Page 34 of 36
IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO LOOP_06

----------------------------------------------------
----------------------------------------------------
IF CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING CURRENT ROUND, GO TO BOX_18

----------------------------------------------------
----------------------------------------------------
OTHERWISE (I.E., IF CODED ‘1’ (YES)), CONTINUE WITH PR42

----------------------------------------------------

PR42

{STR-DT}
{END-DT}

SHOW CARD PR-3.
Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?
PROBE:  Who else has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
PRESS F1 FOR DEFINITION OF ITEMS ON SHOW CARD.

----------------------------------------------------
DISPLAY ‘since (START DATE)’ IF NOT ROUND 5.
DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.
----------------------------------------------------

ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET 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

-------------------

Page 35 of 36
| LOOP DEFINITION: LOOP_06 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS: - ESTABLISHMENT IS GROUP 2 OTHER PUBLIC INSURANCE AND - PERSON IS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING THE CURRENT ROUND |

BOX_17 ======

-----------------------------------------------------
ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.
AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP06
-----------------------------------------------------

END_LP06 =======

-----------------------------------------------------
CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.
-----------------------------------------------------
IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_18
-----------------------------------------------------

BOX_18 =======

-----------------------------------------------------
RETURN TO THE HEALTH INSURANCE (HX) SECTION.
-----------------------------------------------------
Provider Roster (PV) Section

PV01

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

{What is the name of the person or place that provided health care to (PERSON)?}

INTERVIEWER: IS THE PROVIDER {ASSOCIATED WITH THIS EVENT} A PERSON OR A FACILITY (INCLUDING GROUP PRACTICES AND HMOs)?

PERSON ........................................ 1
FACILITY ..................................... 2

PRESS F1 FOR DEFINITION OF PERSON/FACILITY.

<table>
<thead>
<tr>
<th>DISPLAY '[What is ... (PERSON)?]' AND 'ASSOCIATED WITH THIS EVENT' IF THE PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM THE ACCESS TO CARE (AC) SECTION. IF THE PV SECTION WAS CALLED FROM THE AC SECTION, USE A NULL DISPLAY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED '1' (PERSON), SET PROVIDER TYPE TO 'PERSON-TYPE-PROVIDER'.</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>IF CODED '2' (FACILITY), SET PROVIDER TYPE TO 'FACILITY-PROVIDER'.</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>IF CODED '1' (PERSON) AND NO PROVIDERS THAT ARE TYPE 'PERSON-TYPE-PROVIDER' ON RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV04</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>IF CODED '1' (PERSON) AND AT LEAST ONE PROVIDER THAT IS TYPE 'PERSON-TYPE-PROVIDER' ON RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH PV02</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>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.'</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
</tbody>
</table>

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>
</tbody>
</table>
2. [Display Truncated Person-Provider-25] [Display Truncated Facility-Provider-30] [Display Truncated Street Address-15]

3. [Display Truncated Person-Provider-25] [Display Truncated Facility-Provider-30] [Display Truncated Street Address-15]

----------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| PROVIDERS ON THE RU-MEDICAL-PROVIDERS-ROSTER THAT |
| ARE OF THE TYPE PERSON-TYPE-PROVIDER, WHICH |
| INCLUDES THE SUBGROUP FLAGGED AS |
| ‘PERSON-IN-FACILITY-PROVIDER’. |

----------------------------------------
| DISPLAY ‘USUAL SOURCE OF CARE’ IF THE PROVIDER |
| ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO |
| CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ‘ASSOCIATED WITH THE EVENT’ IF THE |
| PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM |
| THE ACCESS TO CARE (AC) SECTION. IF THE PV |
| SECTION WAS CALLED FROM THE AC SECTION, USE A NULL |
| DISPLAY. |

----------------------------------------
| ROSTER BEHAVIOR SPECIFICATIONS: |
| 1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY |
| LISTED OR SELECT ‘NONE OF THE ABOVE.’ |
| 2. ONLY ONE SELECTION MAY BE MADE. |
| 3. INTERVIEWER CANNOT ADD AT THIS SCREEN. |
| PROVIDERS ARE ‘ADDED’ BY USING THE ‘NONE OF |
| THE ABOVE’ SELECTION. |
| 4. INTERVIEWER CANNOT DELETE AT THIS SCREEN |
| (I.E., CTRL/D). |
| 5. IF NO FACILITY IS ASSOCIATED WITH THE |
| PERSON-PROVIDER, LEAVE THE FACILITY COLUMN |
| BLANK FOR THAT PERSON-TYPE-PROVIDER. |

----------------------------------------
| DISPLAY ‘NONE OF THE ABOVE’ AS THE LAST ENTRY ON |
| ROSTER. |

----------------------------------------
| IF ‘NONE OF THE ABOVE’ IS SELECTED, GO TO PV04 |

----------------------------------------
| OTHERWISE, CONTINUE WITH PV03 |

PV03

cell: {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] .................
----------------------------------------------------
| DISPLAY 'ASSOCIATED WITH EVENT' IF THE PROVIDER |
| ROSTER (PV) SECTION WAS NOT CALLED FROM THE ACCESS |
| TO CARE (AC) SECTION. IF THE PV SECTION WAS |
| CALLED FROM THE AC SECTION, USE A NULL DISPLAY. |
----------------------------------------------------
PV05
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}

Is (PROVIDER) in a group practice, that is, do other doctors practice at the same office (or are part of an HMO)?

YES ................................. 1  {BOX_01}
NO .................................... 2
REF ................................... -7
DK .................................... -8

| IF CODED '1' (YES), FLAG PERSON-TYPE-PROVIDER AS 'PERSON-IN-FACILITY-PROVIDER'. |

PV06
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}  {EV}

ENTER (NEW) STREET ADDRESS FOR (PROVIDER).
ENTER STREET ADDRESS AND VERIFY SPELLING. IF PROVIDER HAS MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

PROVIDER_STR1 (PV06_01):  [_____________
PROVIDER_STR2 (PV06_02):  [_____________

| DISPLAY 'NEW' IF PV03 IS CODED '2' (ADD NEW ADDRESS FOR PROVIDER). OTHERWISE, USE A NULL DISPLAY. |

| CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON EACH FORM ITEM. |

| IF PV04 WAS ASKED, ASSOCIATE ADDRESS WITH PERSON-TYPE-PROVIDER ENTERED AT PV04. |

| IF PV03 WAS CODED '2' (ADD NEW ADDRESS FOR PROVIDER), WRITE ANOTHER RECORD FOR PROVIDER IN RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS WITH THAT NEW PROVIDER RECORD. SET PROVIDER TYPE TO 'PERSON-TYPE-PROVIDER'. |

| IF A FACILITY WAS DISPLAYED AS PART OF PROVIDER’S ADDRESS AT PV03, ASSOCIATE THAT FACILITY WITH THE NEW PROVIDER RECORD AND FLAG THE PERSON-TYPE-PROVIDER AS A 'PERSON-IN-FACILITY-PROVIDER'. |

| GO TO BOX_02 |
PV07
====
OMITTED.

BOX_01
======

<table>
<thead>
<tr>
<th>IF NO PROVIDERS THAT ARE TYPE 'FACILITY-PROVIDERS'</th>
<th>ON RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV10</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH PV08</th>
<th>---------------------------------------------</th>
</tr>
</thead>
</table>

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>

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS THE PROVIDERS ON THE RU-MEDICAL-PROVIDERS-ROSTER THAT ARE TYPE FACILITY-PROVIDERS.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY 'PROVIDER' IF PV01 IS CODED '2' (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED '1' (PERSON).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR SPECIFICATIONS:</th>
</tr>
</thead>
</table>

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.
MEPS FAMES Panel 11 Round 5 Provider Roster (PV) Section

(I.E., CTRL/D).
----------------------------------------------------
DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON ROSTER.
----------------------------------------------------

IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV10
----------------------------------------------------

OTHERWISE, CONTINUE WITH PV09

PV09

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}
Is the address of {READ NAME AND ADDRESS OF
{{PROVIDER/FACILITY}} BELOW}...
{FACILITY NAME SELECTED AT PV08}
{FACILITY STREET ADDRESS LINE1.}
{FACILITY STREET ADDRESS LINE2.}
FACILITY NAME AND ADDRESS CORRECT ...... 1 {BOX_02}
ADD NEW ADDRESS FOR FACILITY ........... 2
ABOVE NAME/ADDRESS NEEDS SPELLING OR
MINOR CORRECTION .......................... 3 {BOX_02}
SELECTED WRONG FACILITY/ADDRESS ....... 4
REF ....................................... -7 {BOX_02}
DK ........................................ -8 {BOX_02}
[Code One]
----------------------------------------------------
DISPLAY 'PROVIDER' IF PV01 IS CODED '2'
(FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED
'1' (PERSON).

FOR: {FACILITY NAME SELECTED AT PV08}, DISPLAY
THE FACILITY-PROVIDER NAME SELECTED AT PV08.
FOR: {FACILITY STREET ADDRESS LINE1.} AND
(FACILITY STREET ADDRESS LINE2.), DISPLAY LINES
1 AND 2 OF THE FACILITY-PROVIDER'S ADDRESS FOR THE
FACILITY-PROVIDER SELECTED AT PV08.

----------------------------------------------------
IF CODED '1' (FACILITY NAME AND ADDRESS CORRECT)
OR '3' (ABOVE NAME/ADDRESS FOR FACILITY NEEDS
SPELLING OR MINOR CORRECTION) AND PV01 IS CODED
'1' (PERSON), LINK THE FACILITY SELECTED AT PV08
TO THE PERSON-TYPE-PROVIDER FLAGGED AS
'PERSON-IN-FACILITY-PROVIDER'.
----------------------------------------------------
IF CODED '4' (SELECTED WRONG FACILITY/ADDRESS),
CAPI REDISPLAYS PV08 TO ALLOW INTERVIEWER TO
SELECT CORRECT FACILITY.

----------------------------------------------------
IF CODED '3' (ABOVE NAME/ADDRESS NEEDS SPELLING
OR MINOR CORRECTIONS), DISPLAY THE FOLLOWING
MESSAGE: 'THIS OPTION IS DISABLED. PLEASE
RECORD INFORMATION IN COMMENTS.'
PV10
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER...} (EV)
ENTER {NEW} {NAME AND ADDRESS OF {{PROVIDER/FACILITY}}).
ENTER {NAME AND} STREET ADDRESS AND VERIFY SPELLING. IF {{PROVIDER/FACILITY}} HAS MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

FACILITY_NAME (PV10_01): [_____________
FACILITY_STR1 (PV10_02): [_____________
FACILITY_STR2 (PV10_03): [_____________
----------------------------------------------------
| DISPLAY 'NEW' IF PV09 IS CODED '2' (ADD NEW | DISPLAY 'NEW' IF PV09 IS CODED '2' (ADD NEW
| ADDRESS FOR FACILITY). OTHERWISE, USE A NULL 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 '1' (PERSON). DISPLAY 'NAME AND' IF 'NONE OF THE
| ABOVE' WAS SELECTED AT PV08 OR PV08 WAS NOT ASKED. ABOVE' WAS SELECTED AT PV08 OR
| 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. DISPLAY THE NAME OF THE MEDICAL CARE PROVIDER.
| THE CONTEXT HEADER WILL ONLY HAVE THE NAME OF THE THE CONTEXT HEADER WILL ONLY HAVE THE NAME OF THE
| PROVIDER(S) ASSOCIATED WITH THE EVENT IF PV09 WAS PROVIDER(S) ASSOCIATED WITH THE EVENT IF PV09 WAS
| CODED '2' (ADD NEW ADDRESS FOR FACILITY). CODED '2' (ADD NEW ADDRESS FOR FACILITY).
|----------------------------------------------------
----------------------------------------------------
CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON
PV10_02 AND PV10_03 ONLY.
----------------------------------------------------
----------------------------------------------------
IF PV09 IS CODED '2' (ADD NEW ADDRESS FOR IF PV09 IS CODED '2' (ADD NEW ADDRESS FOR
FACILITY), PV10 WILL NOT COLLECT THE FACILITY FACILITY), PV10 WILL NOT COLLECT THE FACILITY
NAME.
----------------------------------------------------
----------------------------------------------------
IF FACILITY-PROVIDER NOT SELECTED AT PV08 (I.E., IF FACILITY-PROVIDER NOT SELECTED AT PV08 (I.E.,
PV08 WAS NOT ASKED OR 'NONE OF THE ABOVE' WAS PV08 WAS NOT ASKED OR 'NONE OF THE ABOVE' WAS
SELECTED), WRITE NAME AND ADDRESS ENTERED ABOVE TO SELECTED), WRITE NAME AND ADDRESS ENTERED ABOVE TO
FACILITY-PROVIDER NAME COLUMN AND ADDRESS COLUMN FACILITY-PROVIDER NAME COLUMN AND ADDRESS COLUMN
OF THE RU-MEDICAL-PROVIDERS-ROSTER.
OF THE RU-MEDICAL-PROVIDERS-ROSTER.
IF FACILITY-PROVIDER SELECTED AT PV08 AND PV09 WAS IF FACILITY-PROVIDER SELECTED AT PV08 AND PV09 WAS
CODED '2' (ADD NEW ADDRESS FOR FACILITY), WRITE CODED '2' (ADD NEW ADDRESS FOR FACILITY), WRITE
ANOTHER RECORD FOR THE FACILITY-PROVIDER TO THE ANOTHER RECORD FOR THE FACILITY-PROVIDER TO THE
RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS
WITH THAT NEW PROVIDER RECORD.
WITH THAT NEW PROVIDER RECORD.
IF PV01 IS CODED '1' (PERSON), LINK THE FACILITY IF PV01 IS CODED '1' (PERSON), LINK THE FACILITY
TO THE PERSON-TYPE-PROVIDER FLAGGED AS TO THE PERSON-TYPE-PROVIDER FLAGGED AS
'PERSON-IN-FACILITY-PROVIDER'.
'PERSON-IN-FACILITY-PROVIDER'.
----------------------------------------------------
| GO TO BOX_02 | GO TO BOX_02
----------------------------------------------------

PV11
====

OMITTED.
RETURN TO QUESTIONNAIRE SECTION FROM WHICH THE PROVIDER ROSTER (PV) SECTION WAS CALLED.
Reenumeration (RE) Section Subsection A

BOX_01
=====

---

**RU CLASSIFICATIONS:**

<table>
<thead>
<tr>
<th>THE FOLLOWING RU CLASSIFICATIONS ARE USED THROUGHOUT THE REENUMERATION SECTION IN SKIP AND WORD FILL SPECIFICATIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| 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. |


---

**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. |

THE RE SECTION, THE ROSTER INCLUDES ALL RU MEMBERS WHO WERE ELIGIBLE OR INSTITUTIONALIZED ON THE DATE OF THE PREVIOUS ROUND INTERVIEW.

IN ALL ROUNDS, FOR A CASE THAT HAS HAD A BREAKOFF, THE ROSTER INCLUDES PERSONS ELIGIBLE OR INSTITUTIONALIZED AT THE END OF RE. FOR A SPLIT RU, THE ROSTER INCLUDES RU MEMBERS WHO SPLIT FROM THE ORIGINAL RU.

---

RE01

YOU HAVE SELECTED THE {STUDENT RU} CASE FOR {FULL NAME OF REFERENCE PERSON}. THE RU MEMBERS ARE LISTED BELOW.

TO SCROLL, USE ARROW KEYS.

TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

1. First Name,[Middle Name],[LastName-65]
2. First Name,[Middle Name],[Last Name-65]
3. First Name,[Middle Name],[Last Name-65]

HAVE YOU SELECTED THE CORRECT CASE?

YES .................................... 1
NO ..................................... 2

---

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER.

---

DISPLAY ‘STUDENT RU’ IF STUDENT RU. OTHERWISE, USE NULL DISPLAY.

FOR '{FULL NAME OF REFERENCE PERSON}’ DISPLAY THE FULL NAME OF PREVIOUS ROUND REFERENCE PERSON IF STANDARD RU OR STUDENT RU. DISPLAY FULL NAME OF OLDEST PERSON IN RU, IF NEW RU.

---

IF CODED ‘2’ (NO), DISPLAY THE FOLLOWING MESSAGE:

‘PRESS ENTER TO RETURN TO ‘ENTER ID’ SCREEN.’

---

OTHERWISE (CORRECT CASE SELECTED), CONTINUE WITH RE02

---

RE02

{INTERVIEWER: READ INTRODUCTION JOB AID BEFORE CODING.}

{PLEASE NOTE: THIS IS A ROUND 5 INTERVIEW. QUESTIONS ARE ASKED AS OF DEC 31, 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.
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, 2007 RATHER THAN ‘TODAY’.’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

----------------------------------------------------

IF ROUND 1 AND CODED ‘1’ (RU MEMBER) AND STANDARD RU, GO TO RE05

----------------------------------------------------

IF ROUND 1 AND CODED ‘1’ (RU MEMBER) AND NEW RU, GO TO RE05A

----------------------------------------------------

IF ROUND 1 AND CODED ‘1’ (RU MEMBER) AND STUDENT RU, GO TO RE05B

----------------------------------------------------

IF NOT ROUND 1 AND CODED ‘1’ (RU MEMBER) AND STUDENT RU, GO TO RE06 AND SELECT STUDENT AUTOMATICALLY BY CAPI, THEN GO TO RE09

----------------------------------------------------

IF NOT ROUND 1 AND CODED ‘1’ (RU MEMBER) AND STANDARD OR NEW RU, GO TO RE06

----------------------------------------------------

OTHERWISE (PROXY APPROVED BY SUPERVISOR), CONTINUE WITH RE03

BOX_01A
=======
OMITTED.

BOX_01B
=======
OMITTED.

RE03
=====

INTERVIEWER: SINCE THIS IS AN INTERVIEW WITH A PROXY, PLEASE EXPLAIN THE REASON(S) AN RU MEMBER CANNOT BE THE RESPONDENT.

[Enter Text]

----------------------------------------------------

IF ROUND 1 AND STANDARD RU, GO TO RE05

----------------------------------------------------

IF ROUND 1 AND NEW RU, GO TO RE05A

----------------------------------------------------

IF ROUND 1 AND STUDENT RU, GO TO RE05B

----------------------------------------------------
| OTHERWISE (NOT ROUND 1), GO TO RE07 | |

LOOP_01
=======
OMITTED.

RE04
====
OMITTED.

END_LP01
========
OMITTED.

BOX_02
======
OMITTED.

RE05
====

{REFERENCE PERSON’S FIRST MIDDLE AND LAST NAME}
(As I mentioned earlier,) my records show that (PERSON)’s household took part in the National Health Interview Survey 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.

---------------------------------------------------
| NOTE: IN ROUND 1, THE NAME IN THE CONTEXT HEADER IS THE FULL NAME OF THE NHIS REFERENCE PERSON. |
---------------------------------------------------

| IF RE02 CODED '1' (RU MEMBER), GO TO RE06 |
---------------------------------------------------

| IF RE02 CODED '2' (PROXY APPROVED BY SUPERVISOR), |
| GO TO RE08 |
---------------------------------------------------

RE05A
=====

{REFERENCE PERSON’S FIRST MIDDLE AND LAST NAME}
(As I mentioned earlier,) my records show that (PERSON) (were/was) a member of a household that took part in the National Health Interview Survey 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.

| NOTE: THE NAME OF THE REFERENCE PERSON DISPLAYED IN THE CONTEXT HEADER IS THE FULL NAME OF THE OLDEST RU MEMBER. |

| IF RE02 CODED '1' (RU MEMBER), GO TO RE06 |

| IF RE02 CODED '2' (PROXY APPROVED BY SUPERVISOR), GO TO RE08 |

RE05B
=====

(REFERENCE PERSON’S FIRST MIDDLE AND LAST NAME)
(As I mentioned earlier,) my records show that (PERSON) (were/was) a member of a household that took part in the National Health Interview Survey 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 |

RE06
=====

SELECT THE RESPONDENT.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBERS</th>
<th>RE06_02. RUID</th>
<th>RE06_03. GENDER</th>
<th>RE06_04. AGE</th>
<th>RE06_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>
### Roster Definition

This item displays the DU-Members-Roster.

### Display ‘New RU Member Not Yet Listed’ as the Last Entry on This Roster.

### Matrix Behavior Specifications:

1. Allow interviewer to use up and down arrow keys to move cursor among rows.
2. The matrix columns are display-only. That is, no changes are allowed to the information.
3. The ‘Interview Completed This Round’ column displays an ‘X’ for each person who has already been interviewed this round in the standard RU or another RU in this DU.
4. If person with an ‘X’ in ‘Interview Completed This Round’ column is selected, display message: ‘Person cannot be selected. Has already been interviewed with another RU.’
5. If an RU member under 18 is selected as the respondent, display message ‘Respondent < 18. S/he must be approved by supervisor. Reselect to verify.’
6. If interviewer selects a person from another RU, display the message: ‘Person is member of another RU. Verify that person joined or correct selection.’

---

If person from another RU is selected and verified as the respondent, add person to RU-Members-Roster.

---

If ‘New RU Member Not Yet Listed’ is selected, continue with RE08.

---

Otherwise (person selected as respondent was already in DU in the previous round), go to RE09.
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] ...............................

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

ENTER NAME OF {RU MEMBER/PROXY} RESPONDENT.
May I have your full name?
VERIFY SPELLING.
IF NO MIDDLE NAME OR INITIAL, ENTER ‘NMN’.
[Enter First Name, [Middle Name], Last Name-65] ..... REFUSED AND DON’T KNOW DISALLOWED AT ALL FIELDS.

DISPLAY ‘RU MEMBER’ IF RE02 CODED ‘1’ (RU MEMBER).
DISPLAY ‘PROXY’ IF RE02 CODED ‘2’ (PROXY APPROVED BY SUPERVISOR).

----------------------------------------------------

IF ‘NEW RU MEMBER NOT YET LISTED’ SELECTED AT RE06, ADD PERSON ENTERED AT RE08 TO RU-MEMBERS-ROSTER AND FLAG PERSON AS ‘RU MEMBER ADDED AT RE08’.

----------------------------------------------------

IF ‘NEW PROXY APPROVED BY SUPERVISOR’ CODED AT RE07, ADD PERSON ENTERED AT RE08 TO PERSONS-ROSTER AND FLAG PERSON AS ‘PROXY ADDED AT RE08’.

RE09
====

VERIFY LOCATING ADDRESS BELOW WITH RESPONDENT.

STREET ADDRESS1: {RU’S MOST RECENT ST. ADDRESS1}
STREET ADDRESS2: {RU’S MOST RECENT ST. ADDRESS2}
CITY: {RU’S MOST RECENT CITY}
STATE: {ST}
ZIP CODE: {ZIP CODE}
CORRECT ADDRESS ......................... 1 (RE10A)
SAME ADDRESS - MINOR CORRECTIONS ........ 2
NEW ADDRESS ......................... 3
[Code One]
PRESS F1 FOR DEFINITION OF LOCATING ADDRESS.

RE10
====

MAKE CORRECTIONS TO LOCATING ADDRESS BELOW.
IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.
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]

```
RE..................................... -7
DK................................. -8
```

| IF CURRENT INFO IS NOT AVAILABLE, ENTRY IS REQUIRED FOR TELEPHONE NUMBER. (REFUSED AND DON'T KNOW ARE ALLOWED AT ALL FIELDS.) |

| IF ROUND 1 AND STANDARD SINGLE-PERSON RU OR NEW SINGLE-PERSON RU (THAT IS, ANY NON-STUDENT SINGLE-PERSON RU), AND RE02 CODED '1' (RESPONDENT IS AN RU MEMBER), GO TO RE47 |

| IF ROUND 1 AND STANDARD SINGLE-PERSON RU OR NEW SINGLE-PERSON RU (THAT IS, ANY NON-STUDENT SINGLE-PERSON RU) AND RE02 CODED '2' (RESPONDENT IS A PROXY APPROVED BY SUPERVISOR), GO TO RE20 |

| IF ROUND 1 AND MULTI-PERSON RU (WHETHER STANDARD OR NEW), GO TO RE20 |

| IF NOT ROUND 1 AND NOT A STUDENT RU, GO TO BOX_09 |

| IF STUDENT RU, CONTINUE WITH RE11A |

RE11A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} My records show that (PERSON) (are/is) a student at post-secondary school. (Are/Is) (PERSON) attending school full-time or part-time?

```
PART-TIME .............................. 1
FULL-TIME .................................. 2
NOT ATTENDING SCHOOL ................... 3
REF ........................................... -7
DK ........................................... -8
```

| Code One |

BOX_03A
======

| IF STUDENT RU NOT CREATED IN CURRENT ROUND AND |
RE11A coded ‘3’ (not attending school), continue with BOX_03B

Otherwise, go to RE12

BOX_03B

---------

RU CLASSIFICATION CHANGE: Change RU classification from student RU to standard RU since person is no longer attending school.

Go to RE47

RE12

---------

Verify information with respondent. Correct if necessary.

Gender: 1 = Male, 2 = Female

If age is incorrect and date of birth known, re-enter date of birth.
If age is incorrect and date of birth not known, probe for age and enter if known.

{Note: For Round 5, age is calculated as of Dec 31, 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, 2007.’ 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, 2007. ALL AGE SKIPS (THROUGHOUT THE QUESTIONNAIRE) WILL BE BASED ON THIS AGE.

IF STUDENT RU NOT CREATED THIS ROUND AND AGE > 23, CONTINUE WITH BOX_05

OTHERWISE, GO TO RE13

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

{PERSON’S FIRST MIDDLE AND LAST NAME}
My records show that {as of December 31, 2007} (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, 2007’ IF ROUND 5. OTHERWISE, USE NULL DISPLAY.

DISPLAY (have/has) IF NOT ROUND 5. IF ROUND 5, DISPLAY ‘had’.

{(Are/Is)/On December 31, 2007, (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, 2007, (were/was)' IF ROUND 5. |
| DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A |
| NULL DISPLAY. |

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
RE16
=====

At this time, we are only collecting information about persons who are not on full-time active duty with the Armed Forces of the United States. Therefore, that is all the information we need.

PRESS ENTER TO CONTINUE.

RE17
=====

Thank you for your participation in this important study.

PRESS ENTER TO CONTINUE.

RE17A
=====

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER TO END THE INTERVIEW.

RE17B
=====

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON ................................................ 1
TELEPHONE ............................................... 2

(Code One)

<p>| GO TO BOX_27 ........................................ |</p>
<table>
<thead>
<tr>
<th>RE19 = 1), CONTINUE WITH LOOP_02</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF STANDARD SINGLE-PERSON RU OR NEW SINGLE-PERSON</td>
</tr>
<tr>
<td>RU (THAT IS, ANY NON-STUDENT SINGLE-PERSON RU),</td>
</tr>
<tr>
<td>AND RE02 CODED ‘1’ (RESPONDENT IS AN RU MEMBER),</td>
</tr>
<tr>
<td>GO TO RE47</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO RE20</td>
</tr>
</tbody>
</table>

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 ======

| IF PERSON BEING ASKED ABOUT IS AN RU MEMBER |
| RESPONDENT (RE02 = 1), CODE ‘NO’ AT RE19 |
| AUTOMATICALLY BY CAPI, THEN CONTINUE WITH |
| BOX_09B |
| OTHERWIFE, 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, 2007, was’ IF ROUND 5. |
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 12/31/2007).

IF RESPONDENT VOLUNTEERS THAT PERSON IS DECEASED, CODE ‘3’
WITHOUT ASKING.
{Is/On December 31, 2007, 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
SOMEBODY ELSE ..................... 2 {RE19D}
DECEASED ......................... 3 {RE19C}
REF ................................ -7 {RE19D}
DK .................................... -8 {RE19D}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

DISPLAY ‘Is’ AND ‘does’ IF NOT ROUND 5. DISPLAY
‘On December 31, 2007, 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

[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
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


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.


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


NOTE: THE DATE ENTERED HERE DETERMINES THE START OF THE REFERENCE PERIOD FOR THIS PERSON.

------------

GO TO END_LP02

------------

RE19D

(PERSON’S FIRST MIDDLE AND LAST NAME)
On what date did (PERSON) leave the health care facility?
[Enter Month Day Year-4] ..............
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.

-------------


-------------

NOTE: THE DATE ENTERED HERE DETERMINES THE START OF THE REFERENCE PERIOD FOR THIS PERSON.

-------------

RE19E

(PERSON’S FIRST MIDDLE AND LAST NAME)
Where (is (PERSON) now/was (PERSON) on December 31, 2007)?
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, 2007’ IF ROUND 5.

-------------

DISALLOW FINAL ENTRY OF CODE ‘1’ (INSTITUTIONALIZED IN HEALTH CARE FACILITY). IF INTERVIEWER ENTERS CODE ‘1’, DISPLAY THE FOLLOWING MESSAGE ‘VERIFY FACILITY TYPE. IF HEALTH CARE FACILITY USE CTRL/J TO CORRECT RE19 TO YES.’
RE19F

{PERSON’S FIRST MIDDLE AND LAST NAME}
(Is/Was) (PERSON) living within the U.S. or outside the U.S.
(on December 31, 2007)?

WITHIN U.S. .......................... 1
OUTSIDE U.S. .......................... 2
REF ................................. -7
DK .................................. -8
PRESS F1 FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

IF PERSON CODED ‘4’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL AT RE19E), CONTINUE WITH RE19G

OTHERWISE, GO TO RE19I

RE19G

{PERSON’S FIRST MIDDLE AND LAST NAME}
{(Are/Is)/On December 31, 2007, (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, 2007, (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, 2007)?

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, 2007’ IF ROUND |
| 5. OTHERWISE, USE A NULL DISPLAY.                |
---------------------------------

RE19HO

(Is/Was) (PERSON) living within the U.S. or outside the U.S. {on December 31, 2007)?
  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, 2007’ 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).


RE20

{INTERVIEWER: IF ALL RU MEMBERS DEAD OR INSTITUTIONALIZED, CODE NO WITHOUT ASKING.}

Before we begin the health interview, {I’d like to ask some questions about this household./I’d like you think about the people living here on December 31, 2007, 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, 2007}?

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, 2007’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

ROSTER DEFINITION:
IF ROUND 1, THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITION:
- PERSON NOT ADDED TO RU-MEMBERS-ROSTER THIS ROUND

IF NOT ROUND 1, THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON NOT ADDED TO RU-MEMBERS-ROSTER THIS ROUND
- PERSON NOT INSTITUTIONALIZED ON DATE OF PREVIOUS ROUND INTERVIEW

IF RE20 CODED ‘1’ (YES), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), CODE RE21_02 AS ‘1’ (IN RU) FOR ALL RU MEMBERS AUTOMATICALLY BY CAPI, AND GO TO RE42

OTHERWISE (RE20 CODED ‘2’ (NO)), CONTINUE WITH RE21

BOX_10
======
OMITTED.

BOX_11
======
OMITTED.

RE21
====
Who {is/was} not living here with the family {on December 31, 2007}?
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.

----------------------------------------------------
| REFUSED AND DON’T KNOW DISALLOWED.                |
----------------------------------------------------
| DISPLAY ‘is’ IF NOT ROUND 5. DISPLAY ‘was’ IF    |
| ROUND 5. DISPLAY ‘on December 31, 2007’ IF ROUND |
| 5. OTHERWISE, USE A NULL DISPLAY.                |
----------------------------------------------------
| DISPLAY ‘NHIS’ IF ROUND 1. OTHERWISE, DISPLAY    |
| ‘PREVIOUS ROUND’.                                |
----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM USES THE            |
| RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO  |
| MEET THE FOLLOWING CONDITION:                    |
| - PERSON NOT ADDED TO RU-MEMBERS-ROSTER         |
| THIS ROUND                                       |
----------------------------------------------------

MATRIX BEHAVIOR SPECIFICATIONS:

1. DISPLAY CODE ‘1’ (IN RU) AT RE21_02 FOR EACH RU MEMBER.
2. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
3. RU MEMBERS COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO RU MEMBERS AT THIS SCREEN.
4. INTERVIEWERS SHOULD NOT BE ALLOWED TO LEAVE SCREEN IF ALL PERSONS CODED ‘1’ (IN RU) AT RE21_02. IF THE INTERVIEWER ATTEMPTS TO LEAVE SCREEN WITH RE21_02 CODED ‘1’ FOR ALL RU MEMBERS, DISPLAY THE MESSAGE: ‘IF EVERYONE IS STILL IN RU, USE CTRL/B TO CORRECT PREVIOUS SCREEN.’

IF PERSON IS CODED ‘3’ (INCORRECTLY LISTED IN RU DURING {NHIS/PREVIOUS INTERVIEW}) AT RE21_02, REMOVE PERSON FROM RU-MEMBERS-ROSTER AND IF ROUND 1, FLAG PERSON AS ‘NOT IN RU - INCORRECTLY LISTED IN RU DURING NHIS.’ OTHERWISE FLAG AS ‘NOT IN RU - INCORRECTLY LISTED IN RU DURING PREVIOUS INTERVIEW.’ PERSON IS INELIGIBLE AND OUT-OF-SCOPE. NO FURTHER INFORMATION WILL BE COLLECTED FOR PERSON.
| IF RE21_02 CODED ‘2’ (LEFT RU) FOR AT LEAST ONE RU MEMBER, CONTINUE WITH LOOP_04 |
|OTHERWISE (NO RU MEMBER CODED ‘2’ (LEFT RU) AND AT LEAST ONE RU MEMBER CODED ‘3’ (INCORRECTLY LISTED IN RU DURING NHIS)), GO TO BOX_22|

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.
OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

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, 2007}?
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, 2007’ 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, 2007}?
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]
RE37
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
(Is/Was) (PERSON) living within the U.S. or outside the U.S.
{on December 31, 2007)?

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.

RE38
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
(Is/Was) (PERSON) living in another household or in a military
facility {on December 31, 2007)?

ANOTHER HOUSEHOLD ............... 1
MILITARY FACILITY ................. 2 {RE41}
REF .................................. -7
DK .................................. -8

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
RE380V
=======

(Is/Was) (PERSON) living within the U.S. or outside the U.S. (on December 31, 2007)?

- 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, 2007’ IF ROUND | |
| 5.  OTHERWISE, USE A NULL DISPLAY.              |

----------------------------------------------------
| IF CODED ‘1’ (WITHIN U.S.), ‘-7’ (REFUSED), OR |
| ‘-8’ (DON’T KNOW), FLAG PERSON AS ‘FULL-TIME     |
| MILITARY IN U.S. AND NOT ON MILITARY FACILITY’   |

----------------------------------------------------

BOX_21
=======

OMITTED.

RE39
====

OMITTED.

RE40
====

(PERSON’S FIRST MIDDLE AND LAST NAME)

Please give me the name and address of the nursing home or long term care facility where (PERSON) {is/was} living {now/on December 31, 2007}.

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, 2007’ IF ROUND 5.              |

----------------------------------------------------
| CODES ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ARE | |
| ALLOWED ON EACH FORM ITEM.                     |

----------------------------------------------------
RE41
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) {die/enter the institution/start living away at school/move/leave the United States/leave the household}?

[Enter Month, Day, Year-4] ..............
REF ...................................... -7
DK ...................................... -8

----------------------------------------------------
| DISPLAY 'die' IF RE35 CODED '1' (DECEASED).
| DISPLAY 'enter the institution' IF RE35 CODED '2' (INSTITUTIONALIZED).
| DISPLAY 'start living away at school' IF RE35 CODED '3' (STUDENT UNDER 24 LIVING AWAY AT SCHOOL IN GRADES 1-12) OR '4' (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL).
| DISPLAY 'move' IF RE35 CODED '5' (MOVED - CURRENTLY NOT IN MILITARY) AND RE37 CODED '1' (WITHIN U.S.), '-7' (REF), OR '-8' (DK) OR IF RE35 CODED '6' (MOVED - CURRENTLY FULL-TIME ACTIVE DUTY IN THE ARMED FORCES).
| DISPLAY 'leave the U.S.' IF RE35 CODED 5' (MOVED - CURRENTLY NOT IN MILITARY) AND RE37 CODED '2' (OUTSIDE U.S.).
| DISPLAY 'leave the household' IF RE35 CODED '-7' (REF) OR '-8' (DK).

----------------------------------------------------


----------------------------------------------------

IF DATE IS PRIOR TO 01/01/2006 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 ARMY)
  
  AND
  
  (RE38 CODED ‘1’ (ANOTHER HOUSEHOLD), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW))
  
  AND
  
  RE38OV CODED ‘2’ (OUTSIDE U.S.)
  
  REMOVE PERSON FROM THE RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED AT RE41. PERSON IS OUT OF SCOPE AND INELIGIBLE. INFORMATION WILL NOT BE COLLECTED FOR THIS PERSON.

--------------------

IF PERSON IS FLAGGED DURING THIS INTERVIEW AS ONE OF THE FOLLOWING:

- ‘NEW STUDENT’ (THAT IS, RE35 CODED ‘4’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) AND (RE37 CODED ‘1’ (WITHIN U.S.), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW))

OR

- ‘NON-MILITARY MOVER IN U.S.’ (THAT IS, RE35 CODED ‘5’ (MOVED - CURRENTLY NOT IN MILITARY) AND (RE37 CODED ‘1’ (WITHIN U.S.), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW))

OR

- ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’ (THAT IS, RE35 CODED ‘6’ (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMY) 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 01/01/2006 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 ARMY) AND RE38 CODED ‘2’ (MILITARY FACILITY)

OR
- RE35 CODED ‘6’ (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES) AND (RE38 CODED ‘1’ (ANOTHER HOUSEHOLD), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)) AND RE38OV CODED ‘2’ (OUTSIDE U.S.) OR - RE35 CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW)

FLAG PERSON AS ‘REMOVE FROM RU BEFORE NEXT ROUND’. INFORMATION MAY BE COLLECTED FOR PERSON DURING THIS ROUND UP UNTIL THE DATE PERSON LEFT THE RU. (PERSON’S REFERENCE PERIOD WILL END ON DATE PERSON LEFT THE RU.) CAPI DETERMINES WHETHER OR NOT TO INCLUDE PERSON IN THE INTERVIEW BASED ON PERSON’S ELIGIBILITY WHICH IS ASSESSED BEFORE RE85.

END_LP04

--------------------------------------------------------------------------------------------------

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

--------------------------------------------------------------------------------------------------

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH BOX_22

--------------------------------------------------------------------------------------------------

BOX_22

--------------------------------------------------------------------------------------------------

IF ALL RU MEMBERS LEFT THE RU AND ARE NOT ELIGIBLE FOR THE STUDY AS PART OF ANY RU (THEREFORE, LOCATING INFORMATION IS NOT REQUIRED); THAT IS: - IF THE RU-MEMBERS-ROSTER IS EMPTY AND - NO ONE IS FLAGGED AS A ‘NEW STUDENT’ THIS INTERVIEW AND - NO ONE IS FLAGGED AS A ‘NON-MILITARY MOVER IN U.S.’ THIS INTERVIEW AND - NO ONE IS FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’ THIS INTERVIEW, CONTINUE WITH RE42A

--------------------------------------------------------------------------------------------------

IF AT LEAST ONE RU MEMBER IS CURRENTLY LIVING IN THE RU (THAT IS, IF AT LEAST ONE PERSON ON THE CURRENT RU-MEMBERS-ROSTER MEETS ALL OF THE FOLLOWING CONDITIONS: - NOT DECEASED (RE35 IS NOT CODED ‘1’) AND - NOT INSTITUTIONALIZED (RE35 IS NOT CODED ‘2’)
<p>| - NOT A STUDENT OR NON-MILITARY MOVER LIVING OUTSIDE THE U.S. (RE37 IS NOT CODED ‘2’) |
| AND |
| - NOT ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 IS NOT CODED ‘2’) |
| AND |
| - NOT ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE THE U.S. (RE38OV IS NOT CODED ‘2’) |
| AND |
| - NOT LEFT RU FOR UNKNOWN REASON (RE35 IS NOT CODED ‘-7’ OR ‘-8’), |</p>
<table>
<thead>
<tr>
<th>GO TO RE42</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE IF ROUND 1 (THAT IS, EITHER THE RU-MEMBERS-ROSTER INCLUDES ONLY PERSONS WHO HAVE LEFT THE RU SINCE START DATE OR (THE RU-MEMBERS-ROSTER IS EMPTY AND AT LEAST ONE REMOVED PERSON IS FLAGGED AS ‘NEW STUDENT’ OR ‘NON-MILITARY MOVER IN U.S.’ OR ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’)), GO TO BOX_24A</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE IF NOT ROUND 1 (THAT IS, EITHER THE RU-MEMBERS-ROSTER INCLUDES ONLY PERSONS WHO HAVE LEFT THE RU SINCE START DATE OR (THE RU-MEMBERS-ROSTER IS EMPTY AND AT LEAST ONE REMOVED PERSON IN FLAGGED AS ‘NEW STUDENT’ OR ‘NON-MILITARY MOVER IN U.S.’ OR ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’)), GO TO RE57A</td>
</tr>
</tbody>
</table>

RE42A
=====
INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR. PRESS ENTER TO END THE INTERVIEW.

RE42B
=====
INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)
IN-PERSON ............................. 1
TELEPHONE ............................. 2
[Code One]
| GO TO BOX_27 |

RE42
=====
{At the time this household participated in the National Health Interview Survey 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, 2007}?
YES .................................... 1
NO ..................................... 2
DISPLAY ‘At the time this household participated in the National Health Survey in {MONTH, DAY, YEAR OF NHIS INTERVIEW}’ IF ROUND 1. OTHERWISE, DISPLAY ‘At the time of the last interview’.

FOR ‘{PREVIOUS ROUND REFERENCE PERSON}’, DISPLAY NHIS REFERENCE PERSON IF ROUND 1. OTHERWISE, DISPLAY PREVIOUS ROUND MEPS REFERENCE PERSON.

DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF ROUND 5.

DISPLAY ‘as of December 31, 2007’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

IF CODED ‘1’ (YES) AND PREVIOUS ROUND REFERENCE PERSON MEETS ANY OF THE FOLLOWING CONDITIONS:
- DELETED FROM THE RU-MEMBERS-ROSTER THIS ROUND
OR
- DECEASED OR INSTITUTIONALIZED (RE35 CODED ‘1’ OR ‘2’)
OR
- STUDENT OR NON-MILITARY LIVING OUTSIDE THE U.S. (RE37 CODED ‘2’)
OR
- CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 CODED ‘2’)
OR
- CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE U.S. (RE38OV CODED ‘2’)
OR
- LEFT RU FOR UNKNOWN REASON (RE35 CODED ‘-7’ OR ‘-8’),
GO TO RE44

IF CODED ‘2’ (NO), CONTINUE WITH RE43

OTHERWISE, GO TO BOX_22AA

RE43

Of the people in this family who {live/lived} here {now/on December 31, 2007}, 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’      |

ROSTER DEFINITION: THIS ITEM USES THE RU-MEMBERS-ROSTER TO DISPLAY ALL RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON = > 16 YEARS OLD OR AGE CATEGORY 4-9
  AND
- STILL LIVING IN THE RU AT THE DATE OF THE CURRENT INTERVIEW (THAT IS, NOT CODED ANY OF THE FOLLOWING:
  - DECEASED OR INSTITUTIONALIZED (RE35 CODED ‘1’ OR ‘2’)
  OR
  - STUDENT OR NON-MILITARY LIVING OUTSIDE THE U.S. (RE37 CODED ‘2’)
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 CODED ‘2’)
  OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE U.S. (RE38OV CODED ‘2’)
  OR
  - LEFT RU FOR UNKNOWN REASON (RE35 CODED ‘-7’ OR ‘-8’)

DISPLAY ‘PERSON NOT IN RU’ AS THE LAST ENTRY ON THE ROSTER.

IF ‘PERSON NOT IN RU’ IS SELECTED, CONTINUE WITH RE44

OTHERWISE (CURRENT RU MEMBER SELECTED), GO TO BOX_22AA

-----

RE44

Of all the people in this family who {live/lived} here {now/on December 31, 2007}, 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>
</tbody>
</table>
2. First Name Middle Name Last Name-35

[Display RUID] [Display Selection] [Display Age] [Display Selection]

3. First Name Middle Name Last Name-35

[Display RUID] [Display Selection] [Display Age] [Display Selection]

[Code One]

PRESS F1 FOR DEFINITION OF HEAD OF HOUSEHOLD.
----------------------------------------------------
| DISPLAY 'live' AND 'now' AND 'is' IF NOT ROUND 5. |
| DISPLAY 'lived' AND 'on December 31, 2007' AND |
| 'was' IF ROUND 5. |
----------------------------------------------------

ROSTER DEFINITION: THIS ITEM DISPLAYS THE
DU-MEMBERS-ROSTER.

----------------------------------------------------
| DISPLAY 'NEW RU MEMBER NOT YET LISTED' AS LAST |
| ENTRY ON ROSTER. |
----------------------------------------------------

MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW
   KEYS TO MOVE CURSOR AMONG ROWS.
2. THE MATRIX COLUMNS ARE DISPLAY-ONLY. THAT IS,
   NO CHANGES ARE ALLOWED TO THE INFORMATION.
3. THE 'INTERVIEW COMPLETED THIS ROUND' COLUMN
   DISPLAYS AN 'X' FOR EACH PERSON WHO HAS
   ALREADY BEEN INTERVIEWED THIS ROUND IN THE
   STANDARD RU OR ANOTHER RU IN THIS DU.
4. IF PERSON WITH AN 'X' IN 'INTERVIEW COMPLETED |
   THIS ROUND' COLUMN IS SELECTED, DISPLAY |
   MESSAGE: 'PERSON CANNOT BE SELECTED. HAS |
   ALREADY BEEN INTERVIEWED WITH ANOTHER RU.' |
5. IF AN RU MEMBER UNDER 16 SELECTED AS HEAD OF |
   HOUSEHOLD, DISPLAY MESSAGE 'RESPONDENT < 16. |
   S/HE MUST BE APPROVED BY SUPERVISOR. RESELECT |
   TO VERIFY.' |
6. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER |
   RU, DISPLAY THE MESSAGE: 'PERSON IS MEMBER |
   OF ANOTHER RU. VERIFY THAT PERSON JOINED OR |
   CORRECT SELECTION.' |
7. IF INTERVIEWER SELECTS PERSON WHO HAS LEFT |
   THE RU, DISPLAY THE MESSAGE: 'SELECTION IS |
   INAPPROPRIATE. MAKE ANOTHER SELECTION.' |
----------------------------------------------------

IF PERSON FROM ANOTHER RU SELECTED AND VERIFIED |
AS THE HEAD OF HOUSEHOLD, ADD PERSON TO |
RU-MEMBERS-ROSTER.

----------------------------------------------------
| IF 'NEW RU MEMBER NOT YET LISTED' SELECTED, |
| CONTINUE WITH RE45 |
RE45
====
ENTER NAME OF NEW RU MEMBER WHO OWNS OR RENTS HOME OR IS HEAD OF HOUSEHOLD.
VERIFY SPELLING.
IF NO MIDDLE NAME OR INITIAL, ENTER ‘NMN’.
[Enter First Name,[Middle Name],Last Name-65]
| REFUSED AND DON’T KNOW DISALLOWED AT ALL FIELDS. |
| ADD PERSON TO RU-MEMBERS-ROSTER AND FLAG PERSON AS ‘NEW RU MEMBER ADDED AT RE45’. |

BOX_22AA
========

IF AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER IS AN ORIGINAL RU MEMBER WHO IS STILL LIVING IN THE RU AT THE TIME OF THE CURRENT INTERVIEW; THAT IS, IF AT LEAST ONE RU MEMBER MEETS THE FOLLOWING CONDITIONS:
- NOT ADDED TO THE RU THIS ROUND
AND
- NOT CODED ANY OF THE FOLLOWING:
  - DECEASED OR INSTITUTIONALIZED (RE35 CODED ‘1’ OR ‘2’) OR
  - STUDENT OR NON-MILITARY LIVING OUTSIDE THE U.S. (RE37 CODED ‘2’) OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING AT A MILITARY FACILITY (RE38 CODED ‘2’) OR
  - CURRENTLY ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE U.S. (RE38OV CODED ‘2’) OR
  - LEFT RU FOR UNKNOWN REASON (RE35 CODED ‘-7’ OR ‘-8’),
CONTINUE WITH RE46

| OTHERWISE, GO TO BOX_24A |

RE46
====
{REFERENCE PERSON’S FIRST MIDDLE AND LAST NAME} {Please think about the household composition as of December 31, 2007 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, 2007} 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.

----------------------------------------------------
<p>| 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, 2007' |</p>
<table>
<thead>
<tr>
<th>IF ROUND 5.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM USES THE ROSTER TO    |
| DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING     |
| CONDITION:                                         |</p>
<table>
<thead>
<tr>
<th>- PERSON NOT ADDED TO RU-MEMBERS-ROSTER THIS ROUND</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY 'other than you' IF RESPONDENT FLAGGED AS |
| 'NEW RU MEMBER ADDED AT RE08'. OTHERWISE, USE A NULL |</p>
<table>
<thead>
<tr>
<th>DISPLAY.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF NOT ROUND 1 AND PG01 WAS CODED '1' (YES) IN     |
| THE PREVIOUS ROUND, DISPLAY THE FOLLOWING MESSAGE:|
| 'SOMEONE IN RU WAS PREGNANT DURING THE PREVIOUS    |
| ROUND. IF BABY WAS BORN AND IS LIVING IN THE RU, |</p>
<table>
<thead>
<tr>
<th>PLEASE BE SURE TO ADD HIM/HER.'</th>
</tr>
</thead>
</table>

RE47
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

We would like to include the other members of (PERSON)’s household who are related to (PERSON) in this interview.

{Is/Was} there anyone else related to (PERSON) living here {now/on December 31, 2007}? Do not include anyone staying here temporarily who usually lives somewhere else. By related we mean by blood, marriage, living together as married, adoption, or foster care relationship.

YES .................................... 1
NO ..................................... 2 {RE50}
REF ................................... -7 {RE50}
DK .................................... -8 {RE50}
PRESS F1 FOR DEFINITION OF LIVING TOGETHER AS MARRIED.

| DISPLAY ‘is’ IF NOT ROUND 5.  DISPLAY ‘was’ IF | |
| ROUND 5.  DISPLAY ‘now’ IF NOT ROUND 5.  DISPLAY | |
| ‘on December 31, 2007’ IF ROUND 5. | |

---

| IF NOT ROUND 1 AND PG01 WAS CODED ‘1’ (YES) IN | |
| THE PREVIOUS ROUND, DISPLAY THE FOLLOWING MESSAGE: | |
| ‘SOMEONE IN RU WAS PREGNANT DURING THE PREVIOUS | |
| ROUND. IF BABY WAS BORN AND IS LIVING IN THE RU, | |
| PLEASE BE SURE TO ADD HIM/HER.’ | |

---

RE48
====

{INTERVIEWER: IF ALL PERSONS WHO HAVE JOINED THE RU ARE ALREADY SELECTED, USE CTRL/B TO CHANGE PREVIOUS SCREEN TO ‘NO’.

Who else {is/was} related and living here {now/on December 31, 2007}?

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>

---

| DISPLAY ‘is’ IF NOT ROUND 5.  DISPLAY ‘was’ IF | |
| ROUND 5.  DISPLAY ‘now’ IF NOT ROUND 5.  DISPLAY | |
| ‘on December 31, 2007’ IF ROUND 5. | |

---

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL | |
| PERSONS IN THE DU-MEMBERS-ROSTER. | |

---

| DISPLAY ‘INTERVIEWER: IF ALL PERSONS WHO HAVE JOINED THE RU ARE ALREADY SELECTED, USE CTRL/B TO CHANGE PREVIOUS SCREEN TO ‘NO’.’ IF NOT ROUND 1. | |
| OTHERWISE, USE NULL DISPLAY. | |

---

| DISPLAY ‘ANY NEW RU MEMBERS NOT LISTED’ AS THE LAST ENTRY ON ROSTER. | |
MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. ALL COLUMNS ARE PROTECTED. CURSOR WILL NOT ENTER THESE COLUMNS, SO NO CHANGES ARE ALLOWED.
3. IF NEW RU, AN ‘X’ WILL BE DISPLAYED IN THE INTERVIEW COMPLETED THIS ROUND COLUMN FOR EACH PERSON WHO HAS ALREADY BEEN INTERVIEWED IN ANOTHER RU IN THE DU.
4. IF PERSON WITH AN ‘X’ IN ‘INTERVIEW COMPLETED THIS ROUND’ COLUMN IS SELECTED, DISPLAY MESSAGE: ‘PERSON CANNOT BE SELECTED. HAS BEEN INCLUDED IN INTERVIEW WITH ANOTHER RU.’
5. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER RU FOR WHOM AN INTERVIEW HAS NOT BEEN COMPLETED, DISPLAY THE MESSAGE: ‘PERSON IS MEMBER OF ANOTHER RU. VERIFY THAT PERSON JOINED OR CORRECT SELECTION.’
6. IF INTERVIEWER SELECTS A PERSON WHO HAS LEFT THIS RU OR A CURRENT RU MEMBER, DISPLAY THE MESSAGE: ‘SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION.’
7. IF INTERVIEWER 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.

If ‘Any new RU members not listed’ is selected, continue with RE49

Otherwise, go to RE50

RE49

Please give me the name of each new related person who {is/was} living with this household {on December 31, 2007}.

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>
</tbody>
</table>
Have we missed anyone?  For example, babies born or adopted {since/between} {DATE OF PREVIOUS ROUND INTERVIEW} {and December 31, 2007}, 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, 2007' IF ROUND 5.
OTHERWISE, USE A NULL DISPLAY.
MEPS FAMES Panel 11 Round 5 Reenumeration (RE) Section Subsection A

<table>
<thead>
<tr>
<th>IF ROUND 1 AND RE50 CODED '2' (NO), '-7' (REF), OR '-8' (DK), GO TO RE53</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF NOT ROUND 1 AND RE50 CODED '2' (NO), '-7' (REF), OR '-8' (DK), GO TO BOX_24A</td>
</tr>
<tr>
<td>OTHERWISE (RE50 CODED '1' (YES)), CONTINUE WITH</td>
</tr>
<tr>
<td>RE51</td>
</tr>
</tbody>
</table>

RE51

Who else {is/was} related and living here {now/on December 31, 2007}?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.

TO LEAVE, PRESS ESC.

ROSTER.

DU MEMBERS

RE51_02 RUID

RE51_03 GENDER

RE51_04 AGE

RE51_05 INTERVIEW COMPLETED THIS ROUND

| 1. First Name Middle Name Last Name-35 |
| [Display RUID] [Display Selection] [Display Age] [Display Selection] |
| 2. First Name Middle Name Last Name-35 |
| [Display RUID] [Display Selection] [Display Age] [Display Selection] |
| 3. First Name Middle Name Last Name-35 |
| [Display RUID] [Display Selection] [Display Age] [Display Selection] |

| DISPLAY ‘is’ IF NOT ROUND 5. DISPLAY ‘was’ IF ROUND 5. DISPLAY ‘now’ IF NOT ROUND 5. DISPLAY ‘on December 31, 2007’ IF ROUND 5. |

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER. |

| DISPLAY ‘ANY NEW RU MEMBERS NOT LISTED’ AS THE LAST ENTRY ON THE ROSTER. |

| MATRIX BEHAVIOR SPECIFICATIONS: |
| 1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS. |
| 2. ALL COLUMNS ARE PROTECTED. CURSOR WILL NOT ENTER THESE COLUMNS, SO NO CHANGES ARE ALLOWED IN ANY OF THESE COLUMNS. |
3. If new RU, an ‘X’ will be displayed in the interview completed this round column for each person who has already been interviewed in another RU in the DU.

4. If person with an ‘X’ in interview completed this round column is selected, display message: ‘Person cannot be selected. Has been included in interview with another RU.’

5. If interviewer selects a person who has left this RU or a current RU member, display the message: ‘Selection is inappropriate. Make another selection.’

ADD each person successfully selected to the RU-MEMBERS-ROSTER and flag person as added at RE51.

If ‘Any new RU members not listed’ selected, continue with RE52.

If round 1 and ‘Any new RU members not listed’ not selected, go to RE53.

Otherwise, go to box 24A.

RE52
====

Please give me the name of each new related person who {is/was} living with this household {on December 31, 2007}.

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, 2007’ if round 5. OTHERWISE, USE A NULL DISPLAY.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER.
MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. ALLOW INTERVIEWERS TO ADD A PERSON(S) TO THE ROSTER.
3. ALLOW INTERVIEWERS TO DELETE ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
4. ALLOW INTERVIEWERS TO EDIT ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.
5. WHEN SCREEN IS DISPLAYED, DISPLAY ‘YES’ IN RE52_02 FOR EACH PERSON CODED ‘1’ (IN RU) AT RE49_02 OR ADDED TO RU THIS ROUND.
6. DO NOT ALLOW INTERVIEWERS TO CHANGE CODES IN RE52_02.
7. AUTOMATICALLY DISPLAY ‘YES’ AT RE52_02 FOR PERSON ADDED AT THIS SCREEN.

ADD ENTERED PERSONS TO RU-MEMBERS-ROSTER AND FLAG PERSONS AS ADDED AT RE52.

IF ROUND 1, CONTINUE WITH RE53

OTHERWISE, GO TO BOX_24A

RE53

(REFERENCE PERSON’S FIRST MIDDLE AND LAST NAME)
Are there any children or young people under 24 years of age related to (REFERENCE PERSON) who are not listed on this form (HAND HOUSEHOLD SUMMARY) and who usually live here but are currently living away from home in the U.S., never married, going to school? Please include any new member you may have just mentioned who is under 24, never married, and living away from home going to school in the U.S.

YES .................................... 1
NO ..................................... 2 {BOX 24}
REF ................................... -7 {BOX 24}
DK .................................... -8 {BOX 24}

FOR CONTEXT HEADER, DISPLAY NHIS REFERENCE PERSON IF RE42 CODED ‘1’ (YES), ‘-7’ (REF), OR ‘-8’ (DK).
OTHERWISE, DISPLAY PERSON SELECTED AT RE43 OR RE44 OR NAME ENTERED AT RE45.

RE54

Who is under 24, never married, and living away at school in the U.S.?
PROBE: Anyone else?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER</th>
<th>RE54_02.</th>
<th>RE54_03.</th>
<th>RE54_04.</th>
<th>RE54_05.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DU MEMBERS</td>
<td>RUID</td>
<td>GENDER</td>
<td>AGE</td>
<td>INTERVIEW COMPLETED</td>
</tr>
</tbody>
</table>
### THIS ROUND

<table>
<thead>
<tr>
<th></th>
<th>[Display RUID]</th>
<th>[Display Selection]</th>
<th>[Display Age]</th>
<th>[Display Selection]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

---

**ROSTER DEFINITION:** This item displays all persons in the DU-MEMBERS-ROSTER.

---

**DISPLAY 'ANY NEW RU MEMBERS NOT LISTED' AS THE LAST ENTRY ON THE ROSTER.**

---

**MATRIX BEHAVIOR SPECIFICATIONS:**

1. Allow interviewer to use up and down arrow keys to move cursor among rows.
2. RU members, RUID, gender, and age columns are protected. Cursor will not enter these columns, so no changes are allowed information in any of these columns.
3. If new RU, an 'X' will be displayed in the interview completed this round column for each person who has already been interviewed in the standard RU or another new RU in the DU.
4. If person with an 'X' in 'interview completed this round' column is selected, display message: 'person cannot be selected. has been included in interview with another RU.'
5. If gender or age not yet collected, display '--' in appropriate cell(s).
6. If interviewer selects a person who has left this RU or a current RU member, display the message: 'selection is inappropriate. make another selection.'

---

Add each successfully selected person to the RU-members-ROSTER and flag person as added at RE54.

---

If 'any new RU members not listed' selected, continue with RE55.

---

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 [Display Selection]</td>
<td></td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35 [Display Selection]</td>
<td></td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35 [Display Selection]</td>
<td></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)

NOTE: AT THE END OF THE LOOP, CAPI REMOVES FROM
THE RU-MEMBERS-ROSTER ANY NEW RU MEMBER WHO IS
ADDED AT RE54 OR RE55 AND WHO IS FLAGGED AS
‘NEW STUDENT’ OR ‘NON-MILITARY MOVER IN U.S.’
DURING THE COURSE OF THE LOOP. THE RE SECTION
WILL COLLECT LOCATING AND OTHER PERTINENT
INFORMATION FOR SUCH PERSONS BUT THEY WILL NOT BE
INCLUDED IN THIS INTERVIEW BEYOND THE RE SECTION.
IMMEDIATELY AFTER LOOP_05 ENDS, CAPI WILL REMOVE
FROM THE RU-MEMBERS-ROSTER ANY NEW RU MEMBER WHO
IS FLAGGED AS ‘SAMPLEABLE AT NHIS’ DURING THE
COURSE OF THE LOOP. NO INFORMATION WILL BE
COLLECTED FOR SUCH PERSONS.
NEW RU MEMBERS WHO ARE NOT ‘NEW STUDENT’, ‘NON-
MILITARY MOVER IN U.S.’, OR ‘SAMPLEABLE AT NHIS’
REMAIN ON THE RU-MEMBERS-ROSTER AFTER LOOP_05.

RE56
=====

{PERSON’S FIRST MIDDLE AND LAST NAMES}
(Are/Is) (PERSON) attending ...
grades 1-12, ............................... 1
a college or university, or ............ 2
some other training school
  after high school? ..................... 3
REF ..................................... -7
DK ...................................... -8

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE56A
=====

{PERSON’S FIRST MIDDLE AND LAST NAMES}
Where (were/was) (PERSON) living when this household participated
in the National Health Interview Survey 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’.

Page 46 of 64
| 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’.

BOX_23A
=======

IF PERSON MEETS EITHER OF THE FOLLOWING |
CONDITIONS:
- FLAGGED AS ‘NEW STUDENT’ (SEE BOX ON RE56A |
AND RE56C)
OR |
- FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ (SEE
BOX ON RE56A)

REMOVE PERSON FROM RU-MEMBERS-ROSTER.
THE RE SECTION WILL COLLECT LOCATING AND OTHER
PERTINENT INFORMATION FOR PERSON BUT PERSON WILL
NOT BE INCLUDED IN THIS INTERVIEW AFTER THE RE
SECTION. INFORMATION FOR PERSON MAY BE COLLECTED
AS PART OF ANOTHER RU.

END_LP05

-----------------------

CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER
WHO MEETS THE CONDITIONS STATED IN THE LOOP
DEFINITION.

-----------------------

IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_05 AND CONTINUE WITH BOX_23

-----------------------

BOX_23

-----------------------

IF NO ONE ON THE RU-MEMBERS-ROSTER IS FLAGGED
AS 'SAMPLEABLE AT NHIS', GO TO BOX_24

-----------------------

OTHERWISE, CONTINUE WITH RE56D

-----------------------

RE56D

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     |
----------------------------------------

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, 2007.’ 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, 2007. ALL AGE SKIPS (THROUGHOUT THE
QUESTIONNAIRE) WILL BE BASED ON THIS AGE.

------------------------------

LOOP_06A
==

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
RE57B-END_LP06A

------------------------------

LOOP DEFINITION: LOOP_06A COLLECTS AGE ESTIMATE
FOR RU MEMBERS WHOSE AGE IS MISSING. THIS LOOP
CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING
CONDITION:
- PERSON’S AGE MISSING FROM RE57A_04

------------------------------

RE57B
==

{PERSON’S FIRST MIDDLE AND LAST NAME}
PROBE FOR RESPONDENT’S BEST ESTIMATE OF AGE.
{(Are/Is)/As of December 31, 2007, (were/was)} (PERSON)...
Less than 1 year old, .................. 1 (END_LP06A)
1 - 4, .................................. 2 (END_LP06A)
5 - 15, .................................. 3 (END_LP06A)
16 - 23, .................................. 4 (END_LP06A)
24 - 34, .................................. 5 (END_LP06A)
35 - 44, .................................. 6 (END_LP06A)
45 - 54, or ............................... 7 (END_LP06A)
55 - 64, or ............................... 8 (END_LP06A)
65 years or older? ..................... 9 (END_LP06A)
REF ................................... -7
DK .................................... -8
[Code One]

------------------------------

DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘As of|
December 31, 2007, (were/was)’ IF ROUND 5.
RE57C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

ENTER YOUR BEST GUESS FOR (PERSON)'S AGE {AS OF DECEMBER 31, 2007}.

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, 2007' IF ROUND 5. |
| OTHERWISE, USE A NULL DISPLAY. |
----------------------------------------------------

----------------------------------------------------
| REFUSED AND DON'T KNOW DISALLOWED. |
----------------------------------------------------

END_LP06A
========

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION. |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_06A AND GO TO BOX_26 |
----------------------------------------------------

BOX_24
=====

----------------------------------------------------
| IF AT LEAST ONE PERSON IN THE RU-MEMBERS-ROSTER |
| MEETS BOTH OF THE FOLLOWING CONDITIONS: |
| - ADDED TO THE RU THIS ROUND |
| AND |
| - NOT A DU MEMBER AT THE TIME OF NHIS (THAT IS, |
| A NEW RU MEMBER NOT SELECTED FROM THE |
| DU-MEMBERS-ROSTER), |
| CONTINUE WITH RE57 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_25A |
----------------------------------------------------

BOX_25
=====

OMITTED.

RE57
=====

ASK APPROPRIATE QUESTION FOR EACH BLANK FIELD.
ENTER GENDER. 1 = MALE, 2 = FEMALE
IF NOT OBVIOUS, ASK:  Is (READ NAME BELOW) male or female?
What is (READ NAME BELOW)‘s date of birth?
Enter MM/DD/YYYY.
VERIFY AGE - IF AGE IS INCORRECT, RE-ENTER DATE OF BIRTH.
IF DATE OF BIRTH UNKNOWN, PROBE FOR AGE AND ENTER IF KNOWN.
TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE57_02. GENDER</th>
<th>RE57_03. DATE OF BIRTH</th>
<th>RE57_04. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. First Name</td>
<td>[Enter Selection]</td>
<td>[Enter Month Day Year-4]</td>
<td>[Verify/Enter Age]</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name-35</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFUSED AND DON’T KNOW ALLOWED IN ALL FIELDS.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- PERSON IS A NEW RU MEMBER ADDED IN CURRENT ROUND WHO WAS NOT SELECTED FROM THE DU-MEMBERS-ROSTER.

MATRICE BEHAVIOR SPECIFICATIONS:
1. FOR ALL PERSONS ON ROSTER, PRESENT BLANK FIELDS FOR THE MISSING DATA ITEMS (EITHER NOT YET COLLECTED OR MISSING FROM PREVIOUS ROUNDS).
2. PLACE CURSOR ON FIRST BLANK FIELD. AFTER ENTRY, MOVE CURSOR TO NEXT BLANK CELL ON THAT ROW.
3. COMPUTE AGE FROM DATE OF BIRTH AND DISPLAY IN RE57_04. IF UNABLE TO CALCULATE AGE BECAUSE OF MISSING DATA, DISPLAY '?' IN RE57_04.
4. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.
5. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.
6. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY RU MEMBER ON ROSTER.

IF AGE NOT MISSING FOR ANY NEW RU MEMBER WHO WAS NOT A DU MEMBER IN PREVIOUS ROUND (THAT IS, AGE NOT MISSING AT RE57_04)),
GO TO BOX_25A

OTHERWISE (AGE IS MISSING FOR ANY NEW RU MEMBER WHO WAS NOT A DU MEMBER IN PREVIOUS ROUND (THAT IS, AGE IS MISSING AT RE57_04)),
CONTINUE WITH LOOP_06
LOOP_06
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| RE58-END_LP06 |

LOOP DEFINITION: LOOP_06 COLLECTS AN AGE ESTIMATE FOR NEW RU MEMBERS WHOSE AGE IS MISSING. THIS LOOP CYCLES ON ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITION:
- PERSON’S AGE IS MISSING AT RE57_04

RE58
====

{PERSON’S FIRST MIDDLE AND LAST NAME} PROBE FOR RESPONDENT’S BEST ESTIMATE OF AGE.

(Are/Is) (PERSON)... Less than 1 year old, .................. 1 {END_LP06}
1 - 4, ................................. 2 {END_LP06}
5 - 15, ................................. 3 {END_LP06}
16 - 23, ............................... 4 {END_LP06}
24 - 34, ............................... 5 {END_LP06}
35 - 44, ............................... 6 {END_LP06}
45 - 54, ............................... 7 {END_LP06}
55 - 64, or ............................ 8 {END_LP06}
65 years or older? ..................... 9 {END_LP06}
REF ................................... -7
DK .................................... -8

[Code One]

RE59
====

{PERSON’S FIRST MIDDLE AND LAST NAME} ENTER YOUR BEST GUESS FOR (PERSON)’S AGE.

Less than 1 year old, .................. 1
1 - 4, ................................. 2
5 - 15, ................................. 3
16 - 23, ............................... 4
24 - 34, ............................... 5
35 - 44, ............................... 6
45 - 54, ............................... 7
55 - 64, or ............................ 8
65 years or older? ..................... 9

[Code One]

END_LP06
=======

| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP |

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_06 AND CONTINUE WITH BOX_25A |

Page 53 of 64
BOX_25A

------

| IF ROUND 1 AND AT LEAST ONE PERSON ON THE |
| RU-MEMBERS-ROSTER WAS A MEMBER OF THE RU OR DU AT |
| THE DATE OF THE NHIS INTERVIEW, |
| OR |
| IF AT LEAST ONE PERSON REMOVED FROM THE RU- |
| MEMBERS-ROSTER THIS ROUND MEETS BOTH OF THE |
| FOLLOWING CONDITIONS: |
| - PERSON WAS A MEMBER OF THE RU OR DU AT THE DATE |
| OF THE NHIS INTERVIEW |
| AND |
| - PERSON IS FLAGGED AS A ‘NEW STUDENT’, |
| CONTINUE WITH LOOP_07 |

------

| OTHERWISE, GO TO BOX_26 |

------

LOOP_07

------

| FOR EACH ELEMENT IN THE DU MEMBERS-ROSTER, ASK |
| RE60-END_LP07 |

------

| LOOP DEFINITION: LOOP_07 UPDATES NAME, GENDER, |
| BIRTH DATE, AND AGE OF BOTH CURRENT RU MEMBERS WHO |
| WERE MEMBERS OF THE RU OR DU AT THE TIME OF NHIS |
| AND PERSONS WHO ARE FLAGGED AS ‘NEW STUDENT’. |
| THIS LOOP CYCLES ON ALL DU MEMBERS WHO MEET ANY |
| ONE OF THE FOLLOWING CONDITIONS: |
| - PERSON IS A CURRENT MEMBER OF THIS RU AND WAS |
| A MEMBER OF THIS RU AT THE TIME OF NHIS |
| OR |
| - PERSON IS A CURRENT MEMBER OF THIS RU AND WAS A |
| MEMBER OF THE DU AT THE TIME OF NHIS |
| OR |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER |
| DURING THIS INTERVIEW AND IS FLAGGED AS A |
| ‘NEW STUDENT’ |

------

RE60

----

[PERSON'S FIRST MIDDLE AND LAST NAME]
Let’s review some information about (PERSON). Please look at 
this form (HAND HOUSEHOLD SUMMARY) and tell me if (PERSON)‘s 
name is spelled correctly.
MAKE CORRECTIONS TO NAME BELOW.
IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.
IF NO MIDDLE NAME OR INITIAL, ENTER ‘NMN’.

Current Info:  [NHIS FIRST NAME]  
[   ] [NHIS MIDDLE NAME]  
[   ] [NHIS LAST NAME]  

Page 54 of 64
MEPS FAMES Panel 11 Round 5 Reenumeration (RE) Section Subsection A

FIRST NAME (RE60_01): [_________________]
MIDDLE NAME (RE60_02): [______________]
LAST NAME (RE60_03): [______________]

REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS.

REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS.

RE61
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
ASK IF NOT OBVIOUS: I have (PERSON) recorded as (READ GENDER BELOW). Is that correct?
MAKE CORRECTIONS TO GENDER BELOW.
IF NO CORRECTION IS NECESSARY, PRESS ENTER.
IF CORRECTION IS NECESSARY, ENTER APPROPRIATE CODE.
1 = MALE      2 = FEMALE

Current Info: [NHIS GENDER]

[Enter Gender]........................
REF ................................. -7
DK .................................. -8

REFUSED AND DON’T KNOW ALLOWED.

REFUSED AND DON’T KNOW ALLOWED.

RE62
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
I have recorded that (PERSON) was born on (READ DATE BELOW). Is that correct?
MAKE CORRECTIONS TO DATE OF BIRTH BELOW.
IF NO CORRECTION TO A FIELD IS NECESSARY, PRESS ENTER.
IF CORRECTION TO A FIELD IS NECESSARY, RE-TYPE ENTIRE FIELD.

Current Info: [NHIS DATE OF BIRTH]

[Enter Month,Day,Year-4] ............
REF ................................. -7
DK .................................. -8

REFUSED AND DON’T KNOW ALLOWED.

REFUSED AND DON’T KNOW ALLOWED.

IF CURRENT INFO IS NOT AVAILABLE, ENTRY FOR DATE OF BIRTH IS REQUIRED. (REF AND DK ARE ALLOWED.)

IF ANY FIELD IN DATE OF BIRTH CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), GO TO RE64

OTHERWISE, CONTINUE WITH RE63
RE63
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
So (PERSON) is \{AGE CALCULATED FROM DATE OF BIRTH AT RE62\} years old. Is that correct?
YES ........................................ 1 {END_LP07}
NO ........................................ 2
REF ......................................... -7 {RE65}
DK ........................................... -8 {RE65}

| IF CODED ’2’ (NO), DISPLAY MESSAGE: ‘IF AGE INCORRECT, USE CTRL/B AND CORRECT DATE OF BIRTH AT PREVIOUS SCREEN.’ |

RE64
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
How old (are/is) (PERSON)?
[Enter Age] .............................. {END_LP07}
REF ....................................... -7
DK ......................................... -8

RE65
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
PROBE FOR RESPONDENT’S BEST ESTIMATE OF AGE.
(Are/Is) (PERSON)...
Less than 1 year old, ..................... 1 {END_LP07}
1 - 4, .................................... 2 {END_LP07}
5 - 15, .................................. 3 {END_LP07}
16 - 23, .................................. 4 {END_LP07}
24 - 34, .................................. 5 {END_LP07}
35 - 44, .................................. 6 {END_LP07}
45 - 54, .................................. 7 {END_LP07}
55 - 64, or ............................... 8 {END_LP07}
65 years or older? ...................... 9 {END_LP07}
REF ....................................... -7
DK ......................................... -8

RE66
====

{PERSON’S FIRST MIDDLE AND LAST NAME}
ENTER YOUR BEST GUESS FOR (PERSON)’S AGE.
Less than 1 year old, ..................... 1
1 - 4, ..................................... 2
5 - 15, .................................... 3
16 - 23, .................................. 4
24 - 34, .................................. 5
35 - 44, .................................. 6
45 - 54, .................................. 7
55 - 64, or ............................... 8
65 years or older? ...................... 9

[Code One]
END_LP07

========
| Cycle on next person in RU-Members-Roster who |
| meets the conditions stated in the loop      |
| definition.                                 |

----------------------------------------------------
| If no more persons meet the stated conditions,  |
| end loop_07 and continue with box_26           |

BOX_26

========
| If round 1 and at least one RU member meets    |
| all the following conditions:                  |
| - added to the RU this round                   |
| and                                           |
| - not a newborn (that is, not born between NHIS|
| interview date and date of the current         |
| interview),                                    |
| go to loop_08                                 |

----------------------------------------------------
| If not round 1 and at least one RU member meets |
| all of the following conditions:                |
| - added to the RU this round                    |
| and                                           |
| - not in another RU at the end of the previous |
| round                                         |
| and                                           |
| - not a newborn (that is, not born between     |
| 1/1/2006 and the date of the current           |
| interview), continue with loop_07A             |

----------------------------------------------------
| Otherwise, go to box_27                         |

LOOP_07A

========
| For each element in the RU-Members-Roster, ask  |
| re66a-end_lp07a                                 |

----------------------------------------------------
| Loop definition: loop_07a collects information   |
| on the location of new RU members on 1/1/2006 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        |
On what date did (PERSON) start living with the family? [Enter Month,Day,Year-4] 

REF ...................................... -7

DK ...................................... -8


PREVIOUS ROUND INTERVIEW DATE, ≤ IF DATE
CONTINUE WITH RE66B

OTHERWISE, GO TO RE66C

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.’

On January 1, 2006, was (PERSON) living in an institution?

YES ................................. 1 (RE66G)

NO ................................. 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION FOR LIVING IN AN INSTITUTION.

RE66D
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}
On January 1, 2006, was (PERSON) living outside the United States?
YES .................................... 1 {END_LP07A}
NO ..................................... 2
REF ...................................... -7
DK ....................................... -8
PRESS F1 FOR DEFINITION OF LIVING OUTSIDE U.S.
----------------------------------------------------
| IF PERSON < 18 YEARS OLD, GO TO RE66F  |                    |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, CONTINUE WITH RE66E             |                    |
----------------------------------------------------

RE66E
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}
On January 1, 2006, was (PERSON) serving on full-time active duty in the Armed Forces?
YES .................................... 1 {END_LP07A}
NO ..................................... 2
REF ...................................... -7
DK ....................................... -8
PRESS F1 FOR DEFINITION OF FULL-TIME MILITARY.

RE66F
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}
Where (were/was) (PERSON) living on January 1, 2006?
NOT YET BORN ............................ 1 {END_LP07A}
INSTITUTIONALIZED ....................... 2 {RE66G}
STUDENT UNDER 24 LIVING AWAY AT SCHOOL
    IN GRADES 1-12 ........................ 3 {END_LP07A}
STUDENT UNDER 24 LIVING AWAY AT
    POST-SECONDARY SCHOOL .............. 4 {RE66J}
ANOTHER HOUSEHOLD - NOT FULL-TIME
    MILITARY ON 1/1/2006 .................. 5 {END_LP07A}
ANOTHER HOUSEHOLD/MILITARY FACILITY -
    FULL-TIME MILITARY ON 1/1/2006 ...... 6 {RE66K}
LIVING WITH THIS FAMILY (PERSON LEFT
    OFF ROSTER LAST INTERVIEW) .......... 7 {END_LP07A}
OTHER .................................... 91
REF ...................................... -7 {END_LP07A}
DK ....................................... -8 {END_LP07A}
      [Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE66POV
=====

ENTER OTHER:
      [Enter Other Specify] .................... {END_LP07A}
REF ...................................... -7 {END_LP07A}
DK ....................................... -8 {END_LP07A}
RE66G

{PERSON’S FIRST MIDDLE AND LAST NAME}
What type of institution (were/was) (PERSON) living in on January 1, 2006?
NURSING HOME ......................... 1
OTHER LONG-TERM HEALTH CARE INSTITUTION (EXCLUDE COMMUNITY BASED HOSPITAL) ............... 2
OTHER NON-HEALTH CARE INSTITUTION ........................................... 3 {END_LP07A}
REF ................................ -7
DK ........................................ -8
[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

RE66H

{PERSON’S FIRST MIDDLE AND LAST NAME}
Please give me the name and address of the nursing home or long term care facility where (PERSON) (were/was) on January 1, 2006?
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, 2006?
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, 2006?
ANOTHER HOUSEHOLD ..................... 1
MILITARY FACILITY ....................... 2
REF ...................................... -7 {END_LP07A}
DK ......................................... -8 {END_LP07A}
[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>
<tbody>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>IF NO MORE PERSONS MEET THE STATED CONDITIONS,</td>
</tr>
<tr>
<td>END LOOP_07A AND CONTINUE WITH BOX_27</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>

LOOP_08
=====

----------------------------------------------------
<p>| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK    |</p>
<table>
<thead>
<tr>
<th>RE67-END_LP08</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION</td>
</tr>
<tr>
<td>ON THE LOCATION AT THE TIME OF NHIS OF NEW RU</td>
</tr>
<tr>
<td>MEMBERS WHO ARE NOT NEWBORN TO DETERMINE THEIR</td>
</tr>
<tr>
<td>KEYNESS AND ELIGIBILITY. THIS LOOP CYCLES ON RU</td>
</tr>
<tr>
<td>MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:</td>
</tr>
<tr>
<td>- ADDED TO RU IN CURRENT ROUND</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- NOT NEWBORN (THAT IS, NOT BORN BETWEEN THE</td>
</tr>
<tr>
<td>NHIS INTERVIEW DATE AND THE DATE OF THE</td>
</tr>
<tr>
<td>CURRENT INTERVIEW)</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</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)

----------------------------------------------------
<p>| DISPLAY ‘before leaving to live at school’ IF      |
| PERSON IS A STUDENT LIVING AWAY AT SCHOOL          |
| (SELECTED AT RE54 OR ADDED AT RE55). OTHERWISE,    |</p>
<table>
<thead>
<tr>
<th>USE NULL DISPLAY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>IF DATE &lt; PREVIOUS ROUND INTERVIEW DATE,</td>
</tr>
<tr>
<td>CONTINUE WITH RE68</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>IF DATE = OR &gt; PREVIOUS ROUND INTERVIEW DATE,</td>
</tr>
<tr>
<td>GO TO RE73</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>
RE68
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Let me make sure that I have entered this date correctly. I have recorded that (PERSON) began living with this family on {RE67 DATE}. That is before the interview on {MONTH, DAY, YEAR OF NHIS INTERVIEW}. Is that correct?

YES .................................... 1
NO ..................................... 2
REF .................................... -7 {RE73}
DK .................................... -8 {RE73}

[Code One]

| IF RE68 CODED '1' (YES), CODE RE73 '7' (LIVING WITH THIS FAMILY (PERSON LEFT OFF NHIS ROSTER)) AUTOMATICALLY BY CAPI, THEN GO TO END_LP08 |

| IF CODED '2' (NO), DISPLAY MESSAGE: ‘USE CTRL/B AND CORRECT DATE PERSON JOINED RU AT PREVIOUS SCREEN.’ |

BOX_26A
=======

USED ELSEWHERE.

RE69
====

OMITTED.

RE70
====

OMITTED.

RE71
====

OMITTED.

RE72
====

OMITTED.

RE73
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Where (were/was) (PERSON) living when this household participated in the National Health Interview Survey 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}

{PERSON’S FIRST MIDDLE AND LAST NAME}
What type of institution (were/was) (PERSON) living in on {MONTH, DAY, YEAR OF NHIS INTERVIEW}?
NURSING HOME ......................... 1 {RE74}
OTHER LONG-TERM HEALTH CARE
INSTITUTION (EXCLUDE COMMUNITY
BASED HOSPITAL) ...................... 2 {RE74}
OTHER NON-HEALTH CARE INSTITUTION ... 3 {END_LP08}
REF .................................................. -7 {RE74}
DK .................................................. -8 {RE74}

[Code One]
PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

{PERSON’S FIRST MIDDLE AND LAST NAME}
(Were/Was) (PERSON) living within the U.S. or outside the U.S. on {MONTH, DAY, YEAR OF NHIS INTERVIEW}?
WITHIN U.S. .......................... 1
OUTSIDE U.S. ......................... 2
REF ........................................ -7
DK ........................................ -8

PRESS F1 FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

| IF RE73 CODED ‘4’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL), GO TO RE75 |

| OTHERWISE, GO TO END_LP08 |

--------

{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 |
---

Return to Top
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 01/01/2006 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.
- 'NON-MILITARY MOVER IN U.S.'
  OR
- 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY',

  GO TO BOX 44

----------------------------------------------------

IF STANDARD OR NEW RU
AND
RU-MEMBERS-ROSTER IS EMPTY
AND
AT LEAST ONE PERSON WHO WAS AN ORIGINAL RU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER AT THE TIME OF NHIS) WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND FLAGGED AS A 'NEW STUDENT', GO TO LOOP_09

----------------------------------------------------

IF STANDARD OR NEW RU
AND
RU-MEMBERS-ROSTER IS EMPTY
AND
AT LEAST ONE PERSON WHO WAS ADDED TO THE RU DURING THIS INTERVIEW AT RE54 OR RE55 WAS SUBSEQUENTLY REMOVED FROM THE RU-MEMBERS-ROSTER AND IS FLAGGED AS A 'NEW STUDENT',
GO TO LOOP 13

----------------------------------------------------

IF STANDARD OR NEW RU
AND
RU-MEMBERS-ROSTER IS EMPTY
AND
NO ONE WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A 'NEW STUDENT',
AND
AT LEAST ONE PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS EITHER OF THE FOLLOWING:
  - 'NON-MILITARY MOVER IN U.S.'
  OR
  - 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY',

  GO TO RE85A

----------------------------------------------------

IF 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.

---

RE76

ASK RELATIONSHIP FOR EACH BLANK FIELD.

{What {is/was} the EXACT relationship of {ROW PERSON’S NAME} to {COLUMN PERSON’S NAME}?/We have recorded that {ROW PERSON’S NAME} {is/was} {COLUMN PERSON’S NAME} {COLUMN PERSON’S RELATIONSHIP}.}

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<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
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND IS FLAGGED AS A ‘NEW STUDENT’

---

DISPLAY ‘What {is/was} the EXACT relationship of {ROW PERSON’S NAME} to {COLUMN PERSON’S NAME}?’ IF CELL WHERE CURSOR IS LOCATED IS BLANK. DISPLAY ‘is’ IF BOTH PERSONS ARE LIVING. DISPLAY ‘was’ IF EITHER OR BOTH PERSONS ARE DECEASED.

DISPLAY ‘We have recorded that {ROW PERSON’S NAME} {is/was} {COLUMN PERSON’S NAME} {COLUMN PERSON’S RELATIONSHIP}.’ IF CELL CONTAINS A CODE. DISPLAY ‘is’ IF BOTH PERSONS ARE LIVING. DISPLAY ‘was’ IF EITHER OR BOTH PERSONS ARE DECEASED. FOR ‘{COLUMN PERSON’S RELATIONSHIP}’, DISPLAY ‘UNKNOWN’ IF RELATIONSHIP CODED ‘-7’ (REF) OR ‘-8’ (DK).

OTHERWISE, DISPLAY TEXT FOR CODE.

---
MATRIX BEHAVIOR SPECIFICATIONS:

1. ALLOW HORIZONTAL AND VERTICAL SCROLLING TO COLLECT RELATIONSHIPS AMONG ALL PERSONS IN THE MATRIX.
2. THE COLUMN HEADINGS 'DU MEMBER 1', 'DU MEMBER 2' AND 'DU MEMBER 3' ARE FILLED WITH THE NAMES OF DU MEMBERS IN THE ORDER PRESENTED IN THE ROSTER.
3. DISPLAY RELATIONSHIPS THAT WERE CODED IN PREVIOUS ROUND AND ARE STILL APPLICABLE.
4. DISPLAY BLANK FIELDS FOR RELATIONSHIPS NOT YET COLLECTED OR WHERE RELATIONSHIP WAS CODED ‘-7’ (REF) OR ‘-8’ (DK) IN PREVIOUS ROUND.
5. PLACE CURSOR ON FIRST BLANK FIELD. AFTER ENTRY, MOVE CURSOR TO NEXT BLANK CELL ON THAT ROW.
6. ALLOW INTERVIEWERS TO USE ALL ARROW KEYS TO MOVE CURSOR AMONG ROWS AND COLUMNS.
7. INTERVIEWERS SHOULD NOT BE ALLOWED TO ADD NEW PERSONS.
8. INTERVIEWERS SHOULD NOT BE ALLOWED TO DELETE ANY PERSON(S).
9. INTERVIEWERS SHOULD NOT BE ALLOWED TO EDIT NAMES OF ANY PERSON ON MATRIX.

----------------------------------------------------
EDITS: IF CODE 1 (MOTHER) OR CODE 2 (FATHER) WITH CODES 5 OR 6 (CHILDREN) WHERE THE AGE OF THE PERSON ASSOCIATED WITH CODE 1/2 IS < 12 OR > 55 YEARS FROM THE AGE ASSOCIATED WITH CODE 5/6, DISPLAY THE FOLLOWING MESSAGE: ‘UNLIKELY RESPONSE DUE TO AGE.’

IF CODES 1 OR 2 OR 7 OR 8 IS USED MORE THAN ONCE, DISPLAY THE FOLLOWING MESSAGE: ‘UNLIKELY RESPONSE – CODE ALREADY USED.’

----------------------------------------------------
IF ANY RELATIONSHIP IS CODED '99' (NOT RELATED), CONTINUE WITH RE77

----------------------------------------------------
OTHERWISE, GO TO BOX_29

RE77

REVIEW RELATIONSHIPS BELOW. USE CODES 28-33 IF MORE DESCRIPTIVE.

28 = FEMALE PARTNER             32 = PARTNER’S DAUGHTER
29 = MALE PARTNER               33 = PARTNER’S SON
30 = MOTHER’S PARTNER           91 = OTHER RELATED, SPECIFY
31 = FATHER’S PARTNER

USE OTHER RELATIONSHIP CODES IF APPROPRIATE.

TO MOVE CURSOR, USE ARROW KEYS. TO LEAVE, PRESS ESC.

<table>
<thead>
<tr>
<th>ROSTER UNRELATED MEMBER</th>
<th>RE77_01. DU MEMBER 1</th>
<th>RE77_02. DU MEMBER 2</th>
<th>RE77_03. SPECIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name-15</td>
<td>[Enter Selection]</td>
<td>[Enter Selection]</td>
<td>[Enter Other Specify]</td>
</tr>
</tbody>
</table>
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).
ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- AN RU MEMBER OR ‘NEW STUDENT’ DISPLAYED AT RE76 AND
- NOT RELATED TO REFERENCE PERSON (RELATIONSHIP TO REFERENCE PERSON CODED ‘99’ AT RE77)

REMOVE ALL RU MEMBERS DISPLAYED AT RE78 FROM THE RU-MEMBERS-ROSTER AND FLAG SUCH PERSONS AS REMOVED FROM THE ROSTER AT RE78. (NOTE THAT ‘NEW STUDENTS’ HAVE BEEN REMOVED FROM THE RU-MEMBERS-ROSTER EARLIER IN THE RE SECTION.)

IF PERSON DISPLAYED AT RE78 MEETS BOTH OF THE FOLLOWING CONDITIONS:
- ADDED TO THE RU DURING THIS INTERVIEW AND
- FLAGGED AS A ‘NEW STUDENT’.
TURN OFF THE ‘NEW STUDENT’ FLAG. PERSON IS NOT RELATED TO REFERENCE PERSON AND, THEREFORE, DOES NOT MEET THE REQUIREMENTS FOR A ‘NEW STUDENT’ ASSOCIATED WITH THIS RU. PERSON IS NOT KEY AND IS OUT OF SCOPE FOR THIS STUDY. NO INFORMATION WILL BE COLLECTED FOR PERSON.

BOX_28B
=======
OMITTED.
LOOP_08A
========
OMITTED.
END_LP08A
=======
OMITTED.
BOX_29
=====

IF ROUND 1 AND AT LEAST ONE PERSON ON THE DU-MEMBERS-ROSTER MEETS EITHER OF THE FOLLOWING SETS OF CONDITIONS:

PERSON IS:
- CURRENTLY ON THE RU-MEMBERS-ROSTER AND
- AGE 17 - 23, INCLUSIVE, AT THE TIME OF NHIS AND
- AN ORIGINAL RU OR DU MEMBER (THAT IS, ON THE
RU-MEMBERS-ROSTER OR THE DU-MEMBERS-ROSTER AT THE START OF THIS ROUND
AND
- PERSON’S KEYNESS HAS NOT YET BEEN DETERMINED DURING THIS INTERVIEW OR IN A PREVIOUS INTERVIEW WITHIN THIS ROUND

OR PERSON IS:
- FLAGGED AS A ‘NEW STUDENT’
AND
- AN ORIGINAL RU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER AT THE START OF THIS ROUND),

CONTINUE WITH LOOP_09

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).
**MEPS FAMES Panel 11 Round 5 Reenumeration (RE) Section Subsection B**

**RE79**

{PERSON’S FIRST MIDDLE LAST NAME}
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}

**RE80**

{PERSON’S FIRST MIDDLE LAST NAME}
(Were/Was) (PERSON) attending ...
   grades 1-12, ...................................1 {END_LP09}
   a college or university, or .............2
   some other training school after high school? ......................3
   REF .................................... -7 {END_LP09}
   DK ..................................... -8 {END_LP09}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| IF CODED ‘2’ (COLLEGE) OR ‘3’ (OTHER TRAINING SCHOOL) |
| AND |
| PERSON WAS NOT CODED ‘NEVER MARRIED’ AT NHIS INTERVIEW, |
| GO TO END_LP09 |

----------------------------------------------------
| IF CODED ‘2’ (COLLEGE) OR ‘3’ (OTHER TRAINING SCHOOL) |
| AND |
| PERSON WAS CODED ‘NEVER MARRIED’ AT NHIS INTERVIEW, |
| CONTINUE WITH RE80A |

**RE80A**

{PERSON’S FIRST MIDDLE LAST NAME}
At the time of the National Health Interview Survey on (MONTH, DAY, YEAR OF NHIS INTERVIEW) were either of (PERSON)’s parents living in this household?
   YES ..................................... 1 {END_LP09}
   NO ..................................... 2 {END_LP09}
   REF .................................... -7 {END_LP09}
   DK ..................................... -8 {END_LP09}

**RE81**

{PERSON’S FIRST MIDDLE AND LAST NAME}
(Do/Does) (PERSON) have parents who live somewhere else?
   YES ..................................... 1
   NO ..................................... 2 {END_LP09}
   REF .................................... -7 {END_LP09}
   DK ..................................... -8
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. |

----------------------------------------
END_LP09

---

| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION. |
---

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_09 AND CONTINUE WITH BOX_30 |
---

BOX_30

---

| IF AT LEAST ONE PERSON BECAME NON-KEY IN THE |
| COURSE OF LOOP_09, THAT IS, IF AT LEAST ONE PERSON |
| WHOSE KEYNESS WAS EVALUATED IN LOOP_09 MEETS |
| EITHER OF THE FOLLOWING CONDITIONS: |
| PERSON IS: |
| - AGE 17 - 23, INCLUSIVE, AND LIVES IN RU ONLY |
| DURING SCHOOL YEAR (RE82 CODED ‘2’) |
| OR PERSON IS: |
| - AGE 17 - 23, INCLUSIVE, AND RU IS NOT PERSON’S |
| YEAR-ROUND RESIDENCE, AND PERSON’S HEALTH CARE |
| IS NOT THE PRIMARY RESPONSIBILITY OF AN RU |
| MEMBER (RE83 CODED ‘2’, ‘-7’, OR ‘-8’), |
| CONTINUE WITH RE84 |
---

| OTHERWISE, GO TO BOX_30A |
---

RE84

---

At this time, we are only collecting information about persons who are usual year-round residents of this household and for whom we can collect health care information. Therefore, the remaining questions will not be asked about (READ NAMES BELOW). TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

1. First Name, [Middle Name], Last Name-65
2. First Name, [Middle Name], Last Name-65
3. First Name, [Middle Name], Last Name-65

---

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| IN THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING |
| CONDITION: |
| - PERSON’S KEYNESS WAS EVALUATED IN LOOP_09 |
| AND EITHER OF THE FOLLOWING CONDITIONS: |
| - PERSON LIVES IN THE RU ONLY DURING THE |
| SCHOOL YEAR (RE82 CODED ‘2’) |
| OR |
| - RU IS NOT PERSON’S YEAR-ROUND RESIDENCE AND |
| PERSON’S HEALTH CARE IS NOT THE PRIMARY |
| RESPONSIBILITY OF ANOTHER RU MEMBER |
| RE83 CODED ‘2’, ‘-7’, OR ‘-8’) |

Page 10 of 42
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
RE85
=====

THESE ARE NOW THE MEMBERS OF THE RU WHO WILL BE INCLUDED IN THIS INTERVIEW.
TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

{FULL NAME OF REFERENCE PERSON......}'S FAMILY:
[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER (THAT IS, ALL PERSONS WHO ARE ELIGIBLE FOR THE SURVEY IN THE CURRENT ROUND. |
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

| GO TO BOX_34 |
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

RE85A
=====

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.
PRESS ENTER TO END THE INTERVIEW.

RE85B
=====

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO INTERVIEWING BY TELEPHONE.)

IN-PERSON ............................. 1
TELEPHONE ............................. 2
[Code One]

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
| IF AT LEAST ONE PERSON REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’, GO TO BOX_37 |
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
| IF NO PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’ AND |
| AT LEAST ONE PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS EITHER OF THE FOLLOWING: |
|   - ‘NON-MILITARY MOVER IN U.S.’ |
|   OR |
|   - ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’, |
| GO TO RE111 |
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
| OTHERWISE (NO 'NEW STUDENT', 'NON-MILITARY MOVER IN U.S.', OR 'FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY'), GO TO BOX_44 |
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
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.

BOX_34A
=======
OMITTED.

RE94
=====
OMITTED. (INTEGRATED WITH RE94A)
{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,

_______________________________________________________________________________________

RE95

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.

_______________________________________________________________________________________
| 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 |
| - NOT CODED AS ON FULL-TIME ACTIVE DUTY IN THE |
| MILITARY (RE35 CODED ‘6’) IN ANY INTERVIEW |
| DURING THIS ROUND |
_______________________________________________________________________________________

DISPLAY ‘else’ IF A ROSTER WAS DISPLAYED AT 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.

Re96A

Omitted.

Re96B

{Person's first middle and last name}
On what date did (person) enter full-time active duty service in the Armed Forces?
[Enter Month, Day, Year -4] ............
REF ................................... -7
DK .................................... -8
Press F1 for definition of full-time active duty.
END_LP12
========

| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER |
| THAT MEETS THE CONDITIONS STATED IN THE LOOP |
| DEFINITION.                                    |
|                                               |
|                                               |
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_12 AND CONTINUE WITH BOX_35B         |
|                                               |

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 |
|                                               |

RE95B
=====

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, 2007}?
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, 2007' IF ROUND 5.
OTHERWISE, USE A NULL DISPLAY.

IF CODED '1' (YES), FLAG PERSON AS 'FULL-TIME...
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.

Edit (for round 5): Date must be on or before 12/31/2007. If a date after 12/31/2007 is entered, display the following message: 'Date must be on or before 12/31/2007. If person was only full-time military after 12/31/2007, use CTRL/B to back-up and change response to RE96B1.'

END_LP12A0
==========

Cycle on next person in the RU-Members-Roster that meets the conditions stated in the loop definition.

If no more persons meet the stated conditions, end loop_12A0 and continue with Box_35B.

Box_35AA
========

Omitted.

Box_35B
======

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                         |
----------------------------------------------------

RE96F

(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

RE96G

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]
----------------------------------------------------
|  GO TO BOX_37                                      |
----------------------------------------------------

RE96E
 =====

At this time, we are collecting information only about some of the people in this family. Therefore, we will not collect any additional information about (READ NAMES BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.
[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

----------------------------------------------------
|  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS| ON THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING   |
|  CONDITIONS:                                       | AND                                               |
|  -  FLAGGED AS ‘FULL-TIME MILITARY LIVING IN RU’   | - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS |
|                                                | INTERVIEW                                         |

BOX_35
 =====

----------------------------------------------------
|  IF ANY PERSONS ON THE RU-MEMBERS-ROSTER MEET THE |
|  FOLLOWING CONDITION:                              |
|  -  AGE = OR > 16,                                 |
|  CONTINUE WITH RE97                                |
----------------------------------------------------

----------------------------------------------------
|  OTHERWISE, GO TO BOX_37                           |
----------------------------------------------------

BOX_36
 =====

OMITTED.

RE97
 ====

{(Are/Is) (PERSON) now/As of December 31, 2007, (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, 2007, (were/was) (PERSON)' IF ROUND 5.

REFUSED AND DON'T KNOW ALLOWED.

ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITION:
- AGE = OR > 16

MATRIX BEHAVIOR SPECIFICATIONS:
1. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
2. RU MEMBERS COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO RU MEMBERS AT THIS SCREEN.

IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS ANY ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER AND ETHNICITY DATA IS MISSING
OR
- PERSON IS FLAGGED AS A ‘NEW STUDENT’ ASSOCIATED WITH THIS RU AND ETHNICITY DATA IS MISSING, CONTINUE WITH LOOP_13

OTHERWISE, GO TO BOX_38

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
RE98
====
OMITTED.

RE99
====
OMITTED.

RE100
=====
OMITTED.

RE100OV
======
OMITTED.

RE98A
=====
{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}

RE100A
======
{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]
| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER | WHO MEETS THE CONDITIONS STATED IN THE LOOP | DEFINITION. |
|------------------------------------------------|

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, | END LOOP_13 AND CONTINUE WITH BOX_38 |
|------------------------------------------------|

**BOX_38**

| IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS | ANY ONE OF THE FOLLOWING CONDITIONS: | - PERSON IS AN RU MEMBER AND RACE DATA IS MISSING | OR | - PERSON IS FLAGGED AS A ‘NEW STUDENT’ ASSOCIATED WITH THIS RU AND RACE DATA IS MISSING, | CONTINUE WITH LOOP_14 |
|------------------------------------------------|

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO LOOP_15</th>
</tr>
</thead>
</table>

**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 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

[Code All That Apply]

'REF' (REFUSED) AND 'DK' (DON'T KNOW) CANNOT BE CODED IN COMBINATION WITH ANY OTHER CODES

IF CODED '91' (OTHER: SPECIFY) ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH
RE101AOV3

IF CODED '4' (ASIAN) ALONE OR IN COMBINATION WITH OTHER CODES EXCEPT '91', GO TO RE101B

OTHERWISE, GO TO BOX_38A

RE101AOV3
=======

ENTER OTHER RACE:

[Enter Other Specify] ........................ -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
 CHINESE ................................ 2
 FILIPINO ............................... 3
 JAPANESE ............................... 4
 KOREAN ................................. 5
 VIETNAMESE ............................. 6
 OTHER ASIAN: SPECIFY .................. 91
 REF ................................... -7
 DK .................................... -8

RE101BOV
 =======

 ENTER OTHER ASIAN:
 [Enter Other Asian Specify] ............
 REF ................................... -7
 DK .................................... -8

BOX_38A
 =======

----------------------------------------------------
|  GO TO END_LP14                                    |
----------------------------------------------------

RE102A
 =======

OMITTED.

END_LP14
 =======

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER      |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP        |
| DEFINITION.                                       |
----------------------------------------------------

----------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS,     |
| END LOOP_14 AND CONTINUE WITH LOOP_15              |
----------------------------------------------------

LOOP_15
 =======

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK      |
| BOX_39-END_LP15                                     |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_15 COLLECTS INFORMATION ON    |
| EDUCATION LEVEL OF ALL RU MEMBERS AND NEW STUDENTS.|
| THIS LOOP CYCLES ON RU MEMBERS WHO MEET EITHER OF   |
| THE FOLLOWING CONDITIONS:                           |
| - PERSON IS AN RU MEMBER (THAT IS, CURRENTLY ON    |
| THE RU-MEMBERS-ROSTER FOR THIS RU)                 |
| OR                                                  |
----------------------------------------------------
- PERSON IS FLAGGED AS A ‘NEW STUDENT’ ASSOCIATED WITH THIS RU

BOX_39

IF PERSON’S AGE <= 4 YEARS, CODE RE103 AS ‘0’ (NEVER ATTENDED SCHOOL/KINDERGARTEN ONLY)
AUTOMATICALLY BY CAPI, THEN GO TO END_LP15

OTHERWISE, 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

RE103

{PERSON'S FIRST MIDDLE AND LAST NAME}
{As of December 31, 2006, what/What is the highest grade or year of regular school (PERSON) ever completed?}
NEVER ATTENDED SCHOOL/KINDERGARTEN
ONLY ...................................... 0
ELEMENTARY
FIRST GRADE ............................ 1
SECOND GRADE ........................... 2
THIRD GRADE .............................. 3
FOURTH GRADE ............................ 4
FIFTH GRADE ............................... 5
SIXTH GRADE ............................... 6
SEVENTH GRADE ............................ 7
EIGHTH GRADE .............................. 8
HIGH SCHOOL
NINTH GRADE ............................... 9
TENTH GRADE ............................... 10
ELEVENTH GRADE ......................... 11
TWELFTH GRADE (HIGH SCHOOL DIPLOMA) ... 12
COLLEGE
FIRST YEAR ............................... 13
SECOND YEAR ............................. 14
THIRD YEAR ............................... 15
FOURTH YEAR (BACHELOR’S DEGREE) .... 16
FIVE OR MORE YEARS (GRADUATE DEGREE) .. 17
REF ...................................... -7
DK ....................................... -8

[Code One]
PRESS F1 FOR DEFINITIONS OF REGULAR SCHOOL AND GRADE OR YEAR.

<table>
<thead>
<tr>
<th>IF CODED '0' (NEVER ATTENDED SCHOOL/KINDERGARTEN ONLY) - '12' (TWELFTH GRADE (HIGH SCHOOL DIPLOMA))</th>
<th>AND PERSON = OR &gt; 16, CONTINUE WITH RE104</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED '13' THROUGH '17' (COLLEGE LEVEL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO RE105</td>
<td></td>
</tr>
<tr>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>OTHERWISE, GO TO END_LP15</td>
<td></td>
</tr>
</tbody>
</table>

RE104
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}
{{Do/Does/Did}/As of December 31, 2007 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.

| IF NOT ROUND 5, DISPLAY '(Do/Does/Did)'. IF |
| ROUND 5, DISPLAY 'As of December 31, 2007, 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, 2007}?

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, 2007’ IF ROUND 5. OTHERWISE, USE NULL A DISPLAY.

END_LP15

CYLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_15 AND CONTINUE WITH BOX_41

BOX_41

IF RU TYPE IS STANDARD OR NEW (NOT A STUDENT RU) AND IF ANY PERSON ON THE RU-MEMBERS-ROSTER MEETS BOTH OF THE FOLLOWING CONDITIONS:
- AGE 17-23, INCLUSIVE
  AND
- NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12,
CONTINUE WITH RE106

OTHERWISE, GO TO BOX_41A

RE106

{(Is/Are)/As of December 31, 2007, (were/was)} (READ NAMES BELOW) attending school either part-time or full-time? CODE ‘1’ (YES) IF ANY PERSON ATTENDING SCHOOL.
TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
YES .......................... 1
NO ................................. 2
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, 2007, (were/was)’ IF ROUND 5.

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET ALL OF THE FOLLOWING CONDITIONS:
- AGE 17-23, INCLUSIVE
  AND
- NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12
Who (is/was) attending school either part-time or full-time (on December 31, 2007)?

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, 2007' IF ROUND   |
| 5. OTHERWISE, USE A NULL DISPLAY.                  |
----------------------------------------------------

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS ON THE RU-MEMBERS-ROSTER THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- AGE 17-23, INCLUSIVE
AND
- NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12

ROSTER BEHAVIOR SPECIFICATIONS:
1. INTERVIEWER MAY SELECT A PERSON(S) ALREADY LISTED ON THE ROSTER.
2. INTERVIEWER SHOULD NOT BE ABLE TO EDIT ANY OF THE NAMES.
3. INTERVIEWER SHOULD NOT BE ABLE TO ADD NEW PERSONS.
4. INTERVIEWER SHOULD NOT BE ABLE TO DELETE ANY PERSONS.

BOX 41A

IF ANY RU MEMBERS MEET EITHER OF THE FOLLOWING CONDITIONS:
- SELECTED AT RE107
OR
- CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12, CONTINUE WITH RE108

OTHERWISE, GO TO BOX 41B

RE108

{Earlier you mentioned (PERSON) was living away at school in grades 1-12.} {Is/Was} (PERSON) attending school part-time or full-time?
1 = PART-TIME  2 = FULL-TIME

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBERS</th>
<th>RE108_02. PART-TIME/FULL-TIME STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>
PRESS F1 FOR DEFINITIONS OF PART-TIME/FULL-TIME.

DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF ROUND 5.

REFUSED AND DON’T KNOW ALLOWED.

ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS ATTENDING SCHOOL PART-TIME OR FULL-TIME (I.E., SELECTED AT RE107)
- PERSON IS PREVIOUSLY CODED AS LIVING AWAY AT SCHOOL GRADES 1-12

DISPLAY ‘[Earlier you mentioned (PERSON) was living away at school in grades 1-12. ] IF PERSON BEING ASKED ABOUT IS CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12. OTHERWISE, USE NULL DISPLAY.

MATRIX BEHAVIOR SPECIFICATIONS:
1. DISPLAY PERSONS WHO ARE AGE 17-23 (INCLUSIVE), ATTENDING SCHOOL PART-TIME OR FULL-TIME (I.E., SELECTED AT RE107) FIRST ON THE ROSTER. THEN DISPLAY PERSONS CODED AS LIVING AWAY AT SCHOOL GRADES 1-12.
2. ALLOW INTERVIEWER TO USE UP AND DOWN ARROW KEYS TO MOVE CURSOR AMONG ROWS.
3. RU MEMBERS COLUMN IS PROTECTED. CURSOR WILL NOT ENTER THIS COLUMN, SO NO CHANGES ARE ALLOWED TO RU MEMBERS AT THIS SCREEN.

BOX_41B

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

| IF HOUSEHOLD CONSISTS OF EITHER ONE OR TWO MEMBERS, GO TO RE108A |
| OTHERWISE, GO TO RE108B |

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]

RE108B

{SHOWCARD RE-} 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 2007. Please tell me the letter on the bottom of the card that corresponds to your household’s total income from these sources during 2007. IF RESPONDENT WILL NOT ANSWER WITH A YEARLY INCOME AND MONTHLY INCOME VARIATES, 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 $10,800'
FOR {100%-150%}, DISPLAY '$10,800-$16,200'
FOR {150%-200%}, DISPLAY '$16,201-$21,500'
FOR {200%-300%}, DISPLAY '$21,501-$32,300'
FOR {> 300%}, DISPLAY 'more than $32,300'

IF RE-108A IS CODED '1' (LESS THAN 65 YEARS OLD) AND HOUSEHOLD ROSTER LISTS TWO RU MEMBERS,

FOR {< 100%}, DISPLAY 'less than $13,900'
FOR {100%-150%}, DISPLAY '$13,900-$20,900'
FOR {150%-200%}, DISPLAY '$20,901-$27,900'
FOR {200%-300%}, DISPLAY '$27,901-$41,800'
FOR {> 300%}, DISPLAY 'more than $41,800'

IF RE-108A IS CODED '2' (AGE 65 OR OLDER) AND HOUSEHOLD ROSTER LISTS ONE RU MEMBER,

FOR {< 100%}, DISPLAY 'less than $9,900'
FOR {100%-150%}, DISPLAY '$9,900-$14,900'
FOR {150%-200%}, DISPLAY '$14,901-$19,900'
FOR {200%-300%}, DISPLAY '$19,901-$29,800'
FOR {> 300%}, DISPLAY 'more than $29,800'

IF RE-108A IS CODED '2' (AGE 65 OR OLDER) AND HOUSEHOLD ROSTER LISTS TWO RU MEMBERS,

FOR {< 100%}, DISPLAY 'less than $12,500'
FOR {100%-150%}, DISPLAY '$12,500-$18,800'
FOR {150%-200%}, DISPLAY '$18,801-$25,100'
FOR {200%-300%}, DISPLAY '$25,101-$37,600'
FOR {> 300%}, DISPLAY 'more than $37,600'

----------------------------------------------------

IF RU ROSTER LISTS THREE HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY 'less than $16,500'
FOR {100%-150%}, DISPLAY '$16,500-$24,800'
FOR {150%-200%}, DISPLAY '$24,801-$33,000'
FOR {200%-300%}, DISPLAY '$33,001-$49,500'
FOR {> 300%}, DISPLAY 'more than $49,500'

IF RU ROSTER LISTS FOUR HOUSEHOLD MEMBERS,
| FOR {< 100%}, DISPLAY 'less than $21,200' |
| FOR {100%-150%}, DISPLAY '$21,200-$31,800' |
| FOR {150%-200%}, DISPLAY '$31,801-$42,300' |
| FOR {200%-300%}, DISPLAY '$42,301-$63,500' |
| FOR {> 300%}, DISPLAY 'more than $63,500' |

IF RU ROSTER LISTS FIVE HOUSEHOLD MEMBERS,

| FOR {< 100%}, DISPLAY 'less than $25,000' |
| FOR {100%-150%}, DISPLAY '$25,600-$37,600' |
| FOR {150%-200%}, DISPLAY '$37,601-$50,100' |
| FOR {200%-300%}, DISPLAY '$50,101-$75,100' |
| FOR {> 300%}, DISPLAY 'more than $75,100' |

IF RU ROSTER LISTS SIX HOUSEHOLD MEMBERS,

| FOR {< 100%}, DISPLAY 'less than $28,300' |
| FOR {100%-150%}, DISPLAY '$28,300-$42,400' |
| FOR {150%-200%}, DISPLAY '$42,401-$56,600' |
| FOR {200%-300%}, DISPLAY '$56,601-$84,900' |
| FOR {> 300%}, DISPLAY 'more than $84,900' |

IF RU ROSTER LISTS SEVEN HOUSEHOLD MEMBERS,

| FOR {< 100%}, DISPLAY 'less than $32,100' |
| FOR {100%-150%}, DISPLAY '$32,100-$48,100' |
| FOR {150%-200%}, DISPLAY '$48,101-$64,100' |
| FOR {200%-300%}, DISPLAY '$64,101-$96,200' |
| FOR {> 300%}, DISPLAY 'more than $96,200' |

IF RU ROSTER LISTS EIGHT HOUSEHOLD MEMBERS,

| FOR {< 100%}, DISPLAY 'less than $35,600' |
| FOR {100%-150%}, DISPLAY '$35,600-$53,500' |
| FOR {150%-200%}, DISPLAY '$53,501-$71,300' |
| FOR {200%-300%}, DISPLAY '$71,301-$106,900' |
| FOR {> 300%}, DISPLAY 'more than $106,900' |

--------------------------

IF RU ROSTER LISTS NINE OR MORE HOUSEHOLD MEMBERS,

| FOR {< 100%}, DISPLAY 'less than $42,700' |
| FOR {100%-150%}, DISPLAY '$42,700-$64,100' |
| FOR {150%-200%}, DISPLAY '$64,101-$85,400' |
| FOR {200%-300%}, DISPLAY '$85,401-$128,100' |
| FOR {> 300%}, DISPLAY 'more than $128,100' |

--------------------------

BOX_42
======

--------------------------

IF AT LEAST ONE DU MEMBER WAS REMOVED FROM THE RU-MEMBERS-ROSTER THIS ROUND AND IS FLAGGED AS A 'NEW STUDENT', CONTINUE WITH RE109

--------------------------

OTHERWISE, GO TO BOX_43
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'

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'

(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.

CYCLE ON THE NEXT PERSON IN THE DU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.
| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_16 AND CONTINUE WITH BOX_43 |

---

**BOX_43**

---

| IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS |
| EITHER OF THE FOLLOWING CONDITIONS: |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER |
| DURING THE INTERVIEW WITH THIS RU AND IS |
| FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ |
| OR |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER |
| DURING THE INTERVIEW WITH THIS RU AND IS |
| FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT |
| ON MILITARY FACILITY’, |
| CONTINUE WITH RE111 |

---

| OTHERWISE, GO TO BOX_44 |

---

**RE111**

---

*We may (also) conduct a separate interview with (READ NAMES BELOW) so I will remove (READ NAMES BELOW) from this form.*

TO SCROLL, USE ARROW KEYS. TO LEAVE, PRESS ESC.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

LINE THROUGH NAMES LISTED ABOVE ON HOUSEHOLD SUMMARY SHEET.

---

| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| IN THE DU-MEMBERS-ROSTER WHO MEET EITHER OF THE |
| FOLLOWING CONDITIONS: |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER |
| DURING THE INTERVIEW WITH THIS RU AND IS |
| FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ |
| OR |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER |
| DURING THE INTERVIEW WITH THIS RU AND IS |
| FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT |
| ON MILITARY FACILITY’, |

---

**LOOP_17**

---

| FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, |
| ASK RE111A-END_LP17 |

---

| LOOP DEFINITION: LOOP_17 COLLECTS LOCATING |
| INFORMATION FOR EACH PERSON WHO HAS LEFT THE RU |
| AND MOVED TO ANOTHER HOUSEHOLD IN THE U.S. THIS |
| LOOP CYCLES ON DU MEMBERS WHO MEET BOTH OF THE |
| FOLLOWING CONDITIONS: |

Page 39 of 42
- PERSON NOT FLAGGED AS ‘PROCESSED MOVER’
- 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.’
  - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’
---------------------------------------------------------------------

RE111A
======

{PERSON’S FIRST MIDDLE AND LAST NAME} Please give me the address and telephone number where (PERSON) has moved. IF NO TELEPHONE, ENTER ‘000’.

STREET_ADDRESS1 (RE111A_1): [_____________]
STREET_ADDRESS2 (RE111A_2): [_____________]
CITY (RE111A_3): [_____________]
STATE (RE111A_4): [_____________]
ZIP CODE (RE111A_5): [_____________]
TELEPHONE (RE111A_6): [_____________]

RECORD ADDRESS AND TELEPHONE ABOVE AND ON SPLIT/STUDENT MOVING FORM. 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.’
- REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS RU AND FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’
ARE FLAGGED AS ‘PROCESSED MOVER’, GO TO END_LP17

---------------------------------------------------------------------

OTHERWISE, CONTINUE WITH RE111B

---------------------------------------------------------------------

RE111B
======

{PERSON’S FIRST MIDDLE AND LAST NAME} IF KNOWN, CODE WITHOUT ASKING.
Is (PERSON) living with any of the following family members? (READ NAMES BELOW)
TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.
[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
YES ..................................... 1
NO ...................................... 2 {END_LP17}
REF .................................... -7 {END_LP17}
DK ..................................... -8 {END_LP17}
----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL        |
| PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET BOTH OF |
| THE FOLLOWING CONDITIONS:                         |
| - NOT FLAGGED AS ‘PROCESSED MOVER’               |
| AND                                               |
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE  |
| INTERVIEW WITH THIS RU                             |
| AND EITHER OF THE FOLLOWING CONDITIONS:           |
| - FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’         |
| OR                                                |
| - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT  |
| ON MILITARY FACILITY’                            |
----------------------------------------------------
RE112
=====
{PERSON’S FIRST MIDDLE AND LAST NAME}  
Who lives with (PERSON)? 
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. 
TO LEAVE, PRESS ESC.  
[1. First Name,[Middle Name],Last Name-65]  
[2. First Name,[Middle Name],Last Name-65]  
[3. First Name,[Middle Name],Last Name-65]  
[Code All That Apply]  
----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL        |
| PERSONS IN THE DU-MEMBERS-ROSTER WHO MEET BOTH OF |
| THE FOLLOWING CONDITIONS:                         |
| - NOT FLAGGED AS ‘PROCESSED MOVER’               |
| AND                                               |
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE  |
| INTERVIEW WITH THIS RU                             |
| AND EITHER OF THE FOLLOWING CONDITIONS:           |
| - FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’         |
| OR                                                |
| - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT  |
| ON MILITARY FACILITY’                            |
----------------------------------------------------
----------------------------------------------------
| FLAG ALL SELECTED PERSONS AS ‘PROCESSED MOVER’.   |
----------------------------------------------------
END_LP17
========
----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER    |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP       |
| DEFINITION.                                       |
----------------------------------------------------
----------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS,    |
| END LOOP_17 AND CONTINUE WITH BOX_44A             |
----------------------------------------------------
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.
Review of Employment Information (RJ) Section

BOX_01

IF INFORMATION ABOUT AT LEAST ONE CURRENT JOB WAS COLLECTED FOR PERSON DURING THE PREVIOUS ROUND, ASK THE REVIEW OF EMPLOYMENT INFORMATION (RJ) SECTION. THAT IS, IF:
- THIS IS NOT ROUND 1,
- PERSON NOT ADDED TO THE RU THIS ROUND,
- PERSON WAS = OR > 16 YEARS OLD OR IN AGE CATEGORIES 4-9 DURING THE PREVIOUS ROUND, AND
- PERSON HAD A JOB WITH A JOB SUBTYPE FLAGGED AS 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' DURING THE PREVIOUS ROUND, CONTINUE WITH LOOP_01

OTHERWISE, SKIP THE RJ SECTION, THAT IS, GO TO BOX_06

BOX_02

OMITTED.

LOOP_01

FOR EACH ELEMENT IN PERSON’S-JOBS-ROSTER, ASK BOX_03 - END_LP01

LOOP DEFINITION: LOOP_01 REVIEWS AND UPDATES INFORMATION ABOUT CURRENT JOBS COLLECTED DURING THE PREVIOUS ROUND. THIS LOOP CYCLES ON THE PERSON’S JOBS THAT MEET THE FOLLOWING CONDITIONS:
- JOB IS WITH AN ESTABLISHMENT FLAGGED AS ‘EMPLOYER’
- JOB SUBTYPE IS FLAGGED AS EITHER ‘CURRENT MAIN’ OR ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’

BOX_03

IF JOB SUBTYPE FLAGGED AS 'CURRENT MAIN', CONTINUE WITH RJ01

OTHERWISE (IF JOB SUBTYPE FLAGGED AS 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'), GO TO RJ06
RJ01
=====

(Person's First Middle and Last Name) {Employer being asked about...) {Job-St} {Job-Ed}

During our last interview on {Prev Rd Intv Dt}, we recorded that (Person) worked at (Establishment). ({Do/Does}/Did) (Person) still work at (Establishment) {on {End Date Of Reference Period}}?

YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

RJ01AA
=====

(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/Was} (Person)'s job at (Employer) temporary?

YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

RJ01AAA
=====

(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 |
-----------------------------------------------------------------------------------------------------------------------------

RJ01A
=====

(Person's First Middle and Last Name) {Employer being asked about...) {Job-St} {Job-Ed}

(Is/Was) (Establishment) still (Person)'s main job or business?

YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8
PRESS F1 FOR DEFINITION OF MAIN JOB/BUSINESS.

<p>| IF CODED '2' (NO), CHANGE JOB SUBTYPE FLAG TO     |
| 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE       |</p>
<table>
<thead>
<tr>
<th>PERIOD'.</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>

<p>| IF RJ01 IS CODED '1' (YES) AND JOB BEING ASKED    |</p>
<table>
<thead>
<tr>
<th>ABOUT FLAGGED AS 'SELF-EMPLOYED', GO TO RJ04</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>

<p>| IF RJ01 IS CODED '1' (YES) AND JOB BEING ASKED    |
| ABOUT FLAGGED AS 'NOT SELF-EMPLOYED', CONTINUE    |</p>
<table>
<thead>
<tr>
<th>WITH RJ02</th>
</tr>
</thead>
</table>

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
$XXXXXXX.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}

RJ03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED
ABOUT....}  {JOB-ST}
{JOB-ED}
Wages can change for many reasons.  What is the main reason
there has been a change in the amount (PERSON) (make/makes)
through (ESTABLISHMENT)?

| PROMOTION OR DEMOTION ................. 1 {BOX_04} |
| CHANGE IN RESPONSIBILITIES .......... 2 {BOX_04} |
| PAY RAISE OR PAY DECREASE .......... 3 {BOX_04} |
| ANNUAL COST OF LIVING INCREASE ...... 4 {BOX_04} |
| NEW CONTRACT ....................... 5 {BOX_04} |
| CHANGE IN NUMBER OF HOURS WORKED .... 6 {BOX_04} |
| CHANGE IN SHIFT TIME ............... 7 {BOX_04} |
| RECEIVED AN EDUCATIONAL DEGREE ...... 8 {BOX_04} |
| TOOK SPECIAL CLASSES ............... 9 {BOX_04} |
| OTHER ............................. 91 |
| REF .................................. -7 {BOX_04} |
| DK .................................. -8 {BOX_04} |

[Code One]
**RJ03OV**

ENTER OTHER:

[Enter Other Specify] ............
REF ................................ -7
DK .................................. -8

**BOX_04**

----------------------------------------------------
| ASK THE EMPLOYMENT WAGE (EW) SECTION.            |
|                                                  |
| AT COMPLETION OF EMPLOYMENT WAGE (EW) SECTION,   |
| CONTINUE WITH RJ04                                |
----------------------------------------------------

**RJ04**

{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT...}  {JOB-ST}
{JOB-ED}

During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) worked {full-time/part-time} at (ESTABLISHMENT). {(Do/Does)/Did} (PERSON) still work {35 hours or more/less than 35 hours} per week at (ESTABLISHMENT) {on {END DATE OF REFERENCE PERIOD}}?

35 HOURS OR MORE ................. 1
LESS THAN 35 HOURS ............... 2
REF ................................ -7
DK .................................. -8

[Code One]

----------------------------------------------------
| IF THE CLASSIFICATION OF NUMBER OF HOURS WORKED |
| PER WEEK HAS CHANGED SINCE THE PREVIOUS ROUND,   |
| THAT IS, IF:                                     |
| - CODED '2' (LESS THAN 35 HOURS)                 |
| AND                                              |
| THE NUMERIC ENTRY AT EM104 WAS = OR > 35 DURING  |
| THE PREVIOUS ROUND OR EM104 WAS CODED '-7'      |
| (REFUSED) OR '-8' (DON'T KNOW) AND EM105 WAS    |
| CODED '1' (YES) DURING THE PREVIOUS ROUND,       |
| OR                                              |
| - CODED '1' (35 HOURS OR MORE)                  |
| AND                                              |
| THE NUMERIC ENTRY AT EM104 WAS < 35 DURING THE  |
| PREVIOUS ROUND OR EM104 WAS CODED '-7' (REFUSED) |
| OR '-8' (DON'T KNOW) AND EM105 WAS CODED '2'    |
| (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW),     |
| CONTINUE WITH RJ05                              |
----------------------------------------------------

| OTHERWISE, GO TO BOX_05                         |

----------------------------------------------------
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 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

[Code One]

RJ05OV
=====

ENTER OTHER:
[Enter Other Specify] 1 [BOX_05]
REF -7 [BOX_05]
DK -8 [BOX_05]

RJ05A
=====

OMITTED.

RJ06
=====

(PERSON'S FIRST MIDDLE AND LAST NAME) {EMPLOYER BEING ASKED ABOUT....} {JOB-ST}
{JOB-ED}
During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) worked at (ESTABLISHMENT). {Do/Does/Did} (PERSON) still work there {on END DATE OF REFERENCE PERIOD}? 

- YES 1
- NO 2
- REF -7
- DK -8

RJ06A
=====

(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/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 |

----------------------------------------------------
| IF JOB NOT FLAGGED AS ‘PROVIDES HEALTH INSURANCE’ |
| AND INSURANCE OFFERED THROUGH ESTABLISHMENT IN |
| PREVIOUS ROUND (EM114 CODED ‘1’ (YES) DURING THE |
| PREVIOUS ROUND), CONTINUE WITH RJ07 |
----------------------------------------------------

----------------------------------------------------
| IF JOB NOT FLAGGED AS ‘PROVIDES HEALTH INSURANCE’ |
| AND INSURANCE NOT OFFERED THROUGH ESTABLISHMENT IN|
| PREVIOUS ROUND (EM114 CODED ‘2’ (NO), ‘-7’ |
| (REFUSED), OR ‘-8’ (DON’T KNOW) DURING THE |
| PREVIOUS ROUND), GO TO RJ08 |
----------------------------------------------------

----------------------------------------------------
| IF NOT ROUNDS 1 OR 2 AND JOB NOT FLAGGED AS |
| ‘PROVIDES HEALTH INSURANCE’ (TURNED OFF IN HEALTH |
| INSURANCE -- OE01 CODED ‘2’ (NO), ‘-7’ (REFUSED), |
| OR ‘-8’ (DON’T KNOW) DURING THE PREVIOUS ROUND), |
| GO TO RJ08A |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END(LP01) |
----------------------------------------------------
RJ07
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (JOB-ST)  (JOB-ED)

During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) (were/was) offered health insurance through (ESTABLISHMENT), but chose not to take that insurance.  

{(Do/Does)/Did} (PERSON) {now} have health insurance through (ESTABLISHMENT) {on [END DATE OF REFERENCE PERIOD]}?

YES .......................... 1 [BOX_05A]

NO ................................ 2 [BOX_05A]

REF ................................ 7 [BOX_05A]

DK .................................. -8 [BOX_05A]

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
| IF CODED '1' (YES) FLAG THIS JOBHOLDER-          |
| ESTABLISHMENT PAIR AS 'PROVIDES HEALTH INSURANCE' |
| AND TO BE ASKED ABOUT IN THE HEALTH INSURANCE    |
| SECTION.                                          |

----------------------------------------------------

RJ08
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (JOB-ST)  (JOB-ED)

During our last interview on {PREV RD INTV DT}, we recorded that (PERSON) (were/was) not offered health insurance through (ESTABLISHMENT).  

{(Do/Does)/Did} (PERSON) {now} have health insurance through (ESTABLISHMENT) {on [END DATE OF REFERENCE PERIOD]}?

YES .......................... 1 [BOX_05A]

NO ................................ 2 [BOX_05A]

REF ................................ 7 [BOX_05A]

DK .................................. -8 [BOX_05A]

PRESS F1 FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
| IF CODED '1' (YES) FLAG THIS JOBHOLDER-          |
| ESTABLISHMENT PAIR AS 'PROVIDES HEALTH INSURANCE' |
| AND TO BE ASKED ABOUT IN THE HEALTH INSURANCE    |
| SECTION.                                          |

----------------------------------------------------

RJ08AA
======

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT....)  (JOB-ST)  (JOB-ED)

(Were/Was) (PERSON) offered health insurance through (ESTABLISHMENT)?

YES .......................... 1 [BOX_05A]

NO ................................ 2 [BOX_05A]

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 {BOX_05A}
REF ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}

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.                                     |
-----------------------------------------------
BOX_05A

----------------------------------------------------
| IF EMPLOYER FLAGGED AS 'SELF-EMPLOYED', CONTINUE  |
| WITH RJ08B                                        |
----------------------------------------------------

| OTHERWISE, GO TO END_LP01 |

RJ08B

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {JOB-ST}
{JOB-ED}
{During our last interview we recorded that {NUMBER} employee(s), including (PERSON), worked at (ESTABLISHMENT).}

What is the total number of employees who worked at the business {last week/on {END DATE OF REFERENCE PERIOD}}? Be sure to include the owner and all other household members that may {work/have worked} there.

[Enter Number of Employees] ............ {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

| IF '1' ENTERED FOR THE NUMBER OF EMPLOYEES, FLAG |
| EMPLOYER AS 'FIRM-SIZE-1'.                     |

| IF A NUMBER > 1 ENTERED FOR THE NUMBER OF EMPLOYEES, FLAG EMPLOYER AS 'FIRM-SIZE-GREATER-THAN-1'. |
| IF CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), |
| RETAIN EMPLOYER SIZE FLAG USED DURING THE PREVIOUS ROUND. |

RJ09

{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT....} {JOB-ST}
{JOB-ED}

When did (PERSON) last stop working at (ESTABLISHMENT) for pay?

[Enter Year-4, Month-2, Day-2] ........
REF ................................... -7
DK .................................... -8

| EDIT: JOB END DATE MUST BE = OR > REFERENCE PERIOD START DATE AND < OR = TO REFERENCE PERIOD END DATE. |
What is the main reason (PERSON) no longer (have/has) this job?

1. JOB ENDED
2. BUSINESS DISSOLVED OR SOLD
3. RETIRED
4. ILLNESS OR INJURY
5. LAID OFF
6. QUIT TO HAVE A BABY
7. QUIT TO GO TO SCHOOL
8. QUIT TO TAKE CARE OF HOME OR FAMILY
9. QUIT BECAUSE WANTED TIME OFF
10. QUIT TO TAKE OTHER JOB
11. UNPAID LEAVE
91. OTHER

REF
DK

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.
[Code One]

ENTER OTHER:

[Enter Other Specify]
REF
DK

| CYCLE ON NEXT JOB IN THE PERSON’S-JOBS-ROSTER THAT |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |

| IF NO OTHER JOBS MEET THE STATED CONDITIONS, END |
| LOOP_01 AND CONTINUE WITH BOX_06 |

| CONTINUE WITH EMPLOYMENT A SUBSECTION (EM-A) |

Return to Top
Information Screen (RS) Section

NOTE: THIS SECTION DOES NOT REQUIRE DISPLAYS OF ANY PREVIOUSLY ENTERED INFORMATION. IT CONSISTS ONLY OF QUESTIONS ASKED TO THE INTERVIEWER AND INFORMATION recorder ON HARD COPY MATERIALS.

ALL INFORMATION IS SAVED BY ROUND. THE INFORMATION USED FOR THE FACE SHEET WILL BE THE ENTIRE HISTORY.

BOX_00

IF NOT ROUND 5, CONTINUE WITH RS01

OTHERWISE (I.E., IF ROUND 5), GO TO RS05

RS01

REFER TO THE RU FACE SHEET AND RU FOLDER FOR INFORMATION REQUIRED TO COMPLETE THIS SECTION.
BASED ON YOUR EXPERIENCE WITH THE RU AND YOUR REVIEW OF THE FACE SHEET AND RECORD OF CALLS, ARE THERE ANY {ADDITIONAL} SPECIAL INSTRUCTIONS THAT SHOULD BE CARRIED OVER TO THE NEXT ROUND? INCLUDE SUCH THINGS AS SPECIAL PROBLEMS WITH THE RU OR SPECIAL NEEDS OF THE RESPONDENT.

YES .................................... 1
NO ..................................... 2 {RS03} [Code One]

IF ROUND > 1, DISPLAY THE WORD ‘ADDITIONAL’. IF ROUND 1, USE A NULL DISPLAY.

RS02

ENTER SPECIAL INSTRUCTIONS:
[Enter Text] .......................

THIS ITEM COLLECTS SPECIAL INSTRUCTIONS IN STANDARD MEMO SCREEN FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS PER LINE THAT THE SCREEN WILL PERMIT.

RS03

BASED ON YOUR EXPERIENCE USING THE PREPRINTED ADDRESS INFORMATION ON THE RU FOLDER AND FACE SHEET TO FIND THE HOUSEHOLD, ARE THERE ANY {ADDITIONAL OR DIFFERENT} LOCATING DIRECTIONS THAT SHOULD BE CARRIED OVER TO THE NEXT ROUND? INCLUDE SUCH THINGS AS LANDMARKS, MILEAGE, ROAD SIGNS AND SO FORTH.

YES .................................... 1
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]
| IF MESSAGE FROM DATA PREP, CONTINUE WITH RS10. | OTHERWISE, GO TO RS12 |

RS10
====

MESSAGE FROM DATA PREP:
{MESSAGE TEXT}

| THIS DISPLAY SHOULD ALLOW THE MAXIMUM NUMBER OF |
| LINES AND CHARACTERS PER LINE THAT THE SCREEN |
| WILL PERMIT. |

RS11
====

PLEASE PROVIDE ENOUGH INFORMATION TO CLARIFY THE SITUATION AND/OR DESCRIBE THE ACTION TAKEN TO CORRECT THE SITUATION:
[Enter Text] .................

| THIS ITEM COLLECTS INFORMATION IN STANDARD MEMO |
| SCREEN FORMAT. ALLOW THE MAXIMUM NUMBER OF LINES |
| AND CHARACTERS PER LINE THAT THE SCREEN WILL |
| PERMIT. |

RS12
====

HAS THIS RU MOVED INTO A NEW PSU SINCE THE START OF THIS ROUND?
YES ..................................... 1
NO ..................................... 2 {BOX_01}

RS12A
====

PLEASE INDICATE THE NEW REGION AND PSU FOR THIS RU:
REGION:
[Enter Region] ............... 
PSU:
[Enter PSU] ..................... 

BOX_01
======

| END OF RU INFORMATION SCREEN (RS) SECTION. |
Satisfaction with Health Plan (SP) Section

PRIVATE INSURANCE AND MEDIGAP SERIES

BOX_01

 Если есть хотя бы одно предприятие-лицо-тройка, где предприятие является частным и страховщик является отмеченным как предоставляющий "клиническую и врачебную помощь" или отмеченным как предоставляющий "страхование медицинской обеспеченности дополнительное/медигап", продолжайте с LOOP_01.

В противном случае, перейдите к BOX_02.

LOOP_01

Для каждого элемента в RU-предприятие-лицо-тройка, запросите 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
- PERSON IS A CURRENT RU MEMBER WHO IS THE POLICYHOLDER OF THE PRIVATE HEALTH INSURANCE OBTAINED THROUGH THIS ESTABLISHMENT
- 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
REF ........................................ -7
DK .......................................... -8

----------------------------------------------------
|  NOTE:  CAHPS 3.0 ADULT CORE ITEM 23                |
----------------------------------------------------

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.]

----------------------------------------------------
|  NOTE:  CAHPS 3.0 ADULT CORE ITEM 24                |
----------------------------------------------------
<table>
<thead>
<tr>
<th>SP05</th>
<th>{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) look for any information about how (PLAN NAME) works in written material or on the Internet?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>.................................... 1</td>
</tr>
<tr>
<td>NO</td>
<td>.................................... 2 {SP07}</td>
</tr>
<tr>
<td>REF</td>
<td>..................................... -7 {SP07}</td>
</tr>
<tr>
<td>DK</td>
<td>.................................... -8 {SP07}</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>SP06</th>
<th>{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, was it to find or understand this information? Would you say ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>a big problem,</td>
<td>.................................... 1</td>
</tr>
<tr>
<td>a small problem,</td>
<td>.................................... 2</td>
</tr>
<tr>
<td>not a problem?</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.]

---

<table>
<thead>
<tr>
<th>SP07</th>
<th>{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) call (PLAN NAME)’s customer service to get information or help?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>.................................... 1</td>
</tr>
<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>

---

| SP08 | {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, 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.]
----------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 36 |
----------------------------------------------------

SP09
=====

{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 |
----------------------------------------------------

SP11
=====

{POLICYHOLDER FIRST MIDDLE NAME}  {NAME OF
ESTABLISHMENT...........}
PLAN NAME:  {NAME OF INSURER BEING LOOPED ON}
SHOW CARD SP-2.
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
----------------------------------------------------

END_LP01
========

----------------------------------------------------
| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON-
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS
| STATED IN THE LOOP DEFINITION
----------------------------------------------------

----------------------------------------------------
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS,
| END LOOP_01 AND CONTINUE WITH BOX_02
----------------------------------------------------

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                          |
----------------------------------------------------

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:                                             |
----------------------------------------------------
MEPS FAMES Panel 11 Round 5 Satisfaction with Health Plan (SP) Section

- 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 HX31OV 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 VOLUNTED:  DON’T HAVE PERSONAL
   DOCTOR OR NURSE ........................ 95
REF ................................. -7
   DK ................................. -8
[Code One.]

SEE FILL SPECIFICATIONS FOR SP12

NOTE: CAHPS 3.0 ADULT CORE ITEM 7
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 |
-----------------------------------------------

SP15
====

{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, 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 {SP16}
DK .................................... -8 {SP16}
[Code One.]
-----------------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12 |
-----------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 24 |
-----------------------------------------------

SP16
====

{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
NO ..................................... 2 {SP18}
REF .................................. -7 {SP18}
DK .................................... -8 {SP18}
-----------------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12 |
-----------------------------------------------
SP17
====

{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, 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.]

SEE FILL SPECIFICATIONS FOR SP12

SP18
====

{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) 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}

SEE FILL SPECIFICATIONS FOR SP12

SP19
====

{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, 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
MEPS FAMES Panel 11 Round 5 Satisfaction with Health Plan (SP) Section

SP20
====

{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) 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}

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

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  |
----------------------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12 |
----------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 39  |
----------------------------------------------------
MEPS FAMES Panel 11 Round 5 Satisfaction with Health Plan (SP) Section

FOR ‘NAME OF ... INSURER’, DISPLAY THE NAME OF THE CURRENT ROUND’S INSURER FOR THE FAMILY’S MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY ‘(PLAN NAME), ... through’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/SCHIP OR GOVT-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.

---

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 GOVT-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 GOVT-HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY ‘(PLAN NAME)’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/SCHIP OR GOVT-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

-----------------------------------------------------

SP25

{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 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}

-----------------------------------------------------

SEE FILL SPECIFICATIONS FROM SP24

-----------------------------------------------------

NOTE: CAHPS 3.0 ADULT CORE ITEM 23

-----------------------------------------------------

SP26

{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} for any care, tests or treatment?
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

SP27

{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

NOTE: CAHPS 3.0 ADULT CORE ITEM 33

SP28

{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, 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.]

DISPLAY ‘PLAN NAME: ... INSURER’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/ SCHIP OR GOVT’HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.
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}

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FROM SP24</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 34</th>
</tr>
</thead>
</table>

SP30

(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, 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.]

<table>
<thead>
<tr>
<th>DISPLAY ‘PLAN NAME: ... INSURER’ IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/ SCHIP OR GOVT-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 36</th>
</tr>
</thead>
</table>
SP31
====

{NAME OF ESTABLISHMENT.........}
{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/SCHIP/GOV'T-H/P INSURER}}
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                |
----------------------------------------------------

SP32
====

{NAME OF ESTABLISHMENT.........}
{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/SCHIP/GOV'T-H/P INSURER}}
SHOW CARD SP-1.
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.]
----------------------------------------------------
| 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 38                |
----------------------------------------------------

SP33
====

{NAME OF ESTABLISHMENT.........}
{PLAN NAME: {NAME OF CURRENT ROUND MEDICAID/SCHIP/GOV'T-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.
|------------------------|
SP35
====

(NAME OF ESTABLISHMENT........)
(PLAN NAME: (NAME OF CURRENT ROUND TRICARE/CHAMPVA INSURER(S)))
SHOW CARD SP-1.
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.]

----------------------------------------------------
| 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 ‘/’.                                           |

----------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 7                |
----------------------------------------------------

SP36
====

(NAME OF ESTABLISHMENT........)
(PLAN NAME: (NAME OF CURRENT ROUND TRICARE/CHAMPVA INSURER(S)))
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]

--------------------------------------------------------------------------
| SEE FILL SPECIFICATIONS FROM SP35                                      |
--------------------------------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 23                                    |
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.]

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FROM SP35</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 24</th>
</tr>
</thead>
</table>

SP38
====

(NAME OF ESTABLISHMENT............)

(PLAN NAME: (NAME OF CURRENT ROUND TRICARE/CHAMPVA INSURER(S)))

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)

[Code One.]

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FROM SP35</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 33</th>
</tr>
</thead>
</table>

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.]

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FROM SP35</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 34</th>
</tr>
</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 |
| REF | -7 |
| DK  | -8 |

---

SHOW CARD SP-1.

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.]  

---

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 |
| REF | -7 |
| DK  | -8 |

---

---

---

---

---

---

---
SP43
====

(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, 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.]

-----------------------------------------------------------------------------------------------
| SEE FILL SPECIFICATIONS FROM SP35 | 
-----------------------------------------------------------------------------------------------
| 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